

1964

2082

CERTIFICATE OF DEATH

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

LOCAL REGISTRAR'S NO. 13

BIRTH NO.

STATE FILE NO. 2082 207

1. PLACE OF DEATH a. COUNTY <u>Sobelle</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE <u>Wyo</u> c. CITY, TOWN, OR LOCATION <u>Rosel, Pinedale, Wyo</u>	
3. CITY, TOWN, OR LOCATION <u>Wyo. West. Pinedale, Wyo</u>		4. LENGTH OF STAY IN 18 c. LENGTH OF STAY IN 18	
5. NAME OF HOSPITAL OR INSTITUTION <u>None</u>		6. NAME OF (If not in hospital, give street address) <u>None</u>	
7. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		8. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
9. IS RESIDENCE ON A FARM OR RANCH? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		10. DATE OF DEATH Month Day Year <u>Sept 30 1964</u>	
11. SEX <u>M</u>		12. COLOR OR RACE <u>W</u>	
13. OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Anchor</u>		14. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. BIRTHPLACE (State or foreign country) <u>Pinedale, Wyo</u>	
17. SOCIAL SECURITY NO. <u>520-42-3325</u>		18. INFORMANT Address <u>Mr. James Ferguson Pinedale, Wyo</u>	
19. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>glioblastoma multiforme - rt.</u> stating the underlying cause last. 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>			
20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. <u>1959</u> p. m. <u>1964</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 type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Pinedale, Wyo</u>	
21. I attended the deceased from <u>1959</u> to <u>1964</u> and last saw <u>him</u> 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 (Degree or title) <u>Thomas Blawie 1964</u>		22b. ADDRESS <u>Pinedale, Wyoming</u>	
22c. DATE SIGNED <u>9/30/64</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>Pinedale Wyo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>H. W. Hanner Big Piney, Wyo</u>		25. DATE REC'D. BY LOCAL REG. <u>10-1-64</u>	
26. REGISTRAR'S SIGNATURE <u>Raymond T. Blawie</u>			

MEDICAL CERTIFICATION