

CERTIFICATE OF DEATH

State File Number: 2011012743

Yvonne Adele Daniels Jackson

DECEDENT INFORMATION

Date of Death:	October 24, 2011	Time of Death:	13:30
City of Death:	West Jordan	County of Death:	Salt Lake
Age:	87	Date of Birth:	January 10, 1924
Place of Birth:	Cumberland, Wyoming	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	Some College but No Degree
Residence:	Salt Lake City, Utah	Father's Name:	John Daniels
Mother's Name:	Emma Christina Anderson	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Copper Ridge Health Care Center		

INFORMANT INFORMATION

Name:	Kenneth Jackson	Relationship:	Son
Mailing Address:	6766 South 300 East #B, Midvale, Utah 84047		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Larkin Sunset Gardens, Sandy, Utah
Date of Disposition:	October 28, 2011

FUNERAL HOME INFORMATION

Funeral Home:	Larkin Sunset Gardens
Address:	1950 East 10600 South, , Sandy, Utah 84092
Funeral Director:	Dieter R Hechtle

MEDICAL CERTIFICATION

Medical Professional: Steven E Warren, PO Box 540552, North Salt Lake, Utah 84054

CAUSE OF DEATH

dementia multi infarct
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Issued: October 31, 2011

14303636 B: 11526 P: 9932 Page 2 of 3

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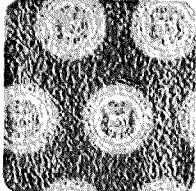
Janice L. Houston

Janice L. Houston, State Registrar
Office of Vital Statistics



Gary L. Edwards

Gary L. Edwards
Director/Health Officer
County/District Health Department



AFFIDAVIT FOR CORRECTION

This is a legal document. Complete in black ink and do not alter.

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

All vital records are registered as received. Corrections must be made by affidavit. An item on the birth or death certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

There is no processing fee for affidavits registered within one year of the date of the event. After one year from the date of the event, there is a fee for filing the affidavit which includes one replacement copy. Affidavits completed within **90 days** of issuance may be given credit for monies previously paid. (Multiple copies may require an additional fee.)

**PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:
UTAH DEPARTMENT OF HEALTH, OFFICE OF VITAL RECORDS AND STATISTICS, PO BOX 141012,
SALT LAKE CITY, UTAH 84114-1012. FOR SAME DAY SERVICE, PLEASE BRING COPIES AND COMPLETED
AFFIDAVIT TO OUR OFFICE AT 288 NORTH 1460 WEST, SALT LAKE CITY, UTAH.**

BIRTH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the birth.
2. Who may sign the affidavit for corrections: If the person listed on the record is under 18, both parents listed on the record. If the person listed on the record is 18 he/she **must** sign as one of the witnesses, unless mentally incompetent or physically incapacitated. Parents are the preferred witnesses for the second signature. If no father is listed on the record, a relative of the mother may sign if s/he is of legal age. The signatures must be notarized.
3. The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without proofs. The first, and/or middle name can be corrected or added without proofs until the child's sixth birthday.
4. If the child is under the age of six and there is no father listed on the record, the child's surname may be corrected to match the mother's maiden name without documentation.
5. Minor corrections in spelling or parents' information may be corrected anytime. Some corrections may require documentary proof.
6. This affidavit cannot be used to add a father to or correct medical information on a birth certificate.

DEATH CERTIFICATES

1. Corrections to non-medical information may be made by the Funeral Home, or the informant **MUST** sign as a witness along with an immediate member of the decedent's family, or a person who is knowledgeable of the facts. Corrections to marital status must be approved and processed by the State Office of Vital Records and Statistics. Contact our office for assistance. Replacements within 90 days may be charged a replacement fee.
2. The medical information (Cause of Death) may only be corrected **WITH A MEDICAL AFFIDAVIT COMPLETED** by the certifying health care provider or the Utah Office of the Medical Examiner.

BIRTH DEATH STILLBIRTH

LOCAL FILE NUMBER _____

STATE FILE NUMBER _____

NAME AS REPORTED ON / REVERSE	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
STATEMENT OF CORRECTIONS	2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD		2b. CORRECT INFORMATION
WHY IS CHANGE NECESSARY?	3		
PROOFS USED TO AMEND RECORD	4		
OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)	I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.		Subscribed & Sworn to before me this ____ day of _____ 20__
	5. SIGNATURE OF WITNESS		Notary Public _____
	6. DATE SIGNED	7. AGE OF WITNESS	8. DAYTIME TELEPHONE # OF WITNESS
	9. ADDRESS OF WITNESS (Street, City, State, Zip)		My Commission expires _____
	10. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other(Specify)		S E A L
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.		Subscribed & Sworn to before me this ____ day of _____ 20__
	11. SIGNATURE OF WITNESS		Notary Public _____
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE # OF WITNESS
	15. ADDRESS OF WITNESS (Street, City, State, Zip)		My Commission expires _____
	16. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other(Specify)		S E A L
UDOH-OVRS REV. 03/11			