

139
SWEETWATER COUNTYSTATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

DATE OF DEATH (MONTH, DAY, YEAR)

TYPE OR PRINT IN
PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

16 LOCAL FILE NUMBER FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **Mary** Cuthbertson 2. **Female** 3. **March 12, 1969**4. **White** 5. **62** 6. **UNDER 1 YEAR** 7. **UNDER 1 DAY** 8. **DATE OF BIRTH (MONTH, DAY, YEAR)**9. **62** 10. **6** **June 18, 1906** 11. **COUNTY OF DEATH**12. **Rock Springs, Wyo.** 13. **INSIDE CITY LIMITS** 14. **HOSPITAL OR OTHER INSTITUTION—NAME**15. **USA** 16. **SWEETWATER COUNTY MEMORIAL HOSPITAL** 17. **SURVIVING SPOUSE (IF WIFE, GIVE M AIDEN NAME)**18. **WYOMING** 19. **USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF** 20. **KIND OF BUSINESS OR INDUSTRY**21. **520-51-1284** 22. **USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF** 23. **SWEETWATER COUNTY MEMORIAL HOSPITAL**24. **COUNTY** 25. **CITY, TOWN, OR LOCATION** 26. **STREET AND NUMBER**27. **Rock Springs** 28. **925 Lincoln** 29. **(SPECIFY YES OR NO)**30. **Wyo.** 31. **FATHER—NAME** 32. **MIDDLE** 33. **LAST** 34. **MOTHER—MAIDEN NAME**35. **Mike** 36. **FIRST** 37. **Middle** 38. **Last** 39. **MARY UNKNOWN**40. **INFORMANT—NAME** 41. **MAILING ADDRESS** 42. **(STREET OR P. O. BOX, CITY OR TOWN, STATE, ZIP)**43. **Dave Cuthbertson** 44. **178. *Homemaker*** 45. **179. *Homemaker***46. **PART I.** 47. **DEATH WAS CAUSED BY:** 48. **[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]**49. **(a) *Uterine leiomyomata, uterine decensus, arteriosclerosis*** 50. **8 hours**51. **(b) *Vaginal hysterectomy & perineorrhaphy*** 52. **6 hours**53. **(c) *Uterine leiomyomata, uterine decensus, arteriosclerosis*** 54. **6 hours**55. **PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)**56. **57. *Hypertension*** 58. **8 hours**59. **ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY (MONTH, DAY, YEAR)** 60. **HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 51)**61. **OR UNDETERMINED (SPECIFY)** 62. **63. *8 hours*** 64. **65. *8 hours***66. **CERTIFICATION—** 67. **PHYSICIAN: I ATTESTED THE** 68. **PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE (SPECIFY)**69. **MONTH DAY YEAR** 70. **MONTH DAY YEAR** 71. **AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR** 72. **I DID/DID NOT VIEW THE BODY AFTER DEATH.**73. **74. *Feb. 1957*** 75. **3/12/69** 76. **3/12/69** 77. **78. *did*** 79. **70. *did***80. **CERTIFICATION—** 81. **DECEASED FROM MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION,**82. **DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.**83. **CERTIFIER—NAME (TYPE OR PRINT)** 84. **SIGNATURE** 85. **3-12-69** 86. **8:10P** 87. **3-17-69**88. **MAILING ADDRESS—CERTIFIER** 89. **STREET OR P. O. BOX, CITY OR TOWN** 90. **STATE**91. **513 Broadway** 92. **Rock Springs, Wyoming** 93. **3-17-69**94. **BURIAL, CREMATION, REMOVAL** 95. **CEMETERY OR Crematory—NAME** 96. **TOCATION** 97. **CITY OR TOWN** 98. **STATE**99. **Rest Haven Memorial Gardens** 100. **Rock Springs, Wyoming**101. **BURIAL DATE** 102. **MONTH, DAY, YEAR** 103. **STREET OR P. O. BOX, CITY OR TOWN, STATE, ZIP** 104. **STREET OR P. O. BOX, CITY OR TOWN, STATE, ZIP**105. **March, 15, 1969** 106. **100 Willow** 107. **Rock Springs, Wyo. 82901**108. **FUNERAL DIRECTOR—SIGNATURE** 109. **R. L. Volsey** 110. **REGISTRAR—SIGNATURE** 111. **R. L. Volsey**112. **REGISTRAR—SIGNATURE** 113. **R. L. Volsey** 114. **DATE RECEIVED BY LOCAL REGISTRAR** 115. **April 11, 1969**