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

LOCAL REGISTRAR'S NO. 37

1965 65
STATE FILE NO. 350

CERTIFICATE OF DEATH
STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY <u>Laramie</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Wyoming</u>		
b. CITY, TOWN, OR LOCATION <u>Cheyenne, Wyoming</u>			b. COUNTY <u>Sublette</u>		
c. LENGTH OF STAY IN 16 <u>19 Days</u>			c. CITY, TOWN, OR LOCATION <u>Pinedale, Wyoming</u>		
d. NAME OF HOSPITAL OR INSTITUTION <u>VAC, Cheyenne, Wyoming</u>			d. STREET ADDRESS <u>Box 83</u>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			e. IS RESIDENCE INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
f. IS RESIDENCE ON A FARM OR RANCH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			f. IS RESIDENCE ON A FARM OR RANCH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
3. NAME OF DECEASED (Type or print) <u>Clarence</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>1</u> , Year <u>1965</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> WIDOWED	8. DATE OF BIRTH <u>1-9-88</u>	9. AGE (In years last birthday) <u>76</u>	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Bartender</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bar</u>		
11. BIRTHPLACE (State or foreign country) <u>Cheyenne, Wyoming</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13. FATHER'S NAME <u>Charles Smith</u>			14. MOTHER'S MAIDEN NAME <u>Annie B. Carbaugh</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> Yes			16. SOCIAL SECURITY NO. <u>526 03 0614</u> 17. INFORMANT <u>Veterans Administration Records, Wyo.</u> Address <u>Cheyenne, 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>Acute anterior myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u>		
420 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerotic heart disease</u>			10 years plus		
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Diabetes Mellitus</u>			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1-13-65</u>		20f. CITY, TOWN, OR LOCATION CITY <u>CHEYENNE</u> COUNTY <u>WYOMING</u> STATE <u>WYOMING</u>	
21. Deceased from <u>1-13-65</u> to <u>2-1-65</u>		22. ADDRESS <u>11:35 P.M.</u>			
22a. SIGNATURE <u>Chester J. Stevenson</u> (Deceased) <u>Chester P. Stevenson, M. D.</u>		22b. DATE SIGNED <u>2-3-65</u>			
23a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		23b. DATE <u>2/4/65</u>	23c. NAME OF CEMETERY OR CREMATORIAL <u>CHEYENNE</u>	23d. LOCATION (City, town, or country) <u>Big Piney, Wyoming</u>	(State)
24. FUNERAL DIRECTOR <u>Schrader</u>		25. DATE REC'D. BY LOCAL REG. <u>5-11-65</u>		26. REGISTRAR'S SIGNATURE <u>Lawrence J. Cohen, M.D.</u>	

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.

DATE ISSUED June 6, 1969

By

Lawrence J. Cohen, M.D.
STATE REGISTRAR
DIVISION OF VITAL STATISTICS