

APR 4 - 1963
REGISTRAR'S NO. 623

UTAH CERTIFICATE OF DEATH

STATE FILE NO. 63 18 1257

This is a
Legal Record
and will be
Permanently
Filed

Write Plainly

Use Typewriter
or Unfading 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.

Embalmer's No.
280

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 LIFE		c. CITY, TOWN, OR LOCATION SALT LAKE CITY	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 624 THIRD AVENUE			d. STREET ADDRESS 624 THIRD AVENUE		
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 LILLIAN BURT AFFLECK			4. DATE OF DEATH Month Day Year MAR. 15, 1963		
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 APR. 9, 1877	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR IF UNDER 24 HRS. 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 NONE		11. BIRTHPLACE (State or foreign country) SALT LAKE CITY, UTAH	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME ANDREW H. BURT		14. MOTHER'S MAIDEN NAME MARY ANNE LUCAS	
NAME OF SPOUSE DAVID A. AFFLECK		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. NONE	
17. INFORMANT GORDON B. AFFLECK		Address 1565 ARLINGTON DRIVE			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bacterial pneumonia</u> <u>9040</u> → minor contusions + specimens DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>weakness, loss of appetite due to age for 2 years</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>3 days</u> <u>2 years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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) <u>Fell in her own home but was able to move some & was clearly minded until the last hour of life.</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>6:30</u> → a. m. p. m. <u>3/12/63</u>		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.) <u>Home</u>	
20f. CITY, TOWN, OR LOCATION <u>Salt Lake City</u>		COUNTY <u>Salt Lake</u>		STATE	
21. I attended the deceased from <u>Dec. 3-1961</u> , to <u>March 15-1963</u> and last saw <u>her</u> alive on <u>March 15-1963</u> . Death occurred at <u>5:30</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>34 So 5 East</u>		22c. DATE SIGNED <u>3/16/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3/18/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>SALT LAKE CITY CEMETERY</u>	
23d. LOCATION (City, town, or county) (State) <u>SALT LAKE CITY, UTAH</u>		24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>DESERET MORTUARY CO., 36 E. 7TH SO.</u>		25. DATE RECD. BY LOCAL REG. <u>March 18 1963</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>					

6301837

[Signature]