

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

182

CITY OF OGDEN
CERTIFICATE OF DEATH
UTAH

BURIAL PERMIT NO. 1037-W
REGISTRAR'S NO. 7028 E

BIRTH NO. 143

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY WEBER | | | 2. USUAL RESIDENCE (Where deceased lived. If in 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) First MERRITT Middle GEORGE Last HOPKINS | | | 4. DATE OF DEATH Month Day Year November 28, 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 | 10. IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surveyor - Atlantic City Pro. Br. Geneva Steel Co. | | | 11. BIRTHPLACE (State or foreign country) 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? (Yes, no, or unknown) No | | | 16. SOCIAL SECURITY NO. 520-14-7276 | | |
| 17. INFORMANT Address 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 | | | | | |
| 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) | | | | | |
| 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 Month, Day, Year a. m. <input type="checkbox"/> p. m. <input type="checkbox"/> | | | | | |
| 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 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 (Degree or title) D. M. Moore, 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 CREMATORIAL Big Piney Cemetery | 23d. LOCATION (City, town, or county) (State) Big Piney, Wyoming | |
| 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, County of Weber {SS. 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. <i>Max Klemm</i> Asst. Registrar of Vital Statistics | | | | | |
| My Commission Expires Aug. 16, 1963. <i>James L. Sutton</i> Notary Public | | | | | |