457

CERTIFICATE OF DEATH

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

LOCAL REGISTRAR'S NO. 20 — STATE FILE NO. —
BIRTH NO. —

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY, TOWN, OR LOCATION: Jackson
c. LENGTH OF STAY IN 18: few minutes
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: Big Piney
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 FRANCIS; Middle WOOD; Last TANNER
4. DATE OF DEATH: Month May, Day 16, Year 1967
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov. 18, 1910
9. AGE (In years last birthday): 56 — 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): Funeral Director & Ranching
10b. KIND OF BUSINESS OR INDUSTRY: Mortuary & ranch
11. BIRTHPLACE (State or foreign country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Lo. D. Tanner
14. MOTHER'S MAIDEN NAME: Clara Wood
14a. NAME OF HUSBAND OR WIFE: Mrs. Helen Tanner
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.: 520-03-5206
17. INFORMANT: Mr. Bob 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): Severe Cerebral & Chest injy — INTERVAL BETWEEN ONSET AND DEATH: 2 - 8 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Auto Accident — 8-9 hrs
DUE TO (c): —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)
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.): Collided with Loose Stock on Highway after dark
20c. TIME OF INJURY (Hour (a. m. / p. m.)): after dark — Month, Day, Year: 5-16-67
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.): Highway
20f. CITY, TOWN, OR LOCATION: Rural - Sublette — COUNTY: Sublette — STATE: Wyo.
21. I attended the deceased from May 16-67, to May 16-67 and last saw him alive on May 16-67
Death occurred at 4:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated
22a. SIGNATURE: Elbert H. Yeck (Degree or title) M.D. — 22b. ADDRESS: Box W. Jackson, Wyo. — 22c. DATE SIGNED: 5-15-67
23a. BURIAL, CREMATION, REMOVAL, Specify: Burial — 23b. DATE: May 18, 1967 — 23c. NAME OF CEMETERY OR CREMATORY: Big Piney Cemetery — 23d. LOCATION (City, town, or county) (State): Big Piney, Wyoming
24. FUNERAL DIRECTOR: [signature] — ADDRESS: P. O. Box 13 Jackson, Wyo. — 25. DATE RECD. BY LOCAL REG.: 6-5-67 — 26. REGISTRAR'S SIGNATURE: [signature]

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

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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 June 9, 1967

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

BY Jo Ann B. Ames
DIVISION OF VITAL STATISTICS