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CERTIFICATE OF DEATH

STATE OF WYOMING

DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

LOCAL REGISTRAR'S NO. 35

BIRTH NO.

1962
STATE FILE NO. 658

1. PLACE OF DEATH
a. COUNTY: Sweetwater
b. CITY, TOWN, OR LOCATION: Rock Springs
c. LENGTH OF STAY IN 1b: 9 Days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Sweetwater Memorial Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Wyoming
b. COUNTY: Sublette
c. CITY, TOWN, OR LOCATION: Boulder
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: Arnold; Middle: Charles; Last: Olson

4. DATE OF DEATH: Month, Day, Year: 3-25-62 9:AM

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2-26-1899

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher

10b. KIND OF BUSINESS OR INDUSTRY: Ranching

11. BIRTHPLACE (State or foreign country): Preston, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Olson

14. MOTHER'S MAIDEN NAME: Briget Corman

14a. NAME OF HUSBAND OR WIFE: Lena Mary Olson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W.#1

16. SOCIAL SECURITY NO.: 520-24-4687

17. INFORMANT: Lena Mary Olson, Address: Boulder, Wyoming

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
Part I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Diverticulitis, perforated, recto-sigmoid colon
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: 19 days

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 ☐

MEDICAL CERTIFICATION

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, 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 3-16-62 to 3-25-62 and last saw him alive on 3-25-62
Death occurred at 9:AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul R Yedinak MD
22b. ADDRESS: Rock Springs, Wyoming
22c. DATE SIGNED: 3-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-26-62
23c. NAME OF CEMETERY OR CREMATORY: Big Piney Cemetery
23d. LOCATION (City, town, or county) (State): Big Piney, Sublette, Wyoming

24. FUNERAL DIRECTOR: Dillon Bros. ADDRESS: Rock Springs, Wyoming
25. DATE RECD. BY LOCAL REG.: April 2, 1962
26. REGISTRAR'S SIGNATURE: Registrator

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