

244
CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NO. 11

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1. PLACE OF DEATH		Sublette		2. USUAL RESIDENCE (If ever deceased (and if institution, Reside before admission))	
a. COUNTY		b. STATE <u>Wyoming</u>		c. CITY, TOWN, OR LOCATION <u>Sublette</u>	
b. CITY, TOWN, OR LOCATION <u>Kural 5 mi. west of Pinedale</u>		c. LENGTH OF STAY IN 1b <u>15 yrs.</u>		d. STREET ADDRESS <u>Rural Pinedale</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE INSIDE CITY LIMITS?		f. IS RESIDENCE ON A FARM OR RANCH?	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type of prefix)		4. DATE OF DEATH		5. AGE (In years)	
Edward Melgaard		July 2, 1962		IF UNDER 1 YEAR IF UNDER 20 HRS.	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 2, 1903</u>	9. AGE (In years)	Month <u>Oct.</u> Day <u>13</u> Year <u>1962</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumberman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Saw Mill</u>	11. BIRTHPLACE (State or foreign country) <u>Mrs. Virginia Melgaard, Pinedale, Wyo.</u>	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME <u>Edward Melgaard</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give rank and date of separation) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>476-24-8422</u>	17. INFORMANT <u>Mrs. Virginia Melgaard, Pinedale, Wyo.</u>	18. NAME OF HUSBAND OR WIFE <u>Virginia Melgaard</u>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>					
Conditions, if any, which gave rise to cause (a), due to (b) above cause (a), due to (c) mention the under-lying cause last.					
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 Hour Month, Day, Year INJURY a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.) <u>Rural 5 mi. west of Pinedale, Wyo.</u> COUNTY <u>Sublette, Wyo.</u> STATE					
21. I attended the deceased from _____ to _____ and last saw her alive on _____					
22a. SIGNATURE <u>Sig: F. W. Tanner Coroner</u> (Degree or title) <u>22b. ADDRESS <u>Big Piney, Wyo.</u></u> <u>22c. DATE SIGNED <u>10/16/62</u></u>					
23a. BURIAL, CREMATION REMOVAL (Signature) <u>Eulifai</u>	23b. DATE <u>10/17/62</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Pinedale Cemetery</u>	24. ADDRESS <u>Big Piney, Wyo.</u>	24. FUNERAL DIRECTOR ADDRESS <u>Big Piney, Wyo.</u>	25. DATE REC'D. BY LOCAL REG. <u>10-16-62</u>
26. REGISTRAR'S SIGNATURE <u>Sig: Hazel P. Bloom</u>					