

CERTIFICATE OF DEATH				1964	
STATE OF WYOMING				2082	
DEPARTMENT OF PUBLIC HEALTH				STATE FILE NO.	
DIVISION OF VITAL STATISTICS					
LOCAL REGISTRAR'S NO. <u>13</u>					
BIRTH NO.					
1. PLACE OF DEATH a. COUNTY <u>Sublette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>WYO</u> b. COUNTY <u>Sublette</u>			
b. CITY, TOWN, OR LOCATION <u>North West, Pinedale Wyo</u>		c. LENGTH OF STAY IN 1b		c. CITY, TOWN, OR LOCATION <u>Rural, Pinedale, Wyo</u>	
d. NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS			
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 type="checkbox"/> NO <input checked="" 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>Thomas</u> Middle <u>Christian</u> Last <u>Torgenson</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>30</u> Year <u>1964</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>April 29, 1900</u>	9. AGE (In years last birthday) <u>64</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>Rancher</u>		11. BIRTHPLACE (State or foreign country) <u>Pinedale, Wyo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13. FATHER'S NAME <u>Walter Torgenson</u>		14. MOTHER'S MAIDEN NAME <u>Karen Lauritzen</u>		14a. NAME OF HUSBAND OR WIFE <u>Dorothy Torgenson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>520-42-3325</u>		17. INFORMANT <u>Walter Torgenson</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>1930</u> DUE TO (b) <u>glioblastoma multiforme - Rt.</u> DUE TO (c) <u>temporal lobe</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hypertension</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>4:30</u> Month <u>Sept</u> Day <u>25</u> Year <u>1964</u>					
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 <u>Pinedale</u>					
20g. COUNTY <u>Sublette</u>					
20h. STATE <u>Wyo</u>					
21. I attended the deceased from <u>1959</u> to <u>1964</u> and last saw <u>her</u> alive on <u>Sept. 25, 1964</u> Death occurred at <u>4:30</u> P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Thomas Torgenson</u>					
22b. ADDRESS <u>Pinedale, Wyoming</u>					
22c. DATE SIGNED <u>9/30/64</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct 3, 1964</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pinedale</u>	
23d. LOCATION (City, town, or county) <u>Pinedale</u>		23e. STATE <u>Wyo</u>			
24. FUNERAL DIRECTOR <u>H. H. Hanner</u>		24a. ADDRESS <u>Big Spring, Wyo</u>		25. DATE RECD. BY LOCAL REG. <u>10-1-64</u>	
26. REGISTRAR'S SIGNATURE <u>Ray D. Blount</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 21 1965

By: M. V. Childers
Division of Vital Statistics