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CERTIFICATE OF DEATH
STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

LOCAL REGISTRAR'S NO. 22 STATE FILE NO. _____

BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY <u>Uinta</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Wyoming</u> b. COUNTY <u>Sublette</u>	
b. CITY, TOWN, OR LOCATION <u>Evanston</u>		c. CITY, TOWN, OR LOCATION <u>Big Piney</u>	
c. LENGTH OF STAY IN 1b <u>2 days</u>		d. STREET ADDRESS <u>None</u>	
d. NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hosp. of Uinta Co.</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 checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM OR RANCH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>W.</u> Last <u>LAMBERT</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 19, 1897</u>	
9. AGE (In years last birthday) <u>64</u>		10. KIND OF BUSINESS OR INDUSTRY <u>U.S. Forest Service Kamas, Utah</u>	
11. BIRTHPLACE (State or foreign country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Richard Lambert</u>		14. MOTHER'S MAIDEN NAME <u>Elva</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Mrs. Katherine Lambert</u>		18. NAME OF HUSBAND OR WIFE <u>Katherine Pitt Lambert</u>	
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Coronary Arteriosclerosis</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) _____			
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20a. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____			
21. TIME OF INJURY Hour _____ Minute _____ a. m. p. m.			
22a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22b. PLACE OF INJURY (i. e., in or about home, farm, factory, street, office bldg., etc.) _____	
22c. CITY, TOWN, OR LOCATION _____		22d. COUNTY _____	
22e. STATE _____		22f. DATE SIGNED <u>5 August 1961</u>	
23a. SIGNATURE (Do not write in this space) <u>[Signature]</u>		23b. ADDRESS <u>Brandon Wyo</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Removal</u>		23d. LOCATION (City, town, or county) (State) <u>Big Piney, Wyoming</u>	
24. FURNERAL DIRECTOR <u>Robert R. Bille</u>		25. DATE RECD. BY LOCAL REG. <u>5 Aug 19 61</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		27. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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