TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

UTAH STATE DIVISION OF HEALTH

# CERTIFICATE OF DEATH

LOCAL FILE NUMBER 3799 — STATE FILE NUMBER 143

**DECEASED**

1 DECEASED—NAME (FIRST, MIDDLE, LAST): ARTHUR Andrew MC INTOSH
2 SEX: Male
3 DATE OF DEATH (MONTH, DAY, YEAR): November 27, 1970
4 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY): White
5a AGE—LAST BIRTHDAY (YEARS): 67
5b UNDER 1 YEAR (MOS., DAYS)
5c UNDER 1 DAY (HOURS, MIN.)
6 DATE OF BIRTH (MONTH, DAY, YEAR): June 19, 1903
COUNTY OF DEATH: Salt Lake
7b CITY, TOWN, OR LOCATION OF DEATH: Salt Lake City
7c INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): University Hospital
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Kansas
9 CITIZEN OF WHAT COUNTRY: USA
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Grace A. Unknown
12 SOCIAL SECURITY NUMBER:
13a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Rancher
13b KIND OF BUSINESS OR INDUSTRY: Cattle ranch

USUAL RESIDENCE (WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

14a RESIDENCE—STATE: Wyoming
14b COUNTY:
14c CITY, TOWN, OR LOCATION: Boulder
14d INSIDE CITY LIMITS (SPECIFY YES OR NO):
14e STREET AND NUMBER: Box 33

**PARENTS**

15 FATHER—NAME (FIRST, MIDDLE, LAST): Levi McIntosh
16 MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Addie Shear

17a INFORMANT—NAME: Mrs. Grace A. McIntosh
17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Box 33 Boulder, Wyoming

**CAUSE**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 18 IMMEDIATE CAUSE | (a) Septicemia - possibly secondary to streptobicillin | 2-3 Days |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST | DUE TO, OR AS A CONSEQUENCE OF: (b) Acute myelocytic leukemia | 2 1/2 Months |
| | DUE TO, OR AS A CONSEQUENCE OF: (c) | |

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (b): Candida arthritis, penetrating ulcer of rectum - possibly infectious with secondary hemorrhage

19a AUTOPSY (YES OR NO): Yes
19b IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: Yes

| 20a ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | 20b DATE OF INJURY (MONTH, DAY, YEAR) | 20c HOUR | 20d HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.) |
|---|---|---|---|
| 20e INJURY AT WORK (SPECIFY YES OR NO) | 20f PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.) (SPECIFY) | 20g LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | |

**CERTIFIER**

21a CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 10-25-70 (MONTH, DAY, YEAR) TO 21b 11-27-70 (MONTH, DAY, YEAR)
21c I LAST SAW HIM/HER ALIVE ON 11-27-70 (MONTH, DAY, YEAR)
21d I DID/DID NOT VIEW THE BODY AFTER DEATH: did not
21e DEATH OCCURRED AT (HOUR): 2:30P M. (DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.)

22a CERTIFICATION—MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH: M.
22b THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): M.

23a CERTIFIER—NAME (TYPE OR PRINT): William M. Keane, M. D.
23b SIGNATURE: William M Keane, M.D.
DEGREE OR TITLE:
23c DATE SIGNED (MONTH, DAY, YEAR): 11-30-70
23d MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): University Hospital 50 No. Medical Dr. Salt Lake City, Utah 84112

**BURIAL**

| 24a BURIAL, CREMATION, REMOVAL (SPECIFY) | 24b CEMETERY OR CREMATORY—NAME | 24c LOCATION (CITY OR TOWN, STATE) |
|---|---|---|
| Removal | | Big Piney, Wyoming |
| 24d DATE (MONTH, DAY, YEAR): Nov. 29, 1970 | 25a FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Evans & Early 574 East 1st So. Salt Lake City, Utah | |
| 25b FUNERAL DIRECTOR—SIGNATURE: Lauritz Carlson | 26a REGISTRAR—SIGNATURE: C. Arnold Swenson M.D. M.P.H. | 26b DATE RECEIVED BY LOCAL REGISTRAR: November 29, 1970 |

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