

Amended 157
MAR 07 1996

Amended
APR 18 1996

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

STATE FILE NO 024380

DECEASED - NAME 1. KENNETH M. TRENTADUE			DATE OF DEATH (Month, Day, Year) 2. 8-21-1995		SEX 3. MALE
RACE - American Indian, Black, White, etc. (Specify) 4. WHITE		AGE - Last Birthday (From) 5a. 44	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a. INMATE, BUREAU OF PRISONS		KIND OF BUSINESS OR INDUSTRY 13b. N/A
CITY, TOWN, OR LOCATION OF DEATH 7b. OKLAHOMA CITY		INSIDE CITY LIMITS 7c. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number) 7d. FEDERAL BUREAU OF PRISONS TRANSFER CENTER		
STATE OF BIRTH (If not in U.S.A., Name Country) 8. CALIFORNIA		CITIZEN OF WHAT COUNTRY 9. U.S.A.		SURVIVING SPOUSE (If Wife, Give Maiden Name) 11. MARIA AQUILAR	
SOCIAL SECURITY NUMBER 12. 550-86-0066		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a. INMATE, BUREAU OF PRISONS		KIND OF BUSINESS OR INDUSTRY 13b. N/A	
RESIDENCE - STATE 14a. CALIFORNIA	COUNTY 14b. WESTMINISTER	CITY, TOWN, OR LOCATION 14c. WESTMINISTER		STREET AND NUMBER 14d. 5631 ROCHELLE AVE.	ZIP CODE 14e. 92683
FATHER - NAME 15. NOT AVAILABLE			MOTHER - MAIDEN NAME 16. WILMA TRENTADUE		
INFORMANT - NAME OR SOURCE OF INFORMATION 17a. KENNETH FREEMAN, S.I.S.			MAILING ADDRESS 17b. FEDERAL TRANSFER CENTER, P O BOX 898802 OKC OK 73189		

PART I DEATH WAS CAUSED BY (Enter only one cause per line for (a), (b), and (c))		Approximate Interval Between onset and Death
18 CAUSE OF DEATH IMMEDIATE CAUSE (a) Consistent with Asphyxia		-----
DUE TO OR AS A 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 19a. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	AUTOPSY AUTHORIZED BY: 19b. medical examiner
Manner 20a. PENDING	DATE OF INJURY (Month, Day, Year) 20b.	HOUR OF INJURY 20c. M. 204.	HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18)
20d. INJURY AT WORK Yes <input type="checkbox"/> No <input type="checkbox"/>	20f. PLACE OF INJURY (At Home, Farm, Street, Factory, Office Bldg., Etc. (Specify))		20g. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)

CERTIFICATION - MEDICAL EXAMINER (On the basis of the examination of the body and/or the investigation, in my opinion, death occurred by...) 21a. DID		DEATH OCCURRED at 0506 M. at the place, on the date stated, and to the best 21c. of my knowledge, due to the cause(s) stated.	
CERTIFIER - NAME (Type or Print) 22. Fred B. Jordan, MD		SIGNATURE OF MEDICAL EXAMINER 22b. <i>Fred B. Jordan</i>	
MAILING ADDRESS - CERTIFIER 22d. 901 N. STONEWALL OKLAHOMA CITY OKLAHOMA 73117		DATE SIGNED (Month, Day, Year) 22c. 22-21 Aug. 95	

BURIAL, CREMATION, REMOVAL (Specify) 23a. REMOVAL	DATE 23b. AUGUST 26, 1995	CEMETERY OR CREMATORY - NAME 23c. PEEK FAMILY MORTUARY
FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 24. HUBER-BENNETT FUNERAL HOME, EL RENO OK		FUNERAL DIRECTOR 24b. CRAIG M. HURER
LOCAL REGISTRAR SIGNATURE 25a. <i>[Signature]</i>	DATE RECD. BY LOCAL REG. 25b. NOV 01 1995	DATE RECEIVED BY STATE REGISTRAR 25c. NOV 01 1995



State Department of Health

ROGER C. PIRRONG
STATE REGISTRAR OF VITAL STATISTICS

State of Oklahoma
OKLAHOMA CITY, OKLAHOMA 73152

CERTIFIED COPY MUST
HAVE EMBOSSED SEAL

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.

[Signature]
STATE REGISTRAR

APRIL 18 1996

USA007 1940