

630

NOV 1960
REGISTRAR'S NO. 2365

UTAH CERTIFICATE OF DEATH

STATE FILE NO.

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, TOWN, OR LOCATION: SALT LAKE CITY		c. LENGTH OF STAY IN 1b: 1 day		c. CITY, TOWN, OR LOCATION: PINE DALE	
d. NAME OF HOSPITAL OR INSTITUTION: LDS HOSPITAL		d. STREET ADDRESS: PINE DALE		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4. DATE OF DEATH: Month OCT Day 26 Year 1960	
3. NAME OF DECEASED (Type or print) First: JOSEPH Middle: DEWEY Last: BAKES		8. DATE OF BIRTH: April 4, 1898		9. AGE (In years last birthday) Months 62 Days Hours Min. 	
5. SEX: MALE		6. COLOR OR RACE: WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher		10b. KIND OF BUSINESS OR INDUSTRY: Cattle		11. BIRTHPLACE (State or foreign country): Beaver, Utah	
3. FATHER'S NAME: Joseph Hyram Bakes		14. MOTHER'S MAIDEN NAME: Isabelle Fotheringham		NAME OF SPOUSE: MARY R. BAKES	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war and dates of service) Yes		16. SOCIAL SECURITY NO.: None		17. INFORMANT: MARY R. BAKES PINE DALE, WYOMING	
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 DUE TO (b) DRUG ADDICTION, DEHEROL DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). ATELECTASIS, TRAUMATIC LEFT LUNG 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. TIME OF INJURY: Hour 10 a. m. 17 p. m. Month 10 Day 17 Year 1960 20c. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): STREET 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. 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 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. (Degree or title) 22b. ADDRESS: 1014 MEDICAL ARTS BUILDING SALT LAKE CITY 11, UTAH 22c. DATE SIGNED: 10/27/60 (State) 23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 23b. DATE: 10/26/60 23c. NAME OF CEMETERY OR CREMATORY: PINE DALE 23d. LOCATION (City, town, or county): PINE DALE, WYOMING 24. GENERAL DIRECTOR'S SIGNATURE: EVANS & PERRY 25. DATE RECD. BY LOCAL REG.: 10-27-1960 26. REGISTRAR'S SIGNATURE: William D. Pace, M.D.					

GENERAL DIRECTOR'S OFFICE: 574 EAST 1st SOUTH