

## CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NO. 110STATE OF WYOMING  
DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF VITAL STATISTICSSTATE FILE NO. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY <u>Natrona</u>			2. USUAL RESIDENCE (Where deceased resided. If institution, Residence before admission) a. STATE <u>Wyoming</u>		
b. CITY, TOWN, OR LOCATION <u>Casper</u>		c. LENGTH OF STAY IN 1b <u>3 weeks</u>	c. CITY, TOWN, OR LOCATION <u>Daniel</u>		d. COUNTY <u>Sublette</u>
d. NAME OF HOSPITAL OR INSTITUTION <u>Natrona County Memorial Hospital</u>			d. STREET ADDRESS <u>No Street Number</u>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. 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 ORVAL BAKER</u>			4. DATE OF DEATH Month Day Year <u>April 27, 1964</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 28, 1906</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rancher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ranch</u>		11. BIRTHPLACE (State or foreign country) <u>Wagoner, Oklahoma</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>Henry Morton Baker</u>		
14. MOTHER'S MAIDEN NAME <u>Rose Margaret Culp</u>			14a. NAME OF HUSBAND OR WIFE <u>Priscilla Brown Baker</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>448 12 2362</u>		17. INFORMANT <u>Priscilla Brown Baker - Daniel</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Aggravated Cervical Carcinoma of Lung</u>			INTERVAL BETWEEN ONSET AND DEATH <u>About 10 mo.</u>		
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)					
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. <input type="checkbox"/> p. m. <input type="checkbox"/>	Month, Day, Year <u>10-1-63</u>				
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	COUNTY	STATE
21. I attended the deceased from <u>10-1-63</u> to <u>4/27/64</u> and last saw him alive on <u>4/27/64</u> Death occurred at <u>2:05 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Rebecca J. Kinports</u>			22b. ADDRESS <u>1204 E. 2nd, Casper, Wyoming</u>	22c. DATE SIGNED <u>4-30-64</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/30/64</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Highland Cemetery</u>	23d. LOCATION (City, town, or county) <u>Casper, Wyoming</u>	(State)	
24. FUNERAL DIRECTOR <u>Bustard's</u>	ADDRESS <u>W.C. Bustard</u>	25. DATE RECD. BY LOCAL REG. <u>Casper 5-6-64</u>		26. REGISTRAR'S SIGNATURE <u>Rebecca J. Kinports</u>	



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

MAY 13 1964

Date issued:

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