

That this affidavit is made, and is being recorded, pursuant to the provisions of Section 34-98, Wyoming Statutes, 1957.

Isabel E Warner

Subscribed in my presence and sworn to before me this 24th day of May, 1960.

My commission expires August 13, 1961.

Frank J. Leachman

Notary Public within and for Sweetwater County, Wyoming.

"Exhibit A"

Local Reg. No. 144

DEATH CERTIFICATION

Sweetwater County Health Officer

, Wyoming

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
Sweetwater		a. STATE	b. COUNTY
b. CITY, TOWN, OR LOCATION		c. LENGTH OF STAY IN 16	
Rock Springs		49 yr	
d. NAME OF HOSPITAL OR INSTITUTION		e. IS PLACE OF DEATH INSIDE CITY LIMITS?	
817 Bushnell Avenue		YES <input type="checkbox"/> NO <input type="checkbox"/>	
e. STREET ADDRESS		f. IS RESIDENCE ON A FARM OR RANCH?	
817 Bushnell Avenue		YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First	Middle	4. DATE OF DEATH
Dr. Jay	G.	Warner M.D.	11-27-58 10 AM
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH
M	W	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	4-30-1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Medical		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Charles R. Warner		Sophie Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO	
Yes N. U. T.		313-74-4536	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		17. INFORMANT	
Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiorespiratory failure		John J. Warner Rock Springs Wyoming	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Coronary Occlusion	
DUE TO (c)		Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	
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 Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11-27-58 to 11-27-58 and last saw him alive on 11-26-58 Death occurred at 11-27-58 10 AM on the date stated above; and to the best of my knowledge, from the causes stated.		22b. ADDRESS	
22a. SIGNATURE (Degree or title)		130 Broadway Rock Springs Wyoming	
G. H. Harrison MD		22c. DATE SIGNED 12-2-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-29-58	
23c. ADDRESS J. Warden Opie Rock Springs, Wyo.		23d. LOCATION (City, town, or county) Rock Springs Wyoming	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG. 12-6-58	
26. REGISTRAR'S SIGNATURE <i>Frank J. Leachman</i>			