FILE

571 1

STATE OF WYOMING
DIVISION OF HEALTH AND MEDICAL SERVICES

CERTIFICATE OF DEATH

43 — LOCAL FILE NUMBER

1970 2939 — STATE FILE NUMBER

TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Myron Miller Baker
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): December 24, 1970
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY): White
5a. AGE—LAST BIRTHDAY (YEARS): 76
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): Nov. 18, 1894
7a. COUNTY OF DEATH: Teton
7b. CITY, TOWN, OR LOCATION OF DEATH: Jackson
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): St. John's Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Oklahoma
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): None
12. SOCIAL SECURITY NUMBER: 520-44-8739-A
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Rancher Retired
13b. KIND OF BUSINESS OR INDUSTRY: Cattle Ranching

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

14a. RESIDENCE—STATE: Wyoming
14b. COUNTY: Sublette
14c. CITY, TOWN, OR LOCATION: Daniel
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
14e. STREET AND NUMBER: - - -

PARENTS

15. FATHER—NAME (FIRST, MIDDLE, LAST): James Madison
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Mary Elizabeth Miller

17a. INFORMANT—NAME: Mr. Richard Tanner
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Big Piney, Wyoming 83113

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. 4300 — IMMEDIATE CAUSE (a): Cerebral sub arachnoid hem — 3 hrs.
DUE TO, OR AS A CONSEQUENCE OF: (b): Arteriosclerosis — 10 yrs.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF: (c): Hypertension — 5 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO): No
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.)
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): 12 - 24 - 70
21b. TO (MONTH, DAY, YEAR): 12 - 24 - 70
21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 12 24 70
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: Did
21e. DEATH OCCURRED (HOUR): 2:55 P.M. AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. 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: 2:55 P.M.
22b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH): 12 (DAY): 24 (YEAR): 70 (HOUR): 2:55 P.M.
23a. CERTIFIER—NAME (TYPE OR PRINT): W. W. Elmore M. D.
23b. SIGNATURE:
DEGREE OR TITLE:
DATE SIGNED (MONTH, DAY, YEAR): Dec. 28, 1970
23c. MAILING ADDRESS—CERTIFIER: Box 599 (STREET OR R.F.D. NO.) Jackson (CITY OR TOWN) Wyoming (STATE) 83001 (ZIP)

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
24b. CEMETERY OR CREMATORY—NAME: Daniel Cemetery
24c. LOCATION: Daniel, Wyoming
24d. DATE (MONTH, DAY, YEAR): December 26, 1970
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): The Benson Mortuary P. O. Box 130 Jackson, Wyoming 83001
25b. FUNERAL DIRECTOR—SIGNATURE: R. D. Benson
26a. REGISTRAR—SIGNATURE: Deputy
26b. DATE RECEIVED BY LOCAL REGISTRAR: 12-29-70

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.

L. J. Cohen, M.D.

LAWRENCE J. COHEN, M. D.
STATE REGISTRAR

DATE ISSUED SEPTEMBER 3, 1971

BY Jo Ann L Amen
DEPUTY STATE REGISTRAR
VITAL RECORDS SERVICES