

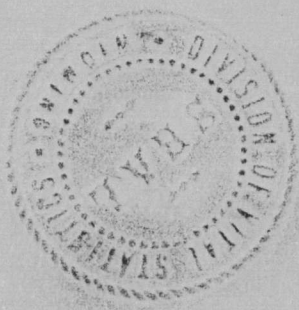
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**CERTIFICATE OF DEATH**  
**STATE OF WYOMING**  
**DEPARTMENT OF PUBLIC HEALTH**  
**DIVISION OF VITAL STATISTICS**

LOCAL REGISTRAR'S NO. 35 STATE FILE NO. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Teton</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>Jackson</u>		c. LENGTH OF STAY IN 1b <u>1 Day</u>	
d. NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u> (If not in hospital, give street address)		d. STREET ADDRESS <u>Bondurant</u>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lewis</u> Middle <u>Raphael</u> Last <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>
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>Cattle &amp; Hay</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> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>548/03/3608</u>	
17. INFORMANT <u>Leola Amrein, Bondurant Wyoming</u> 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) <u>Carcinoma head pancreas</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) _____	
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 _____ a. m. _____ p. m. Month, Day, Year _____	
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 _____ STATE _____	
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. Leish M.D.</u>		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 CREMATORY <u>Jackson,</u>	
23d. LOCATION (City, town, or county) <u>Jackson, Wyoming</u>		(State) _____	
24. FUNERAL DIRECTOR <u>A. B. Binsion</u> ADDRESS <u>Jackson, Wyo</u>		25. DATE RECD. BY LOCAL REG. <u>9-21-64</u>	
26. REGISTRAR'S SIGNATURE <u>Rebecca J. Kinports</u>		27. _____	



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. Chiles  
 Division of Vital Statistics