

CERTIFICATE OF DEATH				1964	
STATE OF WYOMING				2082 287	
DEPARTMENT OF PUBLIC HEALTH				DIVISION OF VITAL STATISTICS	
LOCAL REGISTRAR'S NO. <u>13</u>		BIRTH NO.		STATE FILE 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 type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</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>	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</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>Wale Torgenson</u>		14. MOTHER'S MAIDEN NAME <u>Harriet Lauritsen</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>Wale Torgenson</u> Address <u>Pinedale, Wyo</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>Cerebral Hemorrhage</u> <u>1930</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>	
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>1:30</u> a. m. <u>1959</u> Month <u>9</u> Day <u>30</u> Year <u>1964</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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> COUNTY <u>Sublette</u> STATE <u>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</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Thomas Blumstein MD</u> (Degree or title)		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. W. Hanner</u>		25. DATE REC'D. BY LOCAL REG. <u>10-1-64</u>		26. REGISTRAR'S SIGNATURE <u>Ray D. Blount</u>	