

**MEDICAL EXAMINER  
CERTIFICATE OF DEATH  
STATE OF OKLAHOMA - DEPARTMENT OF HEALTH**

**15427**

LOCAL REGISTRAR'S FILE NO. <b>70</b>		STATE FILE NO.	
DECEASED - NAME <b>MARVIN HOGNER</b>		DATE OF DEATH (Month, Day, Year) <b>JULY 31, 1993</b>	
SEX <b>MALE</b>		DATE OF BIRTH (Month, Day, Year) <b>AUGUST 23, 1962</b>	
RACE - White, Negro, American Indian, Etc. (Specify) <b>AMERICAN INDIAN</b>		CITY, TOWN, OR LOCATION OF DEATH <b>STILWELL</b>	
AGE - Last Birthday (Year) <b>30</b>		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number) <b>STILWELL MEMORIAL HOSPITAL</b>	
CITY, TOWN, OR LOCATION OF DEATH <b>STILWELL</b>		CITIZEN OF WHAT COUNTRY <b>USA</b>	
STATE OF BIRTH (If not in U.S.A., Name Country) <b>OKLAHOMA</b>		SURVIVING SPOUSE (If Wife, Give Maiden Name) <b>DIVORCED</b>	
SOCIAL SECURITY NUMBER <b>443-62-3621</b>		KIND OF BUSINESS OR INDUSTRY <b>GREENLEAF NURSERY</b>	
RESIDENCE - STATE <b>OKLAHOMA</b>		STREET AND NUMBER <b>RT-1 BOX -595</b>	
COUNTY <b>ADAIR</b>		CITY, TOWN, OR LOCATION <b>STILWELL</b>	
FATHER - NAME <b>WILLIAM EUGENE HOGNER</b>		MOTHER - MAIDEN NAME <b>EUNICE LOWERY</b>	
INFORMANT - NAME OR SOURCE OF INFORMATION <b>WILLIAM EUGENE HOGNER</b>		MAILING ADDRESS <b>RT-5 BOX-160, TAHLEQUAH, OKLAHOMA 74465</b>	
PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
19. CAUSE OF DEATH IMMEDIATE CAUSE (a) <b>Asphyxiation by Hanging</b> DUE TO OR AS CONSEQUENCE OF: (b) DUE TO OR AS A CONSEQUENCE OF: (c)			
PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in part I (a))		AUTOPSY AUTHORIZED BY: <b>F. UNDERHILL, M.D.</b>	
Manner: Natural <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/>		DATE OF INJURY (Month, Day, Year) <b>7-31-93</b>	
20a. INJURY AT WORK Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		HOUR OF INJURY <b>12:25a</b>	
20b. PLACE OF INJURY: At Home, Farm, Street, Factory, Office Bldg., Etc. (Specify) <b>JAIL</b>		HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 18) <b>HUNG SELF</b>	
20c. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) <b>ADAIR COUNTY JAIL STILWELL, OK.</b>		20d. I did/did not view body after death <b>DID</b>	
CERTIFICATION - MEDICAL EXAMINER On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the date and due to the cause(s) stated as certified by my signature in item 22b.		DEATH OCCURRED at <b>1:35a</b> M. at the place, on the date stated, and to the best of my knowledge, due to the cause(s) stated.	
21a. CERTIFIER - NAME (Type or Print) <b>R.L. HEMPHILL, M.D.</b>		21b. SIGNATURE OF MEDICAL EXAMINER <i>R.L. Hemphill, M.D.</i>	
21c. MAILING ADDRESS - CERTIFIER <b>1115 WEST 17th TULSA, OKLAHOMA 74107</b>		21d. DATE SIGNED (Month, Day, Year) <b>7-31-93</b>	
BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		DATE <b>AUGUST 3, 1993</b>	
LOCATION (Cemetery or Crematory) <b>ADAIR COUNTY OKLAHOMA</b>		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>REED-CULVER, BOX-4, TAHLEQUAH, OKLA. 74465</b>	
LOCAL REGISTRAR SIGNATURE <i>Roger C. Pirrong</i>		DATE RECEIVED BY STATE REGISTRAR <b>AUG 10 1993</b>	



**State Department of Health**

**ROGER C. PIRRONG**  
STATE REGISTRAR OF VITAL STATISTICS

**State of Oklahoma**  
OKLAHOMA CITY, OKLAHOMA 73152

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

**September 2, 1993**

CERTIFIED COPY MUST  
HAVE EMBOSSED SEAL

*Roger C. Pirrong*  
STATE REGISTRAR