

1961
2463

CERTIFICATE OF DEATH

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

LOCAL REGISTRAR'S NO. 76

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Hot Springs

b. CITY, TOWN, OR LOCATION Thermopolis

c. LENGTH OF STAY IN 1b 3 1/2 Months

d. NAME OF HOSPITAL OR INSTITUTION Wyoming Pioneer Home

e. IS PLACE OF DEATH INSIDE CITY LIMITS?
YES NO

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Wyoming

b. COUNTY Sublette

c. CITY, TOWN, OR LOCATION Pinedale

d. STREET ADDRESS Box 361

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) Lloyd First Hathaway Middle Laughlin Last

4. DATE OF DEATH December 18 1961

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH 10/26/1889

9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Emporia, Kansas

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME David Laughlin

14. MOTHER'S MAIDEN NAME Minnie Bolt

14a. NAME OF HUSBAND OR WIFE Halie

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

16. SOCIAL SECURITY NO. 520-12-8334

17. INFORMANT Wyoming Pioneer Home, Thermopolis, 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) 331X Cerebral hemorrhage of Lower Cerebral Atherosclerosis Yes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Yes
DUE TO (b) Yes
DUE TO (c) Yes

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

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 Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Thermopolis, Wyo. 20f. CITY, TOWN, OR LOCATION Thermopolis, Wyo. COUNTY Sublette STATE Wyoming

21. I attended the deceased from Sept. 7, 1961 to December 18 and last saw him alive on Dec 18
Death occurred at 11:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Rebecca J. Kinports (Degree or title) Director of Vital Statistics 22b. ADDRESS Thermopolis, Wyo. 22c. DATE SIGNED Dec 18, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 14 Dec 61 23c. NAME OF CEMETERY OR CREMATORIAL Big Piney Cemetery 23d. LOCATION (City, town, or county) Big Piney, Wyoming (State) Wyoming

24. FUNERAL DIRECTOR W.M. Chidless 24b. FUNERAL ADDRESS Thermopolis, Wyo. 25. DATE REC'D. BY LOCAL REG. 14 Dec 61 26. REGISTRAR'S SIGNATURE Rebecca J. Kinports

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: AUG 7 1964

By: *M.W. Chidless*
Division of Vital Statistics