

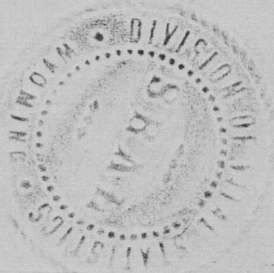
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**CERTIFICATE OF DEATH**  
STATE OF WYOMING  
DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF VITAL STATISTICS

LOCAL REGISTRAR'S NO. 110 STATE FILE NO. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Natrona</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <b>Wyoming</b> b. COUNTY <b>Sublette</b>	
b. CITY, TOWN, OR LOCATION <b>Casper</b>		c. CITY, TOWN, OR LOCATION <b>Daniel</b>	
c. LENGTH OF STAY IN 1b <b>3 weeks</b>			
4. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <b>Natrona County Memorial Hospital</b>		d. STREET ADDRESS <b>No Street Number</b>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>ORVAL</b> Last <b>BAKER</b>		4. DATE OF DEATH Month <b>April</b> Day <b>27</b> Year <b>1964</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 28, 1906</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rancher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ranch</b>	
11. BIRTHPLACE (State or foreign country) <b>Wagoner, Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Henry Morton Baker</b>		14. MOTHER'S MAIDEN NAME <b>Rose Margaret Culp</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>448 12 2362</b>	
17. INFORMANT <b>Priscilla B Baker - Daniel</b>		18. NAME OF HUSBAND OR WIFE <b>Priscilla Brown Baker</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Aggravated Cell Carcinoma of Lung</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>about 10 mo</b>	
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 _____ a. m. _____ p. m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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.)	
20f. CITY, TOWN, OR LOCATION <b>Casper</b>		COUNTY <b>Sublette</b> STATE <b>WYOMING</b>	
21. I attended the deceased from <b>10-1-63</b> to <b>4/27/64</b> and last saw him alive on <b>4/27/64</b> Death occurred at <b>2:05 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Rebecca J. Kinports</b> (Degree or title)		22b. ADDRESS <b>1204 E. 2nd, Casper, Wyoming</b>	
22c. DATE SIGNED <b>4-30-64</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/30/64</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Highland Cemetery</b>	23d. LOCATION (City, town, or county) <b>Casper, Wyoming</b>
24. FUNERAL DIRECTOR <b>Hustard's</b>		25. DATE RECD. BY LOCAL REG. <b>5-6-64</b>	
ADDRESS <b>Casper</b>		26. REGISTRAR'S SIGNATURE <b>Rebecca J. Kinports</b>	



THIS IS TO CERTIFY that the reproduction on the reverse is a true copy of a record on file in the Division of Vital Statistics, Wyoming Department of Public Health, Cheyenne, Wyoming.

*Rebecca J. Kinports*

Rebecca J. Kinports  
Director of Vital Statistics  
and Deputy State Registrar

Date issued: **MAY 13 1964**

By: *Rebecca J. Kinports*  
Division of Vital Statistics