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

Isabel E Wanner

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

My commission expires August 13, 1961.

Frank J. Kachinski

Notary Public within and for Sweetwater County, Wyoming.

"Exhibit A"

DEATH CERTIFICATION

Sweetwater County Health Officer
Local Reg. No. 744 Green River, Wyoming

1. PLACE OF DEATH a. COUNTY <u>Sweetwater</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Wyoming</u> b. COUNTY <u>Sweetwater</u>	
b. CITY, TOWN, OR LOCATION <u>Rock Springs</u>		c. CITY, TOWN, OR LOCATION <u>Rock Springs, Wyo.</u>	
c. LENGTH OF STAY IN 1b <u>49 yr</u>		d. STREET ADDRESS <u>817 Bushnell Avenue</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>817 Bushnell Avenue</u>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM OR RANCH? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Dr. Jay</u> Middle <u>G.</u> Last <u>Wanner M.D.</u>		4. DATE OF DEATH <u>11-27-58</u> 10 AM	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4-30-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Medical</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chicago, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Charles R. Wanner</u>		14. MOTHER'S MAIDEN NAME <u>Sophia Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO <u>343-74-4536</u>	
17. INFORMANT <u>John J. Wanner</u>		14a. NAME OF HUSBAND OR WIFE <u>Isabel</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiorespiratory failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) _____ 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 <input type="checkbox"/> NO <input type="checkbox"/>	
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 _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20e. INJURY OCCURRED 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 <u>11-27-58</u> to <u>11-27-58</u> and last saw her alive on <u>11-26-58</u>		22c. DATE SIGNED <u>11-28-58</u>	
22a. SIGNATURE (Degree or title) <u>G. H. Harrison MD</u>		22b. ADDRESS <u>430 Broadway Rock Springs, Wyo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-29-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. View Cemetery</u>		23d. LOCATION (City, town, or county) <u>Rock Springs, Wyoming</u>	
24. FUNERAL DIRECTOR <u>J. Warden Opie</u>		25. DATE RECD. BY LOCAL REG. <u>12-6-58</u>	
ADDRESS <u>Rock Springs, Wyo.</u>		26. REGISTRAR'S SIGNATURE <u>R. C. Stratton</u>	