

CERTIFICATE OF DEATH									
STATE OF WYOMING DEPARTMENT OF PUBLIC HEALTH DIVISION OF VITAL STATISTICS					EXHIBIT A 128				
LOCAL REGISTRAR'S NO. <u>2</u>					STATE FILE NO. _____				
BIRTH NO. _____									
1. PLACE OF DEATH a. COUNTY <u>Teton</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Wyo</u> b. COUNTY <u>Sublette</u>				
b. CITY, TOWN, OR LOCATION <u>Jackson</u>			c. LENGTH OF STAY IN 1b <u>2 Mo.</u>		c. CITY, TOWN, OR LOCATION <u>Bondurant</u>				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>St. John's Hospital</u>					d. STREET ADDRESS				
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM OR RANCH? YES <input type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>JENNIE</u> Middle <u>FRONK</u> Last <u>FRONK</u>					4. DATE OF DEATH Month <u>April</u> Day <u>3</u> Year <u>1963</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 8, 1886</u>		9. AGE (In years last birthday) <u>76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Ranching</u>		11. BIRTHPLACE (State or foreign country) <u>Rock Springs, Wyo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Daniel Aitken</u>			14. MOTHER'S MAIDEN NAME <u>Marian Thompson</u>			14a. NAME OF HUSBAND OR WIFE <u>Hearley Fronk (Deceased)</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>520/44/0714</u>		17. INFORMANT Address <u>Mrs. Billy Dockham, Bondurant, 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>Chronic myocarditis & failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Rheumatic heart disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Emphysema</u>								INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>since childhood</u>	
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 _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1937</u> to <u>April 3, 1963</u> and last saw her alive on <u>4/1/63</u> . Death occurred at <u>10</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>D. S. Mrs. Lew. M. D.</u>					22b. ADDRESS <u>Jackson Teton</u>			22c. DATE SIGNED <u>5/6/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 6, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pinedale Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Pinedale Wyo.</u>			
24. FUNERAL DIRECTOR <u>J. V. Brown</u> Address <u>Jackson, Wyo.</u>				25. DATE RECD. BY LOCAL REG. <u>5-6-63</u>		26. REGISTRAR'S SIGNATURE <u>W. H. Moore M.D.</u>			