

NOV 1 1960
REGISTRAR'S NO. 2365

UTAH CERTIFICATE OF DEATH

PLACE OF DEATH a. COUNTY SALT LAKE				STATE FILE NO.			
b. CITY, TOWN, OR LOCATION SALT LAKE CITY				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)			
c. LENGTH OF STAY IN 1b 1 day				a. STATE WYOMING b. COUNTY SUBLETTE			
d. NAME OF HOSPITAL OR INSTITUTION LDS HOSPITAL				c. CITY, TOWN, OR LOCATION PINE DALE			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				d. STREET ADDRESS PINE DALE			
f. NAME OF DECEASED (Type or print) JOSEPH				e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
g. SEX MALE COLOR OR RACE WHITE				f. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
h. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher				4. DATE OF DEATH OCT 26, 1960			
i. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes				5. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			
j. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No				6. DATE OF BIRTH April 4, 1898			
k. 10. KIND OF BUSINESS OR INDUSTRY Cattle				7. AGE (In years) last birthday 62			
l. 11. BIRTHPLACE (State or foreign country) Beaver, Utah				8. IF UNDER 1 YEAR Months Days Hours Min.			
m. 14. MOTHER'S MAIDEN NAME Isabelle Fotheringham				9. 12. CITIZEN OF WHAT COUNTRY? USA			
n. 15. SOCIAL SECURITY NO. N.W. 2				10. INFORMANT MARY R. BAKES			
o. 16. MEDICAL CERTIFICATION 17. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ATELECTASIS, TRAUMATIC LEFT LUNG				18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE BRAIN SYNDROME DUE TO DRUG WITHDRAWAL 7 days DUE TO (b) DRUG ADDICTION, DEMEROL 6 YEARS DUE TO (c) Conditions, if any, which gave rise to above cause (a), mentioning the underlying cause last.			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ON 10/17/60 DECEASED IS SAID TO HAVE RAN HIS AUTOMOBILE INTO REAR OF ONE AHEAD AT NEW STOP LIGHT - CHEST HIT STEERING WHEEL			
20a. INCIDENT SUICIDE HOMICIDE				20b. CITY, TOWN, OR LOCATION PINEDALE			
20c. TIME OF INJURY Hour Month, Day, Year a. m. 10/17/60				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) STREET			
20e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK				21. I attended the deceased from 10/25/60 to 10/26/60 and last saw him alive on 10/26/60 Death occurred at 7:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William D. Pace, M.D.				22b. ADDRESS WILLIAM D. PACE, M.D. 1014 MEDICAL ARTS BUILDING SALT LAKE CITY 11, UTAH			
22c. BURIAL, CREMATION, REMOVAL REMOVAL				23c. NAME OF CEMETERY OR CREMATORIAL PINE DALE			
24. FUNERAL DIRECTOR'S SIGNATURE John H. Eastman				25. DATE REC'D. BY LOCAL REG. 10-27-1960			
26. REGISTRAR'S SIGNATURE				27. DATE SIGNED 10/27/60			

630