2020040024774

STATE OF OKLAHOMA
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020-024774

To be completed by the Funeral Home

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): JAMES DOUGLAS WILLIAMS						1a. LAST NAME PRIOR TO FIRST MARRIAGE	2. SEX: MALE
3. SOCIAL SECURITY NUMBER: 440-36-5237	4. EVER IN US ARMED FORCES?: NO	5a. AGE- Last birthday (years): 78	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes		6. DATE OF BIRTH (Mo/Day/Yr): APRIL 2, 1942	
7. BIRTHPLACE (City and State or Foreign Country): SHARON, OKLAHOMA		8a. RESIDENCE-State: OKLAHOMA	8b. RESIDENCE-County: WOODWARD			8c. RESIDENCE-City or Town: WOODWARD	
8d. RESIDENCE-Zip Code: 73801	8e. RESIDENCE-Inside City Limits?: YES	8f. RESIDENCE-Street and Number: 1413 HILLCREST					8g. RESIDENCE-Apt. Number
9. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ Married, but separated ☐ Unknown						10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
11a. FATHER'S NAME (First, Middle, Last): G O WILLIAMS	11b. FATHER'S LAST NAME PRIOR TO FIRST MARRIAGE: WILLIAMS	12a. MOTHER'S NAME (First, Middle, Last): LOIS WILLIAMS	12b. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE: GREENE				
13. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO	14. DECEDENT'S RACE: WHITE	15. DECEDENT'S EDUCATION: DOCTORATE (E.G. PHD, EDD) OR PROFESSIONAL DEGREE (E.G. MD, JD)					
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.): PRESIDENT AND CEO	17. KIND OF BUSINESS / INDUSTRY: OMNI COMMUNICATIONS, INC.						
18a. INFORMANT'S NAME: BROOKE WILLIAMS	18b. RELATIONSHIP TO DECEDENT: DAUGHTER	18c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2708 ELMRIDGE DR., FLOWER MOUND, TEXAS 75022					
19. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (specify)	20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): ELMWOOD CEMETERY	21. LOCATION – City, Town and State: WOODWARD, OKLAHOMA					
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: BILLINGS FUNERAL HOME, INC.-WOODWARD, 1621 DOWNS AVENUE, WOODWARD, OKLAHOMA 73801	23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH: GLENN S. BILLINGS	24. FH ESTABLISHMENT LICENSE #: 1324ES					

To be completed by the Attending Physician or Medical Examiner

25. PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival

IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: ☐ Hospice Facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (specify):

26. FACILITY NAME (If not institution, give street & number)	27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH	28. COUNTY OF DEATH
1413 HILLCREST	WOODWARD, OKLAHOMA, 73801	WOODWARD

29. DATE OF DEATH (Mo/Day/Yr)	30. TIME OF DEATH	31. WAS MEDICAL EXAMINER CONTACTED?	32. WAS AN AUTOPSY PERFORMED?	33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
AUGUST 7, 2020	17:58	NO	NO	

CAUSE OF DEATH (See Instructions and examples)

34. **PART I.** Enter the chain of events- diseases, injuries or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. ATHEROSCLEROTIC VASCULAR DISEASE	>5 YEARS
	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a.	b.	
	Due to (or as a consequence of):	
Enter the **UNDERLYING CAUSE** (disease Or injury that initiated the events resulting in death) **LAST.**	c.	
	Due to (or as a consequence of):	
	d.	
	Due to (or as a consequence of):	

35. **PART II.** Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I

36. MANNER OF DEATH	37. IF FEMALE:	38. DID TOBACCO USE CONTRIBUTE TO DEATH?
☒ Natural ☐ Homicide ☐ Accident ☐ Suicide ☐ Pending Investigation ☐ Could not be determined	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☐ Yes ☐ No ☐ Probably ☒ Unknown

39. DATE OF INJURY (Mo/Day/Yr)	40. TIME OF INJURY	41. PLACE OF INJURY (e.g., Decedent's home; construction site; wooded area)	42. DESCRIBE HOW INJURY OCCURRED:	43. INJURY AT WORK?

44. LOCATION OF INJURY: State: City or Town: Zip Code: Street & Number: Apartment Number:

45. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (specify)

46. CERTIFIER (Check only one)

ATTENDING PHYSICIAN: ☒ Physician in charge of the patient's care ☐ Physician in attendance at time of death only

To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

☐ MEDICAL EXAMINER On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

Certifier: JAMIE L GORE, DO

47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34)

JAMIE L GORE, DO
1611 MAIN STREET SUITE 102
WOODWARD, OKLAHOMA
73801

48. LICENSE NUMBER	49. DATE DEATH CERTIFIED (Mo/Day/Yr)
4298OK	AUGUST 17, 2020

50. REGISTRAR'S SIGNATURE: Kelly M Baker

52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr): AUGUST 17, 2020

REVISION 2016 VS 154 (12/16)

D04546320

This is a true and correct copy of the official record on file in the Office of Vital Statistics, Oklahoma City, Oklahoma, certified on the date stamped.

Kelly M. Baker
State Registrar
Office of Vital Statistics
Department of Health

It is in violation of Oklahoma Statutes, Title 63, Section 1-324.1, to "prepare or issue any certificate which purports to be original, certified copy or copy of a certificate of birth, death or stillbirth, except as authorized in this act or rules and regulations adopted under this act."

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