

deceased, in and to the estate of said Harry B. Maringer

that all estate and interest of said Harry B. Maringer

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

1969

2787

STATE FILE NUMBER

137

LOCAL FILE NUMBER

TYPE, OR PRINT IN
PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

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

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

1. DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
Harry		Patrick		Warinner				M	9-7-69		
2. 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	
		5a. 69		5b. 7 14		5c.		6. 2-3-1900		7a. Sweetwater	
4. CITY, TOWN, OR LOCATION OF DEATH		7c. Yes		7d. Sweetwater Memorial Hospital							
7b. Rock Springs		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)				11. Mary Jane Miller			
8. Texas		9. USA		10. Married							
12a. Clerk		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				13b. Highland Lumber Co			
1520-03-0305		13a. Clerk		14a. No		14b. P.O. Box 364					
14a. Wyoming		14b. Sublet		14c. Pinedale							
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME		FIRST MIDDLE LAST	
Walter		S.		Warinner				Catherine		Gribben	
15. INFORMANT—NAME		MARRIAGE ADDRESS									
17a. Mrs Mary Jane Warinner		17b. Box 364		Pinedale,		Wyoming					
PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. 4109		(a) Acute Myocardial Infarction								Instantaneous	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) Atherosclerotic Heart Disease								1 yr	
(c)											
PART II. OTHER SIGNIFICANT CONDITIONS:		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
20a. No		20b. No						19a. No		19b. No	
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)					
20a.		20b.		20c.		20d.					
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR		I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. I ATTENDED THE DECEASED FROM		9-7-69		9-7-69		21c. 9-7-69		21d. DID		21e. 1:50 M.	
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		MONTH DAY YEAR		THE DECEDENT WAS PRONOUNCED DEAD					
22a.		22b.		22c.		22d.		22e.		22f.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)					
23a. Howard P. Greaves, M.D.		23b.		23c.		23d.					
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP			
23a.		511 Broadway Rock Springs, Wyoming		82901							
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE			
24a. Removal		24b. Pinedale Cemetery		24c. Pinedale,		Wyoming					
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
24a. 9-10-69		24b. Rogan Mortuary		106 K. Street, Rock Springs, Wyoming							
24c. DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR							
24d.		24e.		24f.		September 13, 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

LAWRENCE J. COHEN, M. D.
STATE REGISTRAR

DATE ISSUED January 21, 1970

By *Ann F. Ammer*
VITAL RECORDS SERVICES