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FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE		CITY OF OGDEN		BURIAL PERMIT NO. 1037-W	
BIRTH NO. 143		CERTIFICATE OF DEATH UTAH		REGISTRAR'S NO. 7028 E	
1. PLACE OF DEATH a. COUNTY WEBER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Wyoming b. COUNTY			
b. CITY, TOWN, OR LOCATION Ogden		c. LENGTH OF STAY IN 1b 1 hour		c. CITY, TOWN, OR LOCATION Lander	
d. NAME OF HOSPITAL OR INSTITUTION St. Benedict's Hospital		d. STREET ADDRESS Box 207			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE 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"/>	
3. NAME OF DECEASED (Type or print) MERRITT		First GEORGE Middle HOPKINS Last		4. DATE OF DEATH Month November Day 28 Year 1961	
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"/>	8. DATE OF BIRTH Aug. 14, 1919	9. AGE (In years last birthday) 42	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surveyor - Atlantic City Pro., Br. Geneva Steel Co.		10b. KIND OF BUSINESS OR INDUSTRY Big Piney, Wyo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George W. Hopkins		14. MOTHER'S MAIDEN NAME Annie Bradshaw			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 520-14-7276		17. INFORMANT Irene Yeck Hopkins - Lander, 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) Multiple lung abscesses Interval between onset and death 8 mos. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Unknown etiology DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____ 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____					
21. I attended the deceased from 11-28-61 to 11-28-61 and last saw her ^{him} alive on 11-28-61 Death occurred at 8:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D. M. Moore,		(Degree or title) M.D.		22b. ADDRESS Ogden, Utah	
22c. DATE SIGNED 11-30-61					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-30-61		23c. NAME OF CEMETERY OR CREMATORY Big Piney Cemetery	
23d. LOCATION (City, town, or county) Big Piney, Wyoming		(State)			
24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Francis Tanner Funeral Home Big Piney, Wyoming		25. DATE RECD. BY LOCAL REG. 12-1-61		26. REGISTRAR'S SIGNATURE Arley Flinders	
STATE OF UTAH, } ss. County of Weber } This is to Certify that the above Death Certificate is a true and correct copy of the record on file in this City. Subscribed and sworn to this December 7, 1961 My Commission Expires Aug 16, 1963 _____ Asst. Registrar of Vital Statistics _____ Notary Public					