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FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE		55 18 0277	
BIRTH NO. 143		UTAH	
STATE FILE NO.		REGISTRAR'S NO. 256	
1. PLACE OF DEATH a. COUNTY Salt Lake		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Wyoming b. COUNTY Sublette	
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 HOSPITAL OR INSTITUTION 1216 East 13th. South		e. CITY (If outside corporate limits, write RURAL) OR TOWN Pinedale 49188	
f. STREET ADDRESS (If rural, give location)		g. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) IOT WILLARD HALEY		4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH (Month) (Day) (Year) March 26, 1869
9. AGE (in yrs. last birth-day) 85	10. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) Rancher	11. BIRTHPLACE (City and State or foreign country) Bradford, England	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Hailey	14. MOTHER'S MAIDEN NAME Harriet (Unknown)	15. HUSBAND'S OR WIFE'S NAME Alice Cunningham	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? No	17. SOCIAL SECURITY No. None	18. INFORMANT AND ADDRESS Chester Johnson	
19. MEDICAL CERTIFICATION			
20. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown but natural ANTECEDENT CAUSES 7954 Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
21. DATE OF OPERATION			
22. MAJOR FINDINGS OF OPERATION			
23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24. ACCIDENT SUICIDE HOMICIDE (Specify)		25. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.)	
26. TIME (Month) (Day) (Year) (Hour) (Minute)		27. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	
28. HOW DID INJURY OCCUR?		29. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT 5:00 AM, FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
30. SIGNATURE W. J. Mulliken		31. ADDRESS City Physician	
32. DATE 2-8-1955		33. LOCATION (City, town, or county) Green River Wyoming	
34. NAME OF CEMETERY OR CREMATORY Green River Wyoming		35. FURNERAL DIRECTOR'S SIGNATURE AND ADDRESS Frank J. Villanova, Green River, Wyoming	
36. DATE REC'D BY LOCAL REG. Feb. 8, 1955		37. REGISTRAR'S SIGNATURE Russell	
38. FURNERAL DIRECTOR'S NO. 273		39. EMBALMER'S NO. 253	