

JUN 15 1965

STATE OF UTAH - DEPARTMENT OF HEALTH

65 18

2966

REGISTRAR'S NO. 1216

CERTIFICATE OF DEATH

STATE FILE NO.

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		c. LENGTH OF STAY IN 1b 19 years		c. CITY, TOWN, OR LOCATION Salt Lake City					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 227 - E. Street			d. STREET ADDRESS 277 E. Street						
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input 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 JOHN WESLEY HORSLEY			4. DATE OF DEATH Month Day Year May 30th, 1965						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 24th, 1894		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer			10b. KIND OF BUSINESS OR INDUSTRY Law		11. BIRTHPLACE (State or foreign country) Brigham City, Utah		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Henery Horsley			14. MOTHER'S MAIDEN NAME Rose May Reese			NAME OF SPOUSE Irene Welling Horsley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I & II		16. SOCIAL SECURITY NO.		17. INFORMANT Irene W. Horsley - Same as #2				Address	
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>Cardiac arrest - failure</i> <i>4:20</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>myocardial infarction</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 <i>hrs.</i> <i>hrs.</i>		
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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>29 May 65</i> to <i>30 May</i> and last saw ^{her} _(him) alive on <i>29 May 65</i> . Death occurred at <i>5:00 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>M.D.</i>			22b. ADDRESS <i>699 E. So. Temple</i> <i>S.L.C. - Utah</i>			22c. DATE SIGNED <i>6-1-65</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem-Burial		23b. DATE June 2, 1965	23c. NAME OF CEMETERY OR CREMATORY Brigham City Cemetery			23d. LOCATION (City, town, or county) (State) Brigham City, Utah			
24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>[Signature]</i> LARKIN MORTUARY - Salt Lake City, Utah				25. DATE RECD. BY LOCAL REG. 6-1-1965		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

MEDICAL CERTIFICATION