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LOCAL REGISTRAR'S NO. 345

CERTIFICATE OF DEATH "Exhibit A" 1964

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

BIRTH NO.

STATE FILE NO. 1973

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1. PLACE OF DEATH a. COUNTY: Laramie		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Wyoming b. COUNTY: Sublette
b. CITY, TOWN, OR LOCATION: Cheyenne, Wyoming	c. LENGTH OF STAY IN: 4 Days	c. CITY, TOWN, OR LOCATION: Pinedale, Wyoming
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): VAC, Cheyenne, Wyoming		d. STREET ADDRESS: N/A
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]		e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ] f. IS RESIDENCE ON A FARM OR RANCH? YES [ ] NO [X]

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
Harry	Everett	Klein	Sept.	10,	1964

5. SEX	6. COLOR OR RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	[ ] / [ ] / [ ] / [ ]	12-8-93	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired Rancher	Ranching	Milan, Missouri	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	14a. NAME OF HUSBAND OR WIFE
Louie Klein	Mattie Matkins	Edna B. Klein

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
Yes	WWI	520 32 7881	Veterans Administration Records, Wyoming	Cheyenne,

MEDICAL CERTIFICATION

18. CAUSES OF DEATH [Enter only one cause per line for (a), (b), and (c).]

Part I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: ?

4.43X

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease — 8 yrs.+
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Cerebral embolism, old, with right hemiparesis.

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
[ ]	[ ]	[ ]	

20c. INJURY occurred: Hour, a. m. / p. m.; Month, Day, Year
[ ] NOT WHILE AT WORK

20d. 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 9-6-64, to 9-10-64
Death occurred at 5:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
C. H. Flynn C. H. FLYNN, M. D.	VAC, Cheyenne, Wyoming	9-11-64

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	9/11/64	Pinedale Cemetery	Pinedale, Wyoming

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Schrader	Cheyenne	11 Sept 64	