78

78

1958

CERTIFICATE OF DEATH

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

LOCAL REGISTRAR'S NO. 10 — STATE FILE NO. 192

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Sweetwater
b. CITY, TOWN, OR LOCATION: Rock Springs
c. LENGTH OF STAY IN 1b: 4 Days
d. NAME OF HOSPITAL OR INSTITUTION: Sweetwater Memorial Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE a. STATE: Wyoming
b. COUNTY: Sublette
c. CITY, TOWN, OR LOCATION: Pinedale
d. STREET ADDRESS:
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: Clarence, Middle: B., Last: Johnson
4. DATE OF DEATH: 1-13-1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-10-1878
9. AGE (In years last birthday): 80; IF UNDER 1 YEAR Months: 0, Days: 3
10a. USUAL OCCUPATION: Ret. Rancher
10b. KIND OF BUSINESS OR INDUSTRY: Ranch
11. BIRTHPLACE (State or foreign country): Bourbon County, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: E.G.Johnson
14. MOTHER'S MAIDEN NAME: Susan Amandiville Jones
14a. NAME OF HUSBAND OR WIFE: Mildred Leona Johnson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: 520-12-4386
17. INFORMANT: Marge M. Frank, Address: Pinedale Wyo.

18. CAUSE OF DEATH
Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) artero-sclerotic heart disease & pneumonia
420.0
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: [illegible]
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
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 a.m. p.m. 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 1-7-58, to 1-13-58 and last saw him alive on 1-13-58. Death occurred at 1:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: H.S. [signature] (Degree or title) MD
22b. ADDRESS: Rock Springs, Wyoming
22c. DATE SIGNED: 1-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-13-1958
23c. NAME OF CEMETERY OR CREMATORY: Pinedale Cemetery
23d. LOCATION (City, town, or county): Pinedale, Wyoming
24. FUNERAL DIRECTOR: [signature] ADDRESS: Rock Springs, Wyoming
25. DATE RECD. BY LOCAL REG.: 1-29-58
26. REGISTRAR'S SIGNATURE: [signature]