

STATE OF COLORADO

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
Form V.S. No. 18

STATE OF COLORADO  
STANDARD CERTIFICATE OF DEATH

State File No. 07107  
Registrar's No. 11 Dist. 11

1. PLACE OF DEATH a. COUNTY <b>Conejos</b>		2. USUAL RESIDENCE (If not deceased lived, If not usual residence, transfer to Part I) a. STATE <b>Colo.</b> b. COUNTY <b>Conejos</b>	
3. CITY, TOWN, OR LOCATION <b>Manassa</b>		4. CITY, TOWN, OR LOCATION <b>Manassa</b>	
5. NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>		6. STREET ADDRESS <b>None</b>	
7. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		8. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
9. NAME OF DECEASED (Type in Print) <b>William Jackson</b>		10. DATE OF DEATH Month Day Year <b>July 20, 1957</b>	
11. SEX <b>Male</b>	12. COLOR OR RACE <b>White</b>	13. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	14. DATE OF BIRTH Month Day Year <b>Aug. 21, 1871</b>
15. USUAL OCCUPATION (Give kind of work done & name of working place, none if retired) <b>Stockman</b>		16. KIND OF BUSINESS OR INDUSTRY <b>Cattle Raising</b>	
17. BIRTHPLACE (State or foreign country) <b>Nephi, Utah</b>		18. CITIES OF WHAT COUNTRY? <b>U. S.</b>	
19. FATHER'S NAME <b>Samuel Jackson</b>		20. MOTHER'S MAIDEN NAME <b>Hannah Marie Jaques</b>	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, in, or for what service?) <b>No</b>		22. SOCIAL SECURITY NO. <b>None</b>	
23. INFORMANT <b>Mrs. Lucille Jackson - Wife</b>		24. INTERVAL BETWEEN ONSET OF DISEASE <b>1 year</b>	
25. CAUSE OF DEATH (Enter only one term per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>congestive heart failure</b> CONDITIONS, if any, which gave rise to above cause (b) <b>arteriosclerotic heart disease</b> DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
26. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
27. DESCRIBE HOW INJURY OCCURRED. (Give nature of injury in Part I or Part II of Item 25.)			
28. TIME OF INJURY Hour Month Day Year p.m.			
29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
30. PLACE OF INJURY (i.e., in or about home, farm, factory, street, after auto, etc.)			
31. CITY, TOWN, OR LOCATION COUNTY STATE			
32. I attended the decedent from <b>1955</b> to <b>6-18-57</b> and last saw him alive on <b>6-18-57</b> and last saw him die on <b>6-18-57</b> and on the date stated above, and to the best of my knowledge, from the causes stated.			
33. SIGNATURE OF INFORMANT <b>Carl Witterly</b> (Print or full)		34. ADDRESS <b>La Jara, Colo.</b>	
35. DATE SIGNED <b>July 24, 1957</b>		36. SIGNATURE OF REGISTRAR <b>Wayne Rogers</b>	
37. FUNERAL DIRECTION <b>Butler - Showalter Mortuary</b>		38. ADDRESS <b>Manassa, Colo.</b>	
39. DATE <b>July 25, 1957</b>		40. NAME OF CEMETERY OR CREMATORY <b>Manassa Cemetery</b>	
41. LOCATION (City, town, or county) <b>Manassa, Colo.</b>		42. DATE REC'D. BY LOCAL REG. <b>July 25, 1957</b>	

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

DATE ISSUED **MAR 12 1999**

*Carol J. Garrett*  
CAROL J. GARRETT, PH.D.  
STATE REGISTRAR

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record, NOT VALID IF PHOTOCOPIED.

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