

ATTENDING PHYSICIAN
CERTIFICATE OF DEATH
STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

40

09144

LOCAL REGISTRAR'S FILE NO. _____ STATE FILE NO. _____

DECEASED - NAME: **THEODORE PORTER READ** DATE OF DEATH (Month, Day, Year): **MAY 16, 1976** SEX: **MALE**

RACE: **WHITE** AGE - Last Birthday (Year): **80** UNDER 1 YEAR: _____ UNDER 1 DAY: _____ DATE OF BIRTH (Month, Day, Year): **8. AUG. 4, 1895** COUNTY OF DEATH: **ATOKA**

CITY, TOWN, OR LOCATION OF DEATH: **ATOKA** INSIDE CITY LIMITS: YES NO HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number): **ATOKA MEMORIAL HOSPITAL**

STATE OF BIRTH (If not in U.S.A., Name Country): **OKLAHOMA** CITIZEN OF WHAT COUNTRY: **USA** SURVIVING SPOUSE (If Wife, Give Maiden Name): _____

SOCIAL SECURITY NUMBER: **459-28-7052** USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **FARMER** KIND OF BUSINESS OR INDUSTRY: **FARM**

RESIDENCE - STATE: **OKLAHOMA** COUNTY: **ATOKA** CITY, TOWN, OR LOCATION: **ATOKA** INSIDE CITY LIMITS: YES NO STREET AND NUMBER: **RT. 4**

FATHER - NAME: **J.J. READ** MOTHER - MAIDEN NAME: **LILLAH PORTER**

INFORMANT - NAME: **STONE READ** MAILING ADDRESS: **P.O. BOX 364, ELGIN, OKLAHOMA 73538**

MEDICAL CERTIFICATION

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).)

18. CAUSE OF DEATH IMMEDIATE CAUSE: **Aspirin toxicity CVD t @ VA**

Condition if any, which gave rise to immediate cause(s), stating the underlying cause last

(a) DUE TO OR AS A CONSEQUENCE OF: _____

(b) DUE TO OR AS A CONSEQUENCE OF: _____

(c) DUE TO OR AS A CONSEQUENCE OF: _____

PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in part I (a))

AUTOPSY: 19a. Yes No 19b. IF YES: Were findings considered in determining cause of death. Yes No

Notice to attending physician: Do not sign this certificate unless you are the physician who attended the deceased for a natural illness—unrelated to injury or poisoning—to which the patient has apparently succumbed, provided that death did not occur while deceased was in penal incarceration or during a therapeutic procedure in which death was not reasonably medically expected. For enumeration of deaths subject to investigation and certification by Medical Examiner, refer to O.S. Title 63, Sec. 938, or contact office of Chief Medical Examiner in Oklahoma City.

CERTIFICATION - Month Day Year Month Day Year

20a. PHYSICIAN I attended the deceased from **5 16 76** TO **5 16 76** And last saw him/her alive on **5-16-76** I did/did not view body after death **did** DEATH OCCURRED at _____ M.

20d. at the place, on the date stated, and to the best of my knowledge, due to the cause(s) stated.

CERTIFIER - NAME (Type or Print): **A.C. Fina, M.D.** SIGNATURE OF CERTIFIER: *A.C. Fina* Degree or Title: _____ DATE SIGNED (Month, Day, Year): **5-19-76**

21a. MAILING ADDRESS - CERTIFIER Street or R.F.D. No. City or Town State Zip

21d. **112 N. Penn. Atoka, Okla. 74525**

22a. THE DECEDENT was pronounced dead on _____ AT _____ M.

22b. Month Day Year

BURIAL, CREMATION, REMOVAL (Specify): **BURIAL** DATE: **MAY 19, 1976** CEMETERY OR CREMATORY - NAME: **ROSE HILL CEMETERY**

23a. LOCATION (Cemetery or Crematory) City or Town State: **WAPANUCKA OKLA.** FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): **ATOKA FUNERAL HOME INC. ATOKA, OKLA.** FUNERAL DIRECTOR: **ROBERT R. EMERY**

24a. LOCAL REGISTRAR SIGNATURE: *John Neal* DATE RECD. BY LOCAL REG.: **5-24-76** DATE RECEIVED BY STATE REGISTRAR: **MAY 26 1976**

26a. 26b. 26c.

VOID IF ALTERED OR ERASED

Friday, December 02, 2016 1:16:04 PM