

**Cremation Authorization and Disposition
Mallory-Martin Funeral Home and Crematory**

204 N.E. "F" Street - Stigler, OK 74462 918.967.2133

I, We the undersigned, authorize in accordance with and subject to the rules and regulations of the State of Oklahoma, to cremate the remains of (Deceased) Steven Nigh,
(Date of Death) 03/14/2026 at (City) Muskogee, (State) OK, hereby agree to be responsible for and pay all charges incurred with respect to this authorization.

I, Keith Hyslop (Relationship) other hereby certify that I have the legal right to arrange for the cremation and disposition of the cremated remains of the above named deceased. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling. The death *Was / Was Not* caused by an Infectious, a Contagious, Communicable disease or dangerous to the Public Health. In requesting cremation, I acknowledge that such is an irreversible act, and, therefore, I do hereby authorize cremation with full knowledge that the funeral director is acting solely upon my direction. In addition, I / We, the undersigned assume all liability for mistaken identity or incorrect identification, and do hereby agree to indemnify and hold the crematory, its agents, officers and employees, and the Mallory-Martin Funeral Home and Crematory harmless from any and all claims, suits or causes of action, including a reasonable attorney's fee for the defense thereof, brought by any person, firm or corporation or the personal representative thereof.

NOTICE: Heart pacemakers, prosthesis, silicon and radioactive producing implant devices or other life sustaining devices may cause an explosion or damage in the cremation chamber. If the crematory does not receive notice, the person or persons authorizing cremation shall be held responsible for any damage resulting thereof. The funeral director and crematory shall accept NO liability under these circumstances. In view of the above, carefully and completely read this document - front and back - consisting the following certification.

CERTIFICATION:

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE NOTICE K.A. (Initial)

I/We *have / have not* identified the above named remains on _____, and have authorized Mallory-Martin Funeral Home and Crematory to deliver the remains to the crematory for cremation. I further certify that I/We have made such inquiry as is necessary to determine whether or not the remains of the deceased contains any of the above specified implant devices and certify that it does not. It is my understanding that the crematory will not accept the body for cremation if it contains these devices, and that said crematory will rely solely on this certification in accepting the remains for cremation. I understand that due to the nature of the cremation process any jewelry, personal material and valuables, to included dental gold, will be destroyed, and or rendered unrecoverable, unless they are removed at my specific direction, noted below. Specific instructions noted below must give all necessary information, directions and descriptions. I further understand that I will indemnify and hold harmless the funeral director, crematory, their officers and employees from any liability, costs, expenses or claims resulting from this certification. The funeral home / crematory will not be liable, or responsible for any unclaimed cremains after thirty days, and they may be disposed of after 60 days in any lawful manner it deems appropriate.

DISPOSITION OF CREMAINS:

- Release to Ship to Other _____
- Specific Directions: _____

If shipment is authorized, the undersigned authorizes the crematory to deliver the cremains via registered US.Mail and agrees to pay the handling and mailing fees incurred therein. I/we agree to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless the crematory and the funeral director from any and all claims related to said shipment.

Signed: _____ Relationship: _____ other

Address:(Complete) _____

Funeral Director Signature and State F.D. License # _____

OFFICE OF THE CHIEF MEDICAL EXAMINER
 FAX NUMBER (405) 239-2430
MUST BE TYPED!

Please Complete All Boxes in the Top Portion of Form

DATE March 20, 2026

FUNERAL HOME Mallory-Martin Funeral Home & Crematory PHONE# 918-967-2133

ADDRESS 204 Northeast "F" Street - Stigler, OK 74462 FAX # 918-967-2946

DECEDENT (FIRST, MIDDLE, LAST) Steven Nigh	AGE 67	D.O.B. 5/20/1958	RACE White	SEX M
ADDRESS (NO, STREET, CITY, COUNTY, STATE) 6401 Border Ave, Muskogee, Muskogee, OK 74401				
DEATH LOCATION (ADDRESS OR INSTITUTION) St Francis Health System		CITY/COUNTY Muskogee/Muskogee	DATE 03/14/2026	TIME 6:50 am
NAME AND TELEPHONE NUMBER OF ATTENDING PHYSICIAN Inyang Ndebbio 918-682-5501				
DISPOSITION: CREMATION <input checked="" type="checkbox"/> TRANSPORT OUT OF STATE <input type="checkbox"/>		MEDICAL EXAMINER CASE: YES <input type="checkbox"/> NO <input type="checkbox"/>	AUTOPSY: YES <input type="checkbox"/> NO <input type="checkbox"/>	
HOSPICE CASE: YES <input type="checkbox"/> NO <input type="checkbox"/>		NAME OF HOSPICE: PHONE #		
This form is to take the place of the initial call to the Medical Examiner's office. PLEASE MAKE SURE EVERY BLANK IS COMPLETED PRIOR TO FAXING THIS REQUEST! After the investigation has been completed, the funeral home will be notified. MERELY FAXING US THIS FORM DOES NOT CONSTITUTE AUTHORITY TO SHIP OR CREMATE!				
*****SPACES BELOW THIS LINE ARE FOR MEDICAL EXAMINER ONLY*****				
INFORMANT:				
BRIEF MEDICAL HISTORY				
ANY TRAUMA, FRACTURES, OR ADVERSE REACTIONS TO MEDS: IF YES, SEE SUPPLEMENTAL REPORT				
ANY KNOWN COMPLAINTS REGARDING PATIENT'S CARE OR ALLEGATIONS OF MISTREATMENT OR ABUSE: IF YES, SEE SUPPLEMENTAL REPORT				
CAUSE OF DEATH				
INVESTIGATOR				
FUNERAL HOME NOTIFIED BY: DATE _____ TIME _____			CASE NUMBER	

OFFICE OF THE CHIEF MEDICAL EXAMINER
 APPLICATION AND PERMIT FOR DISPOSAL OF HUMAN REMAINS
 STATE OF OKLAHOMA – BOARD OF MEDICOLEGAL INVESTIGATIONS

APPLICATION

FULL NAME OF DECEASED - First Middle Last Steven Nigh			AGE 67	DATE OF BIRTH 5/20/1958	RACE White	SEX M
RESIDENCE ADDRESS - Street and Number City or Town County State 6401 Border Ave, Muskogee, Muskogee, OK 74401						
LOCATION OF DEATH - (If not in either, give address) Hospital of Other Institution St Francis Health System			City or Town Muskogee/Muskogee	County	DATE OF DEATH 03/14/2026	TIME OF DEATH 6:50 am
APPLICANT - (Typed or Printed Name) Keith Hyslop		ADDRESS OF APPLICANT 307 N.E. "C" St. Stigler, Oklahoma 74462		RELATIONSHIP TO DECEASED other		
FUNERAL DIRECTOR IN CHARGE OF ARRANGEMENTS Mallory-Martin Funeral Home & Crematory			NAME AND LOCATION OF CREMATORY OR OTHER FACILITY 204 Northeast "F" Street – Stigler, OK 74462			
DISPOSITION OF REMAINS – Cremation, burial at sea, storage or other (specify) Cremation						

I hereby certify that I am the person having legal authority to dispose of the remains of the above-named decedent and that application is made herewith for permission of the body.

WITNESS (Signature) _____

APPLICANT (Signature) *Keith Hyslop*

PERMIT BY MEDICAL EXAMINER

* PERMIT NUMBER: _____

(Not valid without number assigned by Office of the Chief Medical Examiner)

I hereby certify that I have investigated the death of the above-named individual in accordance with the provisions of Title 63 OS 1971, Sections 931-955, as amended. In my opinion, the cause of death is: _____

and the manner of death is:

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Natural | <input type="checkbox"/> Pending |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Accident |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Unknown |

In accordance with Title 63 OS 1971, Section 1-329, as amended, permission for disposal is hereby granted.

* THIS PERMIT IS NOT REQUIRED FOR TRANSPORT OUT OF STATE.

DATE

COUNTY OF APPOINTMENT

MEDICAL EXAMINER (Signature)

VALID ONLY WITH ASSIGNED PERMIT NUMBER AND WITH SIGNATURE OF MEDICAL EXAMINER

INSTRUCTIONS

FUNERAL DIRECTOR

1. Notify medical examiner of death
2. Present him with APPLICATION portion of this form completed in all particulars, including necessary signatures.
3. When permit is issued by medical examiner, the law specifically requires that the funeral director file the original copy of this form with the Office of the Chief Medical Examiner within 48 hours of death.
4. The law further requires that one copy of this form and the original death certificate be filed by the funeral director with the local registrar.

MEDICAL EXAMINER

1. Investigate case as directed in Guidebook for Oklahoma Medical Examiners and other instructions issued by the Office of the Chief Medical Examiner.
2. Notify appropriate divisions of the Office of the Chief Medical Examiner by telephone and OBTAIN PERMIT NUMBER without which PERMIT is NOT VALID.

File CME-1 or CME-19, as required, with the Office of the Chief Medical Examiner.

E-MAILED
 3/23 11:37
M. J. [Signature]

23rd day of March 2020



Chairman [Signature]
Member [Signature]
Member [Signature]
Attest [Signature]
County Clerk

CELIA HANLEY