

spoke-described last estate.
with the said W. Eberlyne Worl, an estate of the estate in the
W. Eberlyne Worl, as directed herein and who owned at his death.

TYPE, OR PRINT IN
PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

152

STATE FILE NUMBER

223

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. CARL MERLIN WORL					M.	9-26-1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. WHITE	5a. 64	5b. MOS. DAYS	5c. HOURS MIN.	6. 6-30-1905	7a. SWEETWATER	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. ROCK SPRINGS, WYOMING		7c. YES		7d. SWEETWATER MEMORIAL HOSPITAL		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. NEBRASKA	9. USA	10. MARRIED		11. ETHELYNE YOUNG		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. UNKNOWN		13a. CAR DEALER		13b. FORD AGENCY		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14a. WYOMING	14b. SUBLETTE	14c. PINEDALE		14d. NO		14e.
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. GRANT					16. HETTIE ALLAN	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. ETHELYNE WORL		17b. PINEDALE, WYOMING, P.O. BOX 28, 82941				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) Acute Pulmonary Edema						2hrs
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Uremia						1 yr
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Chronic Glomerulonephritis						10 years
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)
						19a. NO
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.	20b.	20c.	20d.			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.	20f.	20g.				
CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. I ATTENDED THE DECEASED FROM	9-26-69	21b. 9-26-1969	21c. 9-26-1969	21d. DID	21e. 11:PM	21f. 11:PM
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DATE SIGNED (MONTH, DAY, YEAR)
22a.		11:PM		22b. 9-26-1969		22c. 10-13-1969
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
23a. DR. H.P. GREAVES, MD		23b.		23c. MD		23d. 10-13-1969
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE
23e.		511 BROADWAY AVENUE, ROCK SPRINGS, WYOMING 82901				ZIP
23f.						
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
24a. REMOVAL	24b. PINEDALE CITY CEMETERY		24c. PINEDALE, SUBLETTE CO, WYOMING			
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. 9-27-1969	24e. VASE FUNERAL HOME, 154 ELK STREET, ROCK SPRINGS, WYOMING 82901					
FUNERAL DIRECTOR'S SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a.		25b.		26b. October 16, 1969		

THIS IS TO CERTIFY THAT THIS REPRODUCTION IS A TRUE COPY OF A RECORD ON FILE IN
VITAL RECORDS SERVICES, DIVISION OF HEALTH AND MEDICAL SERVICES, WYOMING DEPARTMENT
OF HEALTH AND SOCIAL SERVICES, CHEYENNE, WYOMING.

Lawrence J. Cohen, M.D.

LAWRENCE J. COHEN, M. D.
STATE REGISTRAR

DATE ISSUED October 22, 1969

By *Ann L. Cohen*
VITAL RECORDS SERVICES