

MARGIN RESERVED FOR BINDING

This is a permanent record. If possible fill in with typewriter and use new black ribbon. All entries made in longhand should be made in unfading black ink. This not only prolongs the life of the record, but insures a perfect copy when reproduced in photostat. Every item of information should be supplied carefully and completely. The certificate is to be signed by the attending physician, the funeral director, the local registrar and the informant.

FORM VS-2-2 WYOMING DEPARTMENT OF PUBLIC HEALTH, DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH									
STATE OF WYOMING									
DEPARTMENT OF PUBLIC HEALTH									
DIVISION OF VITAL STATISTICS									
LOCAL REGISTRAR'S NO. <u>11</u>		STATE FILE NO. _____							
BIRTH NO. _____									
1. PLACE OF DEATH a. COUNTY _____		Sublette		2. USUAL RESIDENCE (If have deceased lived 11 months or more before death) a. STATE _____		Wyoming		b. COUNTY _____	
b. CITY, TOWN, OR LOCATION Rural 5 mi. west of Pinedale		c. LENGTH OF STAY IN 10 yrs. 15 yrs.		c. CITY, TOWN, OR LOCATION Rural Pinedale		d. STREET ADDRESS			
d. NAME OF HOSPITAL OR INSTITUTION				e. IS RESIDENCE INSIDE CITY LIMITS?		f. IS RESIDENCE ON A FARM OR RANCH?			
e. IS PLACE OF DEATH INSIDE CITY LIMITS?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Reidar		First Middle Last Oulif Melgaard		4. DATE OF DEATH Month Day Year Oct. 13, 1962		5. SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>		6. COLOR OR RACE W <input checked="" type="checkbox"/> B <input type="checkbox"/>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 2, 1903		9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman		11. BIRTHPLACE (State or foreign country) Oslo, Norway	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Edward Melgaard		14. MOTHER'S MAIDEN NAME Gerda Pedersen		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of service) Yes WW II		16. SOCIAL SECURITY NO. 476-24-8422	
17. INFORMANT Mrs. Virginia Melgaard, Pinedale, Wyo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 5 min.	
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 Hour Month, Day, Year P. M.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Rural 5 mi. west Sublette, Wyo.	
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____		22a. SIGNATURE Sig: F. W. Tanner Coroner		22b. ADDRESS Big Piney, Wyo.		22c. DATE SIGNED 10/16/62		22d. BUREAU, CREMATION, REMOVAL, (Specify) Burial	
23a. NAME OF CEMETERY OR CREMATORY Pinedale, Cemetery		23b. LOCATION (City, town, or county) Pinedale Wyo.		24. FUNERAL DIRECTOR Sig: V. V. Tanner Big Piney, Wyo.		25. DATE RECD. BY LOCAL REG. 10-16-62		26. REGISTRAR'S SIGNATURE Sig: Hazel P. Bloom	