

DEC 4 - 1967

STATE OF UTAH - DEPARTMENT OF HEALTH

67 18 5910

REGISTRAR'S NO. 614

CERTIFICATE OF DEATH

STATE FILE NO.

This is a Legal Record and will be Permanently Filed

Write Plainly

Use Typewriter or Fading 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. 83

Embalmer's No. 403

SDH-VS-12R-5/64

1. PLACE OF DEATH a. COUNTY Salt Lake		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Utah		b. COUNTY Salt Lake	
b. CITY, TOWN, OR LOCATION Salt Lake City - <i>Rural</i>		c. LENGTH OF STAY IN 16 Years		c. CITY, TOWN, OR LOCATION Salt Lake City Salt Lake City	
d. NAME OF HOSPITAL OR INSTITUTION 4285 Highland Drive		d. STREET ADDRESS 2500 Green Street			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ISABELLA LUCAS BURT CHRISTENSEN			4. DATE OF DEATH Month Day Year November 28, 1967		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15, 1870	9. AGE (In years last birthday) 97	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Andrew Hill		14. MOTHER'S MAIDEN NAME Mary Ann Lucas Burt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT Carlyle B. Christensen, 2500 Green St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic pneumonia</i> <i>522X</i> DUE TO (b) <i>age</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Brigham City		20g. COUNTY Utah	
21. I attended the deceased from <i>Post year</i> to <i>Death</i> and last saw <i>her</i> <i>him</i> alive on <i>Death occurred at 11:45 P. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Frank Daugherty MD</i>		22b. ADDRESS <i>Hillside St</i>		22c. DATE SIGNED <i>30 Nov 67</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 1, 1967		23c. NAME OF CEMETERY OR CREMATORY Brigham City Cemetery	
23d. LOCATION (City, town, or county) Brigham City, Utah		24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>M. E. Kay</i> Colonial Mortuary 2128 South State		25. DATE RECD. BY LOCAL REG. 11-30-67	
26. REGISTRAR'S SIGNATURE <i>J. O. Brewster MD</i>					

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