

P. Greaves, MD

CERTIFICATE OF DEATH

1965

LOCAL REGISTRAR'S NO. 139

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2511

BIRTH NO.

1. PLACE OF DEATH a. COUNTY SWEETWATER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE WYOMING b. COUNTY SUBLETTE	
b. CITY, TOWN, OR LOCATION ROCK SPRINGS		c. LENGTH OF STAY IN 1b 2 DAYS	
d. NAME OF HOSPITAL OR INSTITUTION SWEETWATER MEMORIAL HOSPITAL		d. STREET ADDRESS	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last OSCAR DUSS EVANS		4. DATE OF DEATH Month Day Year 11-14-1965 11:21AM	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-2-1905
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIL CARRIER	
10a. KIND OF BUSINESS OR INDUSTRY U.S. GOVT		11. BIRTHPLACE (State or foreign country) ROCK SPRINGS, WYOMING	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME OSCAR EVANS	
14. MOTHER'S MAIDEN NAME MARY ANN UNKNOWN		14a. NAME OF HUSBAND OR WIFE HELEN EVANS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT RICHARD EVANS, BIG PINEY, WYOMING		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia 0534 DUE TO (b) Lobar Pneumonia 496 DUE TO (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	
19. INTERVAL BETWEEN ONSET AND DEATH 1 week		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 Month, Day, Year a. m. p. m.		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 COUNTY STATE	
21. I attended the deceased from 11-11-65 to 11-14-1965 and last saw him alive on 11-14-65 Death occurred at 11:21AM m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) N. Greaves M.D. MD	
22b. ADDRESS ROCK SPRINGS, WYOMING		22c. DATE SIGNED 11-19-1965	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 11-15-65	
23c. NAME OF CEMETERY OR CREMATORY BOULDER CEMETERY		23d. LOCATION (City, town, or county) (State) BOULDER, SUBLETTE, WYOMING	
24. FUNERAL DIRECTOR PETER WAGNER		25. DATE RECD. BY LOCAL REG. Nov. 23, 1965	
26. REGISTRAR'S SIGNATURE Rebecca J. Kinports			

THIS IS TO CERTIFY THAT THIS REPRODUCTION 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
DATE ISSUED SEPTEMBER 21, 1966REBECCA J. KINPORTS, DIRECTOR OF VITAL
STATISTICS AND DEPUTY STATE REGISTRAR
By P. Ann R. Amen
DIVISION OF VITAL STATISTICS

This is a permanent record. If possible fill in with typewriter and use new black ribbon. All entries made in longhand should be made in unfading black ink. This not only prolongs the life of the record, but insures a perfect copy when reproduced in photostat. Every item of information should be supplied carefully and completely. The certificate is to be signed by the attending physician, the funeral director, the local registrar and the informant.

FORM VS-2-2 WYOMING DEPARTMENT OF PUBLIC HEALTH, DIVISION OF VITAL STATISTICS