CERTIFICATE OF DEATH

STATE OF WYOMING

DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. _____

LOCAL REGISTRAR'S NO. 7 — BIRTH NO. — 377

1. PLACE OF DEATH — a. COUNTY: Sublette — b. CITY, TOWN, OR LOCATION: Pinedale — c. LENGTH OF STAY IN 1b: 28 yrs. — d. (If not in hospital, give street address)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) — a. STATE: Wyoming — b. COUNTY: Sublette — c. CITY, TOWN, OR LOCATION: Pinedale, Wyo. — 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: Raymond — Middle: William — Last: Wens

4. DATE OF DEATH: Month: July — Day: 30, — Year: 1964

5. SEX: M — 6. COLOR OR RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Sept. 5, 1910

9. AGE (In years last birthday): 53 — 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): Barber

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Friend, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Wens

14. MOTHER'S MAIDEN NAME: Lydia Boden

14a. NAME OF HUSBAND OR WIFE: Ruth Wens, Pinedale, Wyo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 520-32-8705

17. INFORMANT: Ruth Wens, Pinedale, Wyo. (Address)

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
Part I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral emolens
DUE TO (b) Rheumatic cardio-vasgular
DUE TO (c) disease with valvular deformity and auriculion fibrillation
INTERVAL BETWEEN ONSET AND DEATH: Immediate

Conditions, if any, which gave rise to cause (a), stating the underlying 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 ☐ 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 a. m. p. m. — 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 1958 to 1964 and last saw him alive on 7-26-64
Death occurred at 2 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Elgi J. Thomas Johnston, M. D. (Degree or title)

22b. ADDRESS: Pinedale, Wyo.

22c. DATE SIGNED: 8/7/64

23a. BURIAL, CREMATION, REMOVAL (Specify): Buried

23b. DATE: Aug. 1, 1964

23c. NAME OF CEMETERY OR CREMATORY: Pinedale Cemetery

23d. LOCATION (City, town, or county) (State): Pinedale Sublette Wyo.

24. FUNERAL DIRECTOR — ADDRESS: Turner Big Piney, Wyo.

25. DATE RECD. BY LOCAL REG.: 8-7-64

26. REGISTRAR'S SIGNATURE: Elgi Hazel P. Bloom

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

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.

CERTIFICATE

THE STATE OF WYOMING)
)SS.
County of Sublette)

I, Hazel P. Bloom, duly appointed Registrar for the County of Sublette and State of Wyoming do hereby certify (FOR INFORMATION ONLY) that this is a true and complete copy of Death Certificate of Raymond William Wenz, who passed away July 30, 1964 as same as will be mailed to the Bureau of Vital Statistics, Cheyenne, Wyoming on August 10, 1964, Registrar does not have a Seal.

Dated at Pinedale, Wyoming, this 10th day of August A. D. 1964.

Hazel P. Bloom

Registrar for the County of Sublette
State of Wyoming