



State of Idaho  
**CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
 Local Reg. No. 6-479

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 39-2410 & 39-274

<b>DECEDENT</b>	DECEDENT — NAME FIRST MIDDLE LAST * <u>THEO CARL JEPPESEN</u>			SEX * <u>Male</u>	DATE OF DEATH (Month, Day, Year) * <u>20 December 1992</u>
	SOCIAL SECURITY NUMBER 4 [REDACTED]	AGE - Last Birthday (Yrs.) 5a <u>57</u>	UNDER 1 YEAR MONTHS DAYS 5b	UNDER 1 DAY HOURS MINS 5c	DATE OF BIRTH (Month, Day, Year) 5 <u>7 May 1935</u>
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	WAS DECEDENT EVER IN U.S. ARMED FORCES? 8 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		PLACE OF DEATH (Check only one) * 9a (1) <input type="checkbox"/> Inpatient (2) <input type="checkbox"/> ERF/Outpatient (3) <input type="checkbox"/> DOA	OTHER (4) <input type="checkbox"/> Home (5) <input checked="" type="checkbox"/> Residence (6) <input type="checkbox"/> Licensed Shelter Home (7) <input type="checkbox"/> Other (Specify)	
	FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) 9b <u>5555 Yellowstone #43</u>			CITY, TOWN OR LOCATION OF DEATH 9c <u>Pocatello</u>	COUNTY OF DEATH 9d <u>Bannock</u>
NAME OF DECEDENT For use by physician or institution	MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) 10 <u>Married</u>	SURVIVING SPOUSE (If wife, give maiden name) 11 <u>Dorothy Kingsford</u>	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a <u>Farmer</u>	KIND OF BUSINESS / INDUSTRY 12b <u>Farming</u>	
	RESIDENCE STATE 13a <u>Idaho</u>	COUNTY 13b <u>Bannock</u>	CITY, TOWN OR LOCATION 13c <u>Pocatello</u>	STREET AND NUMBER 13d <u>5555 Yellowstone #43</u>	ZIP CODE 13e <u>83201</u>
<b>PARENTS</b>	INSIDE CITY LIMITS? 17 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RACE — American Indian, Black, Japanese, White, etc. (Specify) 15 <u>White</u>	DECEDENT'S EDUCATION (Specify only highest grade completed) 16 <u>10</u> Elementary/Secondary (0-12) College (14 or 5+)
	FATHER — NAME 17a <u>Carl K. Jeppesen</u>		BIRTHPLACE 17b <u>Denmark</u>	MOTHER — FULL MAIDEN NAME 18a <u>Hilda Hansen</u>	BIRTHPLACE 18b <u>Idaho</u>
<b>INFORMANT</b>	INFORMANT'S NAME (Type/Print) 19a <u>Dorothy Jeppesen</u>		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b <u>5555 Yellowstone #43, Pocatello, Idaho 83201</u>		
<b>DISPOSITION</b>	METHOD OF DISPOSITION 20a <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20b <u>Grace Cemetery</u>	LOCATION — City or Town, State 20c <u>Grace, Idaho</u>	
	SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH * <u>Richard Wheatley</u>		LICENSE NUMBER (of Licensee) 21b <u>M-6608</u>	NAME AND ADDRESS OF FACILITY 22 <u>MANNING FUNERAL CHAPEL, Pocatello, Idaho</u>	
<b>CAUSE OF DEATH</b>	TIME OF DEATH 23 <u>7:15 A.</u>	DATE PRONOUNCED DEAD (Month, Day, Year) 24 <u>20 Dec 1992</u>	WAS CASE REFERRED TO CORONER? 25 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MANNER OF DEATH (Check One) 26 <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could Not Be Determined	
	27. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Bronchogenic Carcinoma - Metastatic</u> b. <u>Smoking</u> c. _____ d. _____		IMMEDIATE CAUSE		Approximate Interval Between Onset and Death <u>5 months</u>
<b>CERTIFIER</b>	27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. <u>Severe COPD</u>		WAS AN AUTOPSY PERFORMED? 28a <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 28b <input type="checkbox"/> Yes <input type="checkbox"/> No	
	CERTIFIER (Check only one) <input checked="" type="checkbox"/> PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> CORONER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
<b>TO BE USED FOR EXTERNAL CAUSES ONLY</b>	SIGNATURE AND TITLE OF CERTIFIER 29a <u>Dr. Cary Jackson</u>		LICENSE NUMBER 29c <u>M.5647</u>	DATE SIGNED (Month, Day, Year) 29d <u>28 Dec 92</u>	
	NAME AND ADDRESS OF CERTIFIER (Type/Print) 29e <u>1777 S. Clark, Ste 210 Pocatello, ID 83201</u>				
<b>CORONER'S REVIEW AREA</b>	DATE OF INJURY (Mo., Day, Yr.) 30a	HOUR OF INJURY 30b	DESCRIBE HOW INJURY OCCURRED 30c		
	INJURY AT WORK? 30d <input type="checkbox"/> Yes <input type="checkbox"/> No	IF TRANSPORTATION ACCIDENT, Specify 30e <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 30f	LOCATION (Street or Route Number, City/Town, or County, and State) 30g	
<b>REGISTRAR</b>	CORONER'S ACTION (Check One) 31a (1) <input type="checkbox"/> Reviewed Only (2) <input type="checkbox"/> Reviewed, Completed Items 26 and/or 30 (3) <input type="checkbox"/> Reviewed, Amended and Certified		CORONER'S SIGNATURE 31b		DATE SIGNED (Month, Day, Year) 31c
	REGISTRAR'S SIGNATURE 32a <u>Kathy Veeland</u>				DATE FILED (Month, Day, Year) 32b <u>Dec. 28, 1992</u>

VITAL STATISTIC'S COPY

(STATE OF IDAHO )  
 (County of Bannock )

THIS IS TO CERTIFY that this is a true copy of a death certificate filed with the Idaho Department of Health and Welfare under Title 39, Idaho Code. The local Deputy State Registrar in the Southeastern District Health Department issued this copy with local registration number affixed under authority granted to the State Registrar (IDAPA 16.02.8150.02b). Copies of this certificate made at a later date may reflect legal amendments made subsequent to this issuance.

NOT VALID WITHOUT RAISED SEAL OF IDAHO STATE DEPARTMENT OF HEALTH AND WELFARE

12/28/92  
 Date Issued

Richard W. Blair BOOK 332 PAGE 238  
 State Registrar of Vital Statistics

BOOK 332 PAGE 237  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Dorothy Jefferson*  
00 JAN -5 PM 3:50

EUREKA COUNTY NEVADA  
M.H. REBALEATI, RECORDER  
FILE NO. FEES *9.00*

**173736**

COPY