CERTIFICATE OF DEATH

1958

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

LOCAL REGISTRAR'S NO. 3

STATE FILE NO. 599 58

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Sublette
b. CITY, TOWN, OR LOCATION: Pinedale
c. LENGTH OF STAY IN 18: 6 years.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Home -- no street address.
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Wyoming
b. COUNTY: Sublette
c. CITY, TOWN, OR LOCATION: Pinedale
d. STREET ADDRESS: None.
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON A FARM OR RANCH? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First: Frank; Middle: Oscar; Last: Matter
4. DATE OF DEATH: Month: March; Day: 23; Year: 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Dec. 10, 1900
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Food
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Oscar H. Matter
14. MOTHER'S MAIDEN NAME: Carrie Higgins
14a. NAME OF HUSBAND OR WIFE: Ruth Waterhouse Matter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 528-07-6138
17. INFORMANT: Ruth W. Matter, Address: Pinedale, Wyoming

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
Part I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Electrolyte imbalance — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Emphysema — about 6 years.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Cor pulmonale and polycythemia.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour, Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July, 1954, to March 23, '58 and last saw him alive on March 21, '58
Death occurred at approx. 5:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert D. Knapp Jr. MD
22b. ADDRESS: Pinedale, Wyoming
22c. DATE SIGNED: 3-24-58

23a. MANNER OF DISPOSITION: Burial
23b. DATE: March 25, '58
24. NAME OF CEMETERY OR CREMATORY: Wasatch Lawn
25. LOCATION (City, town, or county) (State): Salt Lake City, Utah
26. NAME AND ADDRESS OF FUNERAL DIRECTOR: W. W. Tanner, Big Piney, Wyoming
27. DATE RECD. BY LOCAL REG.: 3/24/58
28. REGISTRAR'S SIGNATURE: Hazel G. Blanes