

CERTIFICATE OF DEATH
STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

EXHIBIT A

128

LOCAL REGISTRAR'S NO. 2

BIRTH NO.

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Teton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Wyo	
b. CITY, TOWN, OR LOCATION Jackson		c. LENGTH OF STAY IN 1b 2 Mo.	
d. NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. CITY, TOWN, OR LOCATION Bondurant	
d. NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		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 checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM OR RANCH? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JENNIE		4. DATE OF DEATH April 3, 1963	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 8, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Ranching	
11. BIRTHPLACE (State or foreign country) Rock Springs, Wyo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Daniel Aitken		14. MOTHER'S MAIDEN NAME Marian Thompson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 17. INFORMANT 520/44/0714 Mrs. Billy Dockham, Bondurant, Wyo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Part 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis & failure		INTERVAL BETWEEN ONSET AND DEATH 2 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic heart disease		DUE TO (c) Emphysema	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Emphysema			
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 Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <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.)	
21. I attended the deceased from 1977 to April 3, 1963 and last saw him alive on 4/3/63 Death occurred at 10 on the date stated above, and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE Jackson, Wyo.	
22a. SIGNATURE D. S. Thompson		22b. ADDRESS Jackson, Wyo.	
22c. DATE SIGNED 4/16/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 6, 1963	
23c. NAME OF CEMETERY OR CREMATORIAL Pinedale Cemetery		23d. LOCATION (City, town, or county) (State) Pinedale, Wyo.	
24. FUNERAL DIRECTOR V. Benson		25. DATE REC'D. BY LOCAL REG. 5-6-63	
ADDRESS Jackson, Wyo.		26. REGISTRAR'S SIGNATURE V. Benson, M.D.	