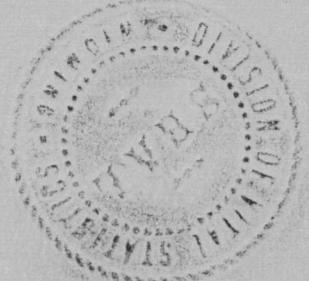


CERTIFICATE OF DEATH

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICSLOCAL REGISTRAR'S NO. 35

488

BIRTH NO.			STATE FILE NO.		
1. PLACE OF DEATH a. COUNTY <u>Teton</u>			2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <u>Wyoming</u> b. COUNTY <u>Sublette</u>		
b. CITY, TOWN, OR LOCATION <u>Jackson</u>		c. LENGTH OF STAY IN 1b <u>1 Day</u>		c. CITY, TOWN, OR LOCATION <u>Bondurant</u>	
d. NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			d. STREET ADDRESS		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>		
f. IS RESIDENCE ON A FARM OR RANCH? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) <u>Lewis</u> <u>Raphael</u> <u>Amrein</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>7</u> Year <u>1964</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>Apr. 21, 1907</u>		9. AGE (In years last birthday) <u>57</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Cattle & Hay</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rancher</u>		11. BIRTHPLACE (State or foreign country) <u>West Point Nebr.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Joseph Amrein</u>			14. MOTHER'S MAIDEN NAME <u>Anna Seaman</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>548/03/3608</u>		
17. INFORMANT <u>Leola Amrein, Bondurant Wyoming</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>Carcinoma head Pancreas</u>		
			INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</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 <u>Hour</u> <u>Month, Day, Year</u> <u>a. m.</u> <u>p. m.</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>County</u> <u>State</u>		
21. I attended the deceased from <u>2-5-64</u> to <u>9-7-64</u> and last saw her alive on <u>9-7-64</u> Death occurred at <u>11:50 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Albert N. Leil M.D.</u> <small>(Degree or title)</small>			22b. ADDRESS <u>Jackson Wyo.</u>		
22c. DATE SIGNED <u>9-21-64</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/10/64</u>		23c. NAME OF CEMETERY OR CREMATORIAL <u>Jackson</u>	
23d. LOCATION (City, town, or county) <u>Jackson, Wyoming</u> (State)		25. DATE REC'D. BY LOCAL REG. <u>9-21-64</u>		26. REGISTRAR'S SIGNATURE <u>Albert N. Leil M.D.</u>	
24. FUNERAL DIRECTOR <u>J. Benson</u>		ADDRESS <u>Jackson, Wyo</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: OCT 1 1964

By: *M. J. Callahan*
Division of Vital Statistics