

507

**Certificate of Death**

RECEIVED STATE OF IDAHO

State File No. \_\_\_\_\_  
Local Reg. No. 57  
Reg. Dist. No. 410

BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Blaine</u> DEC 28 1967		2. USUAL RESIDENCE (Where deceased lived. If 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> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles North west of Carey</u>	
3. NAME OF DECEASED a. (First) <u>Delma</u> b. (Middle) <u>C.</u> c. (Last) <u>Yearsley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 1967</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 9, 1899</u>
9. AGE (In years last birthday) <u>68</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Spring City Utah</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13. FATHER'S NAME <u>Hogan Peterson</u> BIRTHPLACE <u>UNK.</u>	14. MOTHER'S MAIDEN NAME <u>Amelia Sorensen</u> BIRTHPLACE <u>UNK.</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. <u>519 26 3095</u>	17. INFORMANT'S OWN SIGNATURE <u>Frank Yearsley</u> ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DIS.</u> DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)
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>Dec 13, 1967</u> , to <u>Nov 21, 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>Alfred W. Benson</u> (Degree or title)	23b. ADDRESS <u>Box 37 Hailey, Ida</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 CREMATORY <u>Carey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carey 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>

Federal Security Agency  
United States Public Health Service Form DH-63021-1

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