

CERTIFICATION OF VITAL RECORD

STATE OF COLORADO

STATE OF COLORADO
CERTIFICATE OF DEATH

STATE FILE NUMBER

258-04-01

| | | | | | | |
|---|--|--|--|--|---|--|
| 1. DECEDENT'S NAME (First, Middle, Last) Jill Adair WELLS | | | | 2. SEX Fe | 3. DATE OF DEATH (Month, Day, Year) March 28, 2001 | |
| 4. SOCIAL SECURITY NUMBER [REDACTED] | | 5a. AGE - Last Birthday (Years) 37 | 5b. UNDER 1 YEAR Mos : Days | 5c. UNDER 1 DAY Hrs : Mins | 6. DATE OF BIRTH (Month, Day, Year) August 10, 1963 | |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) | | 7. BIRTHPLACE (City and State, or Country) Sioux Falls, S.D. | | |
| 9b. FACILITY NAME (If not institution, give street and number) 25281 County Road 24 | | | 9c. CITY, TOWN, OR LOCATION OF DEATH Punkin Center | | 9d. COUNTY OF DEATH Lincoln | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Registered Nurse | | 10b. KIND OF BUSINESS/INDUSTRY Medical | | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married | | |
| 12. SPOUSE (If wife, give maiden name) Michael Wells | | 13a. RESIDENCE-STATE Colorado | | 13b. COUNTY Teller | | |
| 13c. CITY, TOWN, OR LOCATION Woodland Park | | 13d. STREET AND NUMBER 266 University | | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 15. RACE: American Indian, Black, White, etc. (Specify) White | | 16. DECEDENT'S EDUCATION (Specify only grade completed) Elementary or secondary, 10 through 12) College (13 through 16 or ...) 17+ | | 17. FATHER-NAME (First, Middle, Last) Walter Evenson | | |
| 18. MOTHER-NAME (First, Middle, Last (Maiden Name)) Joyce Sigstead | | 19. INFORMANT-NAME and relationship to decedent. Michael Wells - Husband | | 20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | |
| 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Woodland Park Cemetery | | 20c. LOCATION - City or Town, State Woodland Park, Colorado | | 21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i> | | |
| 21b. NAME AND ADDRESS OF FACILITY: Love Funeral Home, Inc. P.O. Box 188 Limon, Colorado zip: 80828 | | 22a. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 22b. DATE FILED (Month, Day, Year) March 30 2001 | | |
| 23. TIME OF DEATH 1:45 P.M. | | 24. DATE PRONOUNCED DEAD March 28 2001 | | 25. WAS CORONER NOTIFIED? (Yes or No) Yes | | |
| 26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: <i>[Signature]</i> | | | 27. On the basis of examination and/or investigation, in my opinion death occurred: time, date and place, and due to the cause(s) and manner as stated. Signature: <i>[Signature]</i> | | | |
| 28. DATE SIGNED (Month, Day, Year) March 29, 2001 | | | 29. DATE SIGNED (Month, Day, Year) March 29, 2001 | | | |
| 30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) Donald J. Bender 1680 5th Street Limon, Colorado ZIP-80828 | | | | | | |
| 31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print) | | | | | | |
| 32. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide | | 33a. DATE OF INJURY (Month, Day, Year) | 33b. TIME OF INJURY M | 33c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 33d. DESCRIBE HOW INJURY OCCURRED | |
| 33e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify) | | 33f. LOCATION (Street and Number or Rural Route Number, City, County, State) | | | | |
| PART I 34. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone. | | | | | | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE | | (a) Gun Shot Wound To The Head DUE TO OR AS A CONSEQUENCE OF | | Interval between onset and death Instant | | |
| STATING THE UNDERLYING CAUSE LAST (c) | | (b) _____ DUE TO OR AS A CONSEQUENCE OF | | Interval between onset and death | | |
| LAST (c) | | (c) _____ | | Interval between onset and death | | |
| PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g., alcohol abuse, obesity, smoker). | | | | 35. AUTOPSY (Yes or No) No | | |
| | | | | 36. IF YES were findings considered in determining cause of death? | | |

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

DATE ISSUED

Mar 30 2001 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.

