MEMORIAL HOSPITAL
STILWELL, OKLAHOMA
EMERGENCY ROOM RECORD

Last Name: Hogner — First Name: Marvin — Middle Name: — Home Phone: — Admission Date: 7-31-93 12^45^/A — Hosp. No.:

Address: Rt 1 Box 595 — City: — State: Stilwell — Zip: — Age: 30 — Date of Birth: 8-23-62 — Sex: (M) — Civil Status: M (S) W D Sep

Employer: — Address: — Valuables:

Relative or Friend; Parent or Guardian if Minor: — Address: — Phone:

Medicare No.: — Medicaid No.: — Brought By: Self ☐ Police ☐ Fire ☐ Relative ☐ Other ☒

Insurance: Police Dept — Name: — Address: — ID #: — Group No.: — SS #:

Family Doctor: Shepheard underhill — Time Notified: 12^45^/A — Time Arrived: 12^46^/A — PA Time Notified: — Time Arrived: — Preceptee Time Notified: — Time Arrived: — Did Nursing Notify Dr.? ☒ Yes ☐ No

AUTHORIZATION FOR EMERGENCY TREATMENT

The undersigned has been informed of the emergency treatment considered neccessary for the patient whose name appears on the reverse hereof and that the treatment and procedures will be performed by physicians, members of the house staff and employees of the hospital. Authorization is hereby granted for such treatment and procedures.

The undersigned understands that a personal physician to be selected by or on behalf of the patient within 24 hours if hospitilization or further treatment is required, or immediately if complications arise.

The undersigned has read the above authorizations and understands the same and certified that no guarantee or assurance has been made as to the results that may be obtained.

Witness: [signature] RN / Donna Jones GN

Signed: pt unable to sign due to condition.
Patient

Or: ______ Authorized Person

Relation to Patient: ______

Nurse's Signature: Donna Jones GN — RN Signature: [signature] RN — Allergies: ? — Prior Hospitalizations: ☐ Yes ☒ No

HISTORY Pt presents to ER via EMS c̄ a Code Blue in progress. Pt attempted to take his own life by hanging himself while incarcerated at a local jail. Pt presents s̄ pulse or resp and pupils are fixed and dilated @ 6-7mm [signature] RN

PHYSICIAN'S REPORT Temp. — Oral/Rectal — P: NO Pulse — R: NO resp — BP: NO BP

7-31-93 — IV of LR @ 150cc/hr done
12^45^/A — Epinephrine 1mg IV Push x 2 done
Atropine 1mg IV Push x 1 done
Life Pack c̄ Defib x 2 done
Foley Cath for Post Mortem Urine test done
V.O. Dr. Shepheard / [signature] RN

Diagnosis: Asphyxiation by Hanging Suicide

Time Billing Info. Obtained: 1^00^/A — Disposition of Case: State Medical Examiner — Time Released: 5^30^ A.M.

INSTRUCTIONS TO PATIENT:
CME-1 completed. cardiac puncture for blood & Foley straight cath for urine specimen
Chief medical Examiner office contacted & pt body sent to Tulsa for autopsy

[signature] — 7/31/93 — ______
(Physician's Signature) — (Date) — (Patient's Signature)