

507

RECEIVED

Certificate of Death

STATE OF IDAHO

507

BIRTH NO.				State File No. _____ Local Reg. No. <u>57</u> Reg. Dist. No. <u>410</u>			
1. PLACE OF DEATH a. COUNTY <u>Blaine</u> DEC 28 1967				2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission) a. STATE <u>Idaho</u> b. COUNTY <u>Blaine</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> BUREAU OF LAND MANAGEMENT LENGTH OF STAY (in this place) <u>1/2 years</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5 Miles North west of Carey</u>				d. STREET ADDRESS (If rural, give location) <u>5 miles North west of Carey</u>			
3. NAME OF DECEASED (Type or Print) <u>Delma</u>		a. (First) <u>C.</u> b. (Middle) <u>Yearsley</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 1967</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>April 9, 1899</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		9. AGE (In years last birthday) <u>68</u>			
13. FATHER'S NAME <u>Hogan Peterson</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Spring City, Utah</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>519 26 309</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. INFORMANT'S OWN SIGNATURE <u>Frank Yearsley</u>				BIRTHPLACE <u>UNK.</u>	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>MYOCARDIAL INFARCTION</u>				ADDRESS <u>UNK.</u>	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>ARTERIOSCLEROTIC HEART DIS.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 MIN</u>	
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)				SEV. YRS.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>Box 37</u>		(COUNTY) <u>Hailey</u> (STATE) <u>Idaho</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NOV 13, 1967</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 1, 1967</u> to <u>Nov 13, 1967</u> , that I last saw the deceased alive on <u>Nov 13, 1967</u> , and that death occurred at <u>6 P.M.</u> from the causes and on the date stated above.				23a. SIGNATURE <u>Delma Yearsley</u> (Degree or title)			
23b. ADDRESS <u>Box 37 Hailey, Idaho</u>				23c. DATE SIGNED <u>11-27-67</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 27, 67</u>		24c. NAME OF CEMETERY OR CREMATORIAL <u>Carey Cemetery</u>		24d. LOCATION (City, town, or county) <u>Carey</u> (State) <u>Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Dec 27-67</u>		REGISTRAR'S SIGNATURE <u>Robert H. Wright</u>		25. EMBALMER <u>Keith Bird</u> LICENSE NO. <u>E 373</u>			
FIRM NAME: <u>Bird Funeral Home, Hailey, Idaho</u>							

State of Idaho.....
County of Ada.....

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the State Department of Health under Title 39, Idaho Code.

DEC 28 1967

Date Issued

W. W. Benson
State Registrar of Vital Statistics