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Benghor December				7c. PLACE						
LESTIFICACE (Chy and State or Foreign Country) Chy and State or Foreign Country 30.7-38-39.20	IF DEATH OCCURRED IN A HOSPITAL Inpetient Emergency Room		Deed on Arr					ient's home 🔲 Other	r (Specify):	
Cary Todical 307-38-3939		9. SOCIAL SEC	CURITY NUMB				/15			12. EVER IN
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190. COUNTY 190. STATE 190. 2P CODE 10. ATTHERS NAME (PIRK, MOSS, Law)	13a. RESIDENCE (Street and Number)			13b. APT. NO.	1 -	XWN	Y	13d. INSIDE C	ITY LIMITS?	
16s. INCHINATIS NAME 16s. RELATIONISHIP 16s. MALING ADDRESS (SEVER and No. Cay or Town, Steap. 2P Cools) 60.63				A EATHER'S NAME		4	Les MOTHES			AOF IS A MI
MAYBLEINE GIGGES 17. METHOD OF DISPOSITION Pleases Commission Densition Encoratement Densition Densitio	•					6				
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5. DESCRIBE HOW INJURY OCCURRED: 38. IF TRANSPORTATION INJURY, SPECIFY: Dinver/Operator Pedestrian Pessenger Other (Specify) 7. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) 38. WAS MEDICAL EXAMINER OR AND LAST SAW HIM/HER ALIVE ON 2/8/2009 CORONER CONTACTED? Yes No FEBRUARY 8, 2009 11:23 DAM.	events resulting in death) LAST			SO.		Greece up.				
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☐ Physician in attendance at time of death only. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. ☐ Medical Examiner/Coroner - On the basse of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.	PART II. Enter other argnificant cor 27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably Did Directory N / A LOCATION OF INJURY (Month/Day/Year) D. DESCRIBE HOW INJURY OCCURR 7. I (DID) (DID NOT) ATTEND THE DECAND LAST SAW HIMHER ALIVE ON 1. CERTIFIER (Check only one): [X] Physician in charge of patient's ca	8. IF FEMALE: Not pregnant with Not pregnant, but of pregnant, but of pregnant, but of Not pr	th/Day/Year) of my knowled; the best of my	he 42 days of death ays to 1 year before d NJURY J.A.M. P.M. Ap 38. WAS MEDICAL CORONER COP pe, death occurred of knowledge, death of	Pregnent at I Pregnent at I Pregnent with leath Unknown if pr 32. PLACE OF INJUS DETIMENT Number EXAMINER OR NTACTED? Yes Sue to the cause(s) an courred at the time, di	me of death in one year of death but time egnant within the peut 12 m IY (e.g. Decedent's home City or Town * So DATE PI FEBRU d manner stated.	38. IF TRANS Divertoper Pessenger RONOUNCED (I	WERE AUTOPSYPIC COMPLETE CAUSE MARNETPOF DEATH Notion Suped Accepted Hiller Accepte	STATE OF STA	The Property of the Code of DEATH
Medical Examiner/Coroner - On the base of examination and/or investigation, in thy opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) 43. PHYSICIAN'S LICENSE NU	PART II. Enter other argnificant con 27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown 10. DATE OF INJURY (Month/Day/Year) N / A M. LOCATION OF INJURY Street and 5. DESCRIBE HOW INJURY OCCURR 7. I (DID) (DID NOT) ATTEND THE DEC AND LAST SAW HIM/HER ALIVE ON 1. CERTIFIER (Check only one): X Physician in charge of patient's ca Physician in attendance at time of Medical Examiner/Coroner - On th	8. IF FEMALE: Not pregnant with Not pregnant, but Not Not Not Not Not Not Not Not Not No	thin pinst 12 month of programs within the programs 43 de 31. TIME OF II Control of the pinst 12 months 12	Ag days of death any to 1 year before d NJURY J.A.M. P.M. Ag 38. WAS MEDICAL CORONER COP ge, death occurred of knowledge, death or investigation, in my of USE OF DEATH (ite	Pregnent at I Pregnent with leath Unknown if pr 32. PLACE OF INJUR DESTINATION EXAMINER OR NTACTED? Yes Sue to the cause(s) an courred at the time, di operson, death occurre Im 24)	ine of death in one year of death but time egnent within the peet 12 m IY. (e.g. Decedent's home City or Town City or Town 39. DATE PI FEBRU d menner stated. its and place, and due to d at the time, date and p	a unknown on the construction of the construct	MARINER CAUSE MARINE	State 20 SPECIFY: 1 area 1 33 SPECIFY: 1 1 : 23	Sellid not be distributed in the control of the code OF DEATH A.M.
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