



"Exhibit A"

This is a
Legal Record
and will be
admitted to
evidence
if properly
filed

Use Typewriter
or Unfolding Ink

All items to
be complete
and accurate

Physician
Must sign
Personally

Send original
Certificate
to Local
Registrar
Immediately

Physicians should
State Cause of Death
in plain terms

Funeral
Director's No.

307

Dubois's No.

408

SDH-VS-12R-5/64

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

REGISTRAR'S NO. 1306

STATE FILE NO.

1. PLACE OF DEATH

2. COUNTY

3. CITY, TOWN, OR LOCATION

4. NAME OF DECEASED

5. PLACE OF DEATH INSIDE CITY LIMITS

6. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)

7. STATE

8. COUNTY

9. CITY, TOWN, OR LOCATION

10. STREET ADDRESS

11. IS RESIDENCE INSIDE CITY LIMITS?

12. IS RESIDENCE ON A FARM?

13. DATE OF DEATH

14. MONTH

15. DAY

16. YEAR

17. SEX

18. COLOR OR RACE

19. MARRIED

20. NEVER MARRIED

21. WIDOWED

22. DIVORCED

23. KIND OF BUSINESS OR INDUSTRY

24. BIRTHPLACE (State or foreign country)

25. Xirosterm, Oregon

26. NAME OF SPOUSE

27. Elizabeth Pandalis

28. FATHER'S NAME

29. UNKNOWN

30. MOTHER'S MAIDEN NAME

31. Herclida Peperada

32. SOCIAL SECURITY NO.

33. IMPERMANENT

34. ST. CITY POLICE DEPT. Salt Lake City, Utah

35. WAS DECEASED EVER IN U.S. ARMED FORCES?

36. (If yes, state year or dates of service)

37. IMMEDIATE CAUSE (a)

38. UNKNOWN

39. PROBABLE

40. CORONARY

41. TO

42. WAS AUTOPSY PERFORMED?

43. YES

44. NO

45. PART I: DEATH WAS CAUSED BY:

46. IMMEDIATE CAUSE (a)

47. UNKNOWN

48. PROBABLE

49. CORONARY

50. TO

51. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

52. OCCLUSION

53. WAS

54. KNOWN

55. TO

56. 20. ACCIDENT

57. SUICIDE

58. HOMICIDE

59. DESCRIBE HOW INJURY OCCURRED

60. (Enter nature of injury in Part I of Part II of item 1a.)

61. 20. TIME OF INJURY

62. HEAR

63. MONTH, DAY, YEAR

64. 20. INJURY OCCURRED

65. WHILE AT

66. NOT WHILE

67. WORK

68. 21. I attended the deceased from

69. UNKNOWN

70. on the date stated above, and to the best of my knowledge, from the causes stated

71. 22. DEATH OCCURRED AT

72. UNKNOWN

73. 23. DEATH OCCURRED AT

74. UNKNOWN

75. 24. ADDRESS

76. 25. ADDRESS

77. 26. ADDRESS

78. 27. NAME OF CEMETERY OR CREMATORY

79. Mountain View Cemetery

80. 28. DATE RECD. BY LOCAL REG.

81. 6-14-65

82. 29. DATE RECD. BY LOCAL REG.

83. 30. DATE RECD. BY LOCAL REG.

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85. 31. DATE RECD. BY LOCAL REG.

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