

287

287

55 18 0277

CERTIFICATE OF DEATH

STATE FILE NO.

REGISTRAR'S NO. 256

UTAH

1. PLACE OF DEATH
a. COUNTY Salt Lake

b. CITY (If outside corporate limits, write RURAL)
OR TOWN Salt Lake City

c. LENGTH OF STAY
(This place) 7 Days

d. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 1216 East 13th. South

2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)
a. STATE Wyoming
b. COUNTY Sublette

c. CITY (If outside corporate limits, write RURAL)
OR TOWN Pinedale 49188

d. STREET ADDRESS

3. NAME OF DECEASED
(Type or Print) I.O.T. WILLARD HALEY

4. DATE OF DEATH Feb. 8, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED
(Specify) Widowed

8. DATE OF BIRTH
Mo. Day Year March 26 1869

9. AGE (In yrs. last birth-day) 85
If Under 1 Yr. Mos. Days Hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) Rancher
10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and State or foreign country) Bradford, England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Hailey
Birthplace England

14. MOTHER'S MAIDEN NAME Harriet (Unknown)
Birthplace England

15. WAS DECEASED ever in U.S. ARMED FORCES No 16. SOCIAL SECURITY No. None 17. INFORMANT and ADDRESS
Husband's or Wife's Name Alice Cunningham

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
a. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)
ANTECEDENT CAUSES 1954
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

b. DUE TO (b)

c. DUE TO (c)

19. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY or TOWN) (COUNTY) (STATE)

21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED
OF INJURY m. White at Work Not White at Work 21f. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM unattended, THAT I LAST SAW THE DECEASED ALIVE
ON Feb. 8, 1955, AND THAT DEATH OCCURRED AT 5:00 AM, FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23a. SIGNATURE W. S. Mulligan 23b. ADDRESS City Physician 23c. DATE SIGNED 8 Feb 55

24a. BURIAL, CREMATION, REMOVAL
(Specify) Removal 24b. DATE 2-8-1955 24c. NAME OF CEMETERY or CREMATORIUM Green River Wyoming 24d. LOCATION (City, town, or county) (State) Green River Wyoming

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
25a. COMPANY Green River Mortuary
25b. ADDRESS Green River, Wyoming
25c. FUNERAL DIRECTOR'S No. 273 25d. EMBALMER'S No. 253

DATE REC'D BY LOCAL REG. Feb. 8, 1955 REGISTRAR'S SIGNATURE