

LOCAL REGISTRAR'S
FILE NO. 338

CERTIFICATE OF DEATH
STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

STATE BIRTH NO. 15830

1. PLACE OF DEATH a. COUNTY Cleveland		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma COUNTY Cleveland	
b. CITY, TOWN, OR LOCATION Norman		c. CITY, TOWN, OR LOCATION Norman	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Norman Municipal Hospital		d. STREET ADDRESS 304 S. Univ. Blvd.	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Rev. John Middle Leighton Last Read		4. DATE OF DEATH Month Oct. Day 2 Year 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 14, 1879
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Presbyterian Minister		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Paris, Texas
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John Jeremiah Read	
14. MOTHER'S MAIDEN NAME Lillah Porter		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If so, war, or unknown) (If yes, give war or date of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Mary Saunders; Norman, Oklahoma	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Arteriosclerosis DUE TO (b) Chronic Leukemia Lymphatic DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 5:00 PM 57 , to 2:00 PM 59 and last saw her/him alive on _____ Death occurred at _____ in on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS Norman, Oklahoma	
22c. DATE SIGNED 10-2-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10-4-59	
23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery		23d. LOCATION (City, town, or county) (State) Norman, Okla.	
24. DATE RECD. BY LOCAL REG. Oct. 20, 1959		25. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
26. FUNERAL DIRECTOR Primrose Funeral Home; Norman, Okla.		ADDRESS	



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

AUG. 12. 1981

LOCAL REGISTRAR'S
FILE NO.

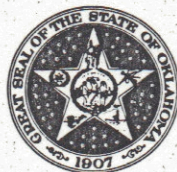
CERTIFICATE OF DEATH
STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

STATE FILE NO. 17164

STATE BIRTH NO.

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Cleveland		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY Cleveland	
b. CITY, TOWN, OR LOCATION Norman		c. CITY, TOWN, OR LOCATION Norman, Okla.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 304 S. University Blvd.		d. STREET ADDRESS 304 S. University Blvd.	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Katharine Middle Wauchope Last Read		4. DATE OF DEATH Month November Day 2 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 19, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 71
11. BIRTHPLACE (State or foreign country) Capenbridge W. Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Wauchope		14. MOTHER'S MAIDEN NAME Dk.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. J. L. Read; Norman, Okla.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Acute Influenza DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Inter-vascular generalization			INTERVAL BETWEEN ONSET AND DEATH 1 week
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 11:00 Month Nov Day 5 Year 1957 a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov 5 to Nov 5 and last saw her/him alive on Nov 5 Death occurred at 11:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. C. Buffington MD (Degree or title)		22b. ADDRESS Norman, Okla.	
22c. DATE SIGNED 11-2-57		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
23a. BURIAL, CREMATION, etc. Burial	23b. DATE Nov. 5, 1957	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	23d. LOCATION (City, town, or county) (State) Norman, Okla.
24. DATE RECD. BY LOCAL REG. Dec. 3, 1957	25. REGISTRAR'S SIGNATURE Vina Strain	26. FUNERAL DIRECTOR ADDRESS Primrose Funeral Home; Norman, Okla.	



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State of Oklahoma

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STATE REGISTRAR OF VITAL STATISTICS

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[Signature]
STATE REGISTRAR

AUG. 12, 1981