

CERTIFICATE OF DEATH

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

1964

2082

LOCAL REGISTRAR'S NO. 13

BIRTH NO.

1. PLACE OF DEATH a. COUNTY <u>Sobelleto</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Wyo</u> b. COUNTY <u>Sobelleto</u>	
3. CITY, TOWN, OR LOCATION <u>Wyo West Pinedale, Wyo</u>		c. LENGTH OF STAY IN 10 c. CITY, TOWN, OR LOCATION <u>Royal, 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		4. NAME OF DECEASED First <u>James</u> Middle <u>Christian</u> Last <u>Torgerson</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>15-12-9-1900</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>	
10c. BIRTHPLACE (State or foreign country) <u>Pinedale, Wyo</u>		11. BIRTHPLACE (State or foreign country) <u>Pinedale, Wyo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Wolfe Torgerson</u>	
14. MOTHER'S MAIDEN NAME <u>Baron Larson</u>		14a. NAME OF HUSBAND OR WIFE <u>Dorothy Torgerson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>530-42-3325</u>	
17. INFORMANT <u>Wolfe Torgerson</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>Glioblastoma multiforme - rt.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>temporal lobe</u> DUE TO (b) <u>1930</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 <u>SUICIDE</u> HOMICIDE <u>0</u>	
20c. TIME OF INJURY <u>Hour</u> <u>Month, Day, Year</u>		20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20d. INJURY OCCURRED <u>WHILE AT WORK</u> <u>NOT WHILE AT WORK</u>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Pinedale, Wyoming</u>	
21. I attended the deceased from <u>1959</u> to <u>1964</u> and last saw him alive on <u>Sept. 25, 1964</u> Death occurred at <u>2:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>James Torgerson</u> (Degree or title) <u>22b. ADDRESS <u>Pinedale, Wyoming</u></u>	
22c. DATE SIGNED <u>9/3/64</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Oct 3, 1964</u>	
23b. DATE <u>Oct 3, 1964</u>		23c. NAME OF CEMETERY OR CREMATORIAL <u>Pinedale</u>	
23d. LOCATION (City, town, or county) <u>Wyo</u>		24. FUNERAL DIRECTOR <u>H.W. Hammer</u> ADDRESS <u>Big Horn, Wyo</u>	
25. DATE RECD. BY LOCAL REG. <u>10-1-64</u>		26. REGISTRAR'S SIGNATURE <u>Rebecca 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: OCT 21 1965

By: *M.W. Chidless*
Division of Vital Statistics

458