STATE OF UTAH - DEPARTMENT OF HEALTH 67 18 C923

REGISTRAR'S NO. 177 **CERTIFICATE OF DEATH** State File No.

1 PLACE OF DEATH
a. COUNTY: Salt Lake
b. CITY, TOWN, OR LOCATION: Salt Lake City
c. LENGTH OF STAY IN 15: 47 Days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Holy Cross Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2 USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Wyoming
b. COUNTY: Teton
c. CITY, TOWN, OR LOCATION: Jackson
d. STREET ADDRESS:
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First LELA Middle VILLATE Last DRISSELL JENSEN
4 DATE OF DEATH: Month, Day, Year: February 23rd, 1967
5 SEX: Female
6 COLOR OR RACE: White
7 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8 DATE OF BIRTH: June 15th, 1903
9 AGE (In years last birthday): 63
If UNDER 1 YEAR: Months, Days, Hours, Min.
10 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b KIND OF BUSINESS OR INDUSTRY: Own Home
11 BIRTHPLACE (State or foreign country): Utah
12 CITIZEN OF WHAT COUNTRY? U.S.A.
13 FATHER'S NAME: Henry Drissell
14 MOTHER'S MAIDEN NAME: Ida Erlandson
NAME OF SPOUSE: Charles LeRoy Jensen
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16 SOCIAL SECURITY NO.: 520-34-8837
17 INFORMANT: Charles L. Jensen - Same as #2

MEDICAL CERTIFICATION

18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b): DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Malnutrition; cerebrovascular accident
19 WAS AUTOPSY PERFORMED? YES ☐ NO ☐
19b ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
19c DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
19d DATE OF INJURY: Month, Day, Year
19e INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
19f PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
19g CITY, TOWN, OR LOCATION: COUNTY: STATE:
20 I attended the deceased from 2-2 to 2-24 and last saw him alive on 2-24-67. Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
20a SIGNATURE: Taylor S. Durham, M.D.
20b ADDRESS: 1060 East 1st South
20c DATE SIGNED: 2/27/67
21a BURIAL, CREMATION, REMOVAL (Specify): Removal
21b DATE: Feb. 27, 1967
21c NAME OF CEMETERY OR CREMATORY: Jackson City Cemetery
21d LOCATION (City, town, or county) (State): Jackson, Wyoming
21e FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Benson Mortuary - Jackson, Wyoming
21f DATE RECD BY LOCAL REG: Feb. 21 1967

EXHIBIT A

State of Utah)
County of Salt Lake) ss
The foregoing is a true and correct copy of the original certificate on file in the Utah State Department of Health.

Date: June 23, 1967

Director, Division of Vital Statistics