

LOCAL REGISTRAR'S NO. <u>76</u>		CERTIFICATE OF DEATH		1961	
BIRTH NO.		STATE OF WYOMING		2463	
DEPARTMENT OF PUBLIC HEALTH		DIVISION OF VITAL STATISTICS		STATE FILE NO.	
1. PLACE OF DEATH a. COUNTY <u>Hot Springs</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Wyoming</u>		b. COUNTY <u>Sublette</u>	
b. CITY, TOWN, OR LOCATION <u>Thermopolis</u>		c. LENGTH OF STAY IN 1b <u>3 1/2 Months</u>		c. CITY, TOWN, OR LOCATION <u>Pinedale</u>	
d. NAME OF HOSPITAL OR INSTITUTION <u>Wyoming Pioneer Home</u>		d. STREET ADDRESS <u>Box 361</u>			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" 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) First <u>Lloyd</u> Middle <u>Hathaway</u> Last <u>Laughlin</u>		4. DATE OF DEATH Month <u>December</u> Day <u>18</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10/26/1889</u>	9. AGE (In years last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Emporia, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>United States</u>		13. FATHER'S NAME <u>David Laughlin</u>		14. MOTHER'S MAIDEN NAME <u>Minnie Bolt</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>520-12-8334</u>		17. INFORMANT <u>Wyoming Pioneer Home, Thermopolis Wyo.</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>Cerebral hemorrhage</u> 331X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Cerebral arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH <u>Yes</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>11:50</u> Month <u>Dec</u> Day <u>18</u> Year <u>1961</u> a. m. <u>A.M.</u> 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.)		20f. CITY, TOWN, OR LOCATION COUNTY <u>Sublette</u> STATE <u>Wyo.</u>	
21. I attended the deceased from <u>Sept. 7, 1961</u> to <u>December 18</u> and last saw <u>him</u> alive on <u>Dec 18</u> . Death occurred at <u>11:50 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Rebecca J. Kinports</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Thermopolis, Wyo.</u>		22c. DATE SIGNED <u>12/18/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/18/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Wyoming Pioneer Home</u>	
24. FUNERAL DIRECTOR <u>W. J. Kinports</u>		25. DATE RECD. BY LOCAL REG. <u>12/18/61</u>		26. REGISTRAR'S SIGNATURE <u>W. 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

Date issued: AUG 7 1964

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