24T

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 24 | STATE FILE NUMBER: 1969 2546

TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

1. DECEASED—NAME: PEARL (FIRST) IVY (MIDDLE) JOHNSON (LAST)
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): August 24, 1969
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY): White
5a. AGE—LAST BIRTHDAY (YEARS): 53
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): Sept. 5, 1915
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): Idaho
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Karl Johnson
12. SOCIAL SECURITY NUMBER: 520-16-8128
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

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

14a. RESIDENCE—STATE: Wyoming
14b. COUNTY: Teton
14c. CITY, TOWN, OR LOCATION: Jackson
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 561½ N. Cache

PARENT

15. FATHER—NAME (FIRST) WILLIAM (MIDDLE) THOMPSON (LAST)
16. MOTHER—MAIDEN NAME (FIRST) EMILY (MIDDLE) (LAST) NELSON

17a. INFORMANT—NAME: Mr. Karl Johnson
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Box 7 Jackson, Wyoming 83001

CAUSE

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18. IMMEDIATE CAUSE (a): Metastatic carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6-8 months
DUE TO, OR AS A CONSEQUENCE OF (b): Carcinoma Lung — 3 yrs.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
1621
(c): —

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 8 DAY 2 YEAR 69 TO 21b. MONTH 8 DAY 22 YEAR 69
21c. AND LAST SAW HIM/HER ALIVE ON: MONTH 8 DAY 22 YEAR 69
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: NOT
21e. DEATH OCCURRED (HOUR): 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
22b. THE DECEDENT WAS PRONOUNCED DEAD: MONTH 8 DAY 22 YEAR 69 HOUR 10:00 A.M.
23a. CERTIFIER—NAME (TYPE OR PRINT): John R. Walker, MD
23b. SIGNATURE: John R Walker MD — DEGREE OR TITLE
23c. DATE SIGNED (MONTH, DAY, YEAR): 8-25-69
23d. MAILING ADDRESS—CERTIFIER: STREET OR R.F.D. NO. / CITY OR TOWN: Jackson Hole / STATE: Wyo / ZIP: 83001

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: Elliott Cemetery
24c. LOCATION: CITY OR TOWN: Wilson, STATE: Wyoming
24d. DATE (MONTH, DAY, YEAR): August 27, 1969
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: [signature]
26a. REGISTRAR—SIGNATURE: K. Dewsnup, Deputy
26b. DATE RECEIVED BY LOCAL REGISTRAR: 8-27-69

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, MD

DATE ISSUED March 27, 1970

LAWRENCE J. COHEN, M. D.
STATE REGISTRAR

BY Ann R. Amen
DEPUTY STATE REGISTRAR
VITAL RECORDS SERVICES