

THE STATE OF UTAH - DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

438

REGISTRATION NO. 222

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Salt Lake		2. USUAL RESIDENCE (Name deceased lived) a. STATE Wyoming	
b. CITY, TOWN OR LOCATION Salt Lake City		c. CITY, TOWN OR LOCATION Big Piney	
3. LENGTH OF STAY IN 1b. 2 Months		4. STREET ADDRESS None	
5. NAME OF HOSPITAL OR PLACE OF DEATH (If not in hospital, give street address) L.D.S. Hospital		6. IS RESIDENCE INSIDE CITY LIMITS? Unknown	
7. IS RESIDENCE ON A FARM? Unknown		8. DATE OF DEATH FEBRUARY 20, 1966	
9. NAME OF DECEASED EUD N. FACKRELL		10. AGE In years 38	
11. COLOR OF RACE White		12. DATE OF BIRTH March 3, 1927	
13. MARRIED ☒ NEVER MARRIED ☐		14. WIDOWED ☐ DIVORCED ☐	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drill Operator		16. KIND OF BUSINESS OR INDUSTRY Oil Drilling	
17. BIRTHPLACE (State of birth, high country) Lyman, Wyoming		18. CITIZEN OF WHAT COUNTRY? U.S.A.	
19. FATHER'S NAME John Fackrell		20. MOTHER'S M maiden name Hazel Wilden	
21. NAME OF SPOUSE Bernita Smith		22. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes	
23. SOCIAL SECURITY NO. Unknown		24. INFORMANT Mrs. Bernita Fackrell, Big Piney, Wyo.	
25. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carburetor of Colon Uterus CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last DUE TO (b) EXTENSIVE RETROPERITONEAL DUE TO (c) MYOASTHISIS		26. INTERVAL BETWEEN ONSET AND DEATH	
27. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		28. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	
29. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		30. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
31. TIME OF INJURY Hour 11:30 Month 2 Day 20 Year 1966		32. PLACE OF INJURY (If in or about home, farm, factory, street, office, etc.) Salt Lake City, Salt Lake, Utah	
33. I attended the deceased from November 19, 1965 to February 19, 1966 and last saw her alive on 2-20-66		34. Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated	
35. SIGNATURE Merrell T. Wilson M.D.		36. ADDRESS 518 D Street S.L. City, Utah	
37. DATE SIGNED 2-24-66		38. NAME OF CEMETERY OR CREMATORY Lyman Cemetery	
39. LOCATION (City, town, or county) (State) Lyman, Wyoming		40. REMOVAL 2/20/66	
41. DIRECTOR'S SIGNATURE AND ADDRESS Lawrence A. Ball Evansville, Wyoming		42. DATE REC'D BY LOCAL REG 2-21-1966	

THIS IS TO CERTIFY THAT THIS IS A TRUE AND
 CORRECT COPY OF THIS RECORD AS IT READS
 IN THIS OFFICE.

By

Lawrence A. Ball
 Registrar City-County Vital Statistics

June S. O'Connell
 Chief Deputy Registrar Vital Statistics

APR 12 1973