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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-25 WYOMING DEPARTMENT OF PUBLIC HEALTH, DIVISION OF VITAL STATISTICS

# CERTIFICATE OF DEATH

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

LOCAL REGISTRAR'S NO. 19 — BIRTH NO. — STATE FILE NO. 304

1. PLACE OF DEATH — a. COUNTY: Teton — b. CITY, TOWN, OR LOCATION: Jackson — c. LENGTH OF STAY IN 16: 1 day — d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): St. John*s Hospital — e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) — a. STATE: Wyoming — b. COUNTY: SUBLETTE — c. CITY, TOWN, OR LOCATION: Pinedale — d. STREET ADDRESS: - - - — e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐ — f. IS RESIDENCE ON A FARM OR RANCH? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: FRED — Middle: — Last: CLODIUS

4. DATE OF DEATH: Month: April — Day: 11 — Year: 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: July 31, 1903

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months: — Days: — IF UNDER 24 HRS.: Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Denver, Colorado

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Henry Clodius

14. MOTHER'S MAIDEN NAME: Augusta Espensen

14a. NAME OF HUSBAND OR WIFE: Mrs. Fred Clodius Pineda

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: 520-05-3835

17. INFORMANT: Francis Tanner — Address: Big Piney, Wyoming

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
Part I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Rheumatism
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. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour: a. m. p. m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 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 April 11, 67 to April 11 67 and last saw her/him alive on April 10 67
Death occurred at 1:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. W. Thomson M.D. (Degree or title) — 22b. ADDRESS: Jackson Wyo — 22c. DATE SIGNED: 5/26/67

23a. BURIAL, CREMATION, REMOVAL, OR RECEIPT: Removal — 23b. DATE: April 13, 1967 — 23c. NAME OF CEMETERY OR CREMATORY: Pinedale Cemetery — 23d. LOCATION (City, town, or county) (State): Pinedale, Wyoming

24. FUNERAL DIRECTOR: [signature] — ADDRESS: Box 130 Jackson, Wyo. — 25. DATE RECD. BY LOCAL REG.: 5-22-67 — 26. REGISTRAR'S SIGNATURE: W. W. Thomson M.D.

SEAL

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

REBECCA J. KINPORTS, DIRECTOR OF VITAL STATISTICS AND DEPUTY STATE REGISTRAR

DATE ISSUED May 26, 1967

BY Jo Anne B. Ames
DIVISION OF VITAL STATISTICS