

STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052025006241

DECEDENT'S LEGAL NAME MARJORIE A WUELZER				DATE OF DEATH FEBRUARY 19, 2025				
SEX FEMALE	SOCIAL SECURITY 278-30-1200	AGE-Last Birthday (Years) 93	UNDER 1 YEAR Months: Days:		UNDER 1 DAY Hours: Minutes:		DATE OF BIRTH (Mo/Day/Yr) NOVEMBER 25, 1931	BIRTHPLACE (State or Foreign Country) OHIO
IF DEATH OCCURRED IN HOSPITAL				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL DECEDENT'S HOME:				
Facility Name (If not institution, give street & number) 8535 HWY 291 HIGHWAY				CITY, TOWN OR LOCATION OF DEATH SALIDA		COUNTY OF DEATH CHAFFEE		
RESIDENCE - STREET AND NUMBER 8535 HWY 291 HIGHWAY						APT. NO.	ZIP CODE 81201	INSIDE CITY LIMITS YES
RESIDENCE STATE COLORADO			COUNTY CHAFFEE		CITY OR TOWN SALIDA			
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER				KIND OF BUSINESS/INDUSTRY OWN HOME		DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED		
DECEDENT OF HISPANIC ORIGIN NOT SPANISH/HISPANIC/LATINO				DECEDENT'S RACE WHITE				
EVER IN US ARMED FORCES NO		MARITAL STATUS AT TIME OF DEATH WIDOWED (AND NOT REMARRIED)		SPOUSE/PARTNER NAME (If wife give name prior to first marriage) THOMAS L WUELZER				
FATHER'S NAME DONALD OROY HANN				MOTHER'S NAME PRIOR TO FIRST MARRIAGE ALFREDA ISABELLA RUST				
INFORMANT'S NAME CHRIS WUELZER				INFORMANT'S RELATIONSHIP TO DECEASED DAUGHTER IN LAW				
NAME OF FUNERAL HOME LEWIS & GLENN FUNERAL HOME				CITY AND STATE OF FUNERAL HOME SALIDA COLORADO		WAS CORONER NOTIFIED YES		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION LEWIS AND GLENN CREMATORY		LOCATION - CITY, COUNTY, STATE SALIDA CHAFFEE COLORADO				
INJURY AT WORK		IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY		TIME OF INJURY		
PLACE OF INJURY								
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, ZipCode)								
DESCRIBE HOW INJURY OCCURRED								
WAS DECEDENT UNDER HOSPICE CARE YES		ACTUAL OR PRESUMED TIME OF DEATH 15:00 MILITARY		DATE PRONOUNCED DEAD (MO/DAY/YR) FEBRUARY 20, 2025		TIME PRONOUNCED DEAD 15:05 MILITARY		
MANNER OF DEATH NATURAL			WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?			
CAUSE OF DEATH								
PART I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)		Enter the chain of events - diseases, injuries, or complications that directly caused the death. a LEFT SIDED HEART FAILURE b DEMENTIA c d				Approximate interval: Onset to death MONTHS YEARS		
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I NONE								
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN MD JAMES G. WIGINGTON 550 WEST HIGHWAY 50 SALIDA, COLORADO, 81201						DATE SIGNED FEBRUARY 21, 2025		
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER						DATE SIGNED		
DATE FILED BY REGISTRAR FEBRUARY 24, 2025								

DATE ISSUED

FEBRUARY 26, 2025

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. 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 a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

A. Alex Quintana
A. ALEX QUINTANA
STATE REGISTRAR



REV 01/19

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

