

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

LOCAL REGISTRAR'S FILE NO. **175** STATE FILE NO. **09226**

1. DECEASED - NAME First: Roe Middle: K. Last: Wauchope			2. DATE OF DEATH (Month, Day, Year) April 11, 1984		3. SEX Male
4. RACE - White, Negro, American Indian, Etc (Specify) White	5a. AGE - Last Birthday (Year) 79	5b. UNDER 1 YEAR Mo. Days	5c. UNDER 1 DAY Hours Min.	6. DATE OF BIRTH (Month, Day, Year) December 27, 1905	
7b. CITY, TOWN, OR LOCATION OF DEATH Shawnee		7c. INSIDE CITY LIMITS Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	7d. HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number) Shawnee Medical Center Hospital		
8. STATE OF BIRTH (If not in U.S.A., Name Country) Oklahoma		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. SURVIVING SPOUSE (If Wife, Give Maiden Name) Lola Smith Wauchope	
12. SOCIAL SECURITY NUMBER 443-10-4179		13a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) Retired Teacher and Salesman		13b. KIND OF BUSINESS OR INDUSTRY Education	
14a. RESIDENCE - STATE Oklahoma	14b. COUNTY Pott.	14c. CITY, TOWN, OR LOCATION Shawnee		14e. STREET AND NUMBER 525 W. Dill	
15. FATHER - NAME First: S. Middle: K. Last: Wauchope			15. MOTHER - MAIDEN NAME First: Olga Middle: Paulsen Last: Paulsen		
17a. INFORMANT - NAME Charles Wauchope			17b. MAILING ADDRESS 28719 13th Ave. S. Federal Way, Wa. 98003		

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

18. CAUSE OF DEATH	IMMEDIATE CAUSE	Approximate interval between onset and Death
Condition if any, which gave rise to immediate cause(s), stating the underlying cause last	(a) Parkinson Disease	5 yrs.
	(b) Cerebral arteriosclerosis	10 yrs.
	(c)	

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

AUTOPSY IF YES: Were findings considered in determining cause of death.

19a. Yes No 19b. 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.

20a. PHYSICIAN I attended the deceased from Month Day Year June '81 to April 11, 1984	And last saw him/her alive on 20b. Month Day Year 3/30/84	I did not view body after death 20c. Did	DEATH OCCURRED AT: 3:00 P.M.
21a. CERTIFIER - NAME (Type or Print) Dr. John Hayes	21b. SIGNATURE OF CERTIFIER <i>John R. Hayes</i>		21c. DATE SIGNED (Month, Day, Year) 4/18/84
21d. MAILING ADDRESS - CERTIFIER Street or R.F.D. No. City or Town State Zip 2801 N. Saratoga, Shawnee, Oklahoma 74801		22. THE DECEDENT was pronounced dead on AT 22a. Month Day Year 4/11/84 AT 3:00 P.M.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Month Day Year April 14, 1984	23c. CEMETERY OR CREMATORY - NAME Fairview Cemetery	
23d. LOCATION (Crematory or Cemetery) City or Town State Shawnee Ok.	24. FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Gaskill Funeral Chapel 119 N. Union Shawnee Ok. 74801		
25a. LOCAL REGISTRAR SIGNATURE <i>Eana Garrett</i>	25b. DATE RECD. BY LOCAL REG. April 20, 1984	26. DATE RECEIVED BY STATE REGISTRAR APR 24 1984	

Friday, December 02, 2016 1:18:45 PM