

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

LOCAL REGISTRAR'S NO. 77

BIRTH NO.

STATE FILE NO. 283

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. LENGTH OF STAY IN 10 <u>2 days</u>		e. CITY, TOWN, OR LOCATION <u>Big Piney</u>		d. STREET ADDRESS <u>None</u>	
d. NAME OF HOSPITAL OR INSTITUTION <u>(If not in hospital, give street address)</u> <u>Memorial Hosp. of Uinta Co.</u>				e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
f. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				g. IS RESIDENCE ON A FARM OR RANCH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>JAMES</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>5</u> Year <u>1961</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> <u>July 19, 1897</u>		9. AGE (In years Last birthday) <u>64</u>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Forest Ranger (retired)</u>				11. BIRTHPLACE (State or foreign country) <u>U.S. Forest Service Kansas, Utah</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME <u>Richard Lambert</u>				14. MOTHER'S MAIDEN NAME <u>Ely</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yrs. in, or equivalent) <u>No</u>				16. SOCIAL SECURITY NO. <u>Unknown</u> 17. INFORMANT <u>Mrs. Katherine Lambert</u> <u>Big Piney, Wyo.</u> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)				19. INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>			
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 causes last. (b) <u>Coronary Artery Disease</u>							
DUE TO (b) <u>Coronary Artery Disease</u>							
DUE TO (c) <u></u>							
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.)			
21c. TIME OF INJURY <u>Hour Month, Day, Year</u> <u>6. m. 8. 1961</u>							
22a. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK				22b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
22c. CITY, TOWN, OR LOCATION				22d. COUNTY		22e. STATE	
21. I attended the deceased from <u>4 August 1961</u> to <u>5 August 1961</u> and last saw him alive on <u>5 August 1961</u> Death occurred at <u>Big Piney, Wyo.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>John A. ...</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Evanston Wyo</u> 22c. DATE SIGNED <u>6 August 1961</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>8/5/61</u>		23c. NAME OF CEMETERY OR CREMATORIAL <u>Big Piney, Wyoming</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Gilbert P. Billie</u>				25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE <u>5 Aug 1961</u> <u>John A. Holmes</u>			