

REC'D MAR 24 1959
REGISTRAR'S NO. 12

UTAH CERTIFICATE OF DEATH

STATE FILE NO. 59 02 0018

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.

226

Embalmer's No.
344

1. PLACE OF DEATH a. COUNTY <i>Box Elder</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Utah</i> b. COUNTY <i>Box Elder</i>		
b. CITY, TOWN, OR LOCATION <i>Brigham City</i>		c. LENGTH OF STAY IN 1b <i>life</i>	c. CITY, TOWN, OR LOCATION <i>Brigham City</i>		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>Cooley Memorial Hospital</i>			d. STREET ADDRESS <i>135 West Forest St.</i>		
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) <i>First LOUISE Middle - Last HORSLEY</i>			4. DATE OF DEATH Month <i>March</i> Day <i>12</i> Year <i>1959</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>October 26, 1878</i>	9. AGE (In years last birthday) <i>80</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Office Clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>City Gov't</i>	11. BIRTHPLACE (State or foreign country) <i>Perry, Utah</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>William Horsley</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Welch</i>		NAME OF SPOUSE <i>none</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Scott Horsley</i> Address <i>Brigham City, Utah</i>		
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>Bronchopneumonia</i> <i>151X</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Debilitation from gastric hemorrhage</i> DUE TO (c) <i>Adenocarcinoma of stomach</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Generalized arteriosclerosis</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <i>a. m.</i> Month, Day, Year <i>p. m.</i>					
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 <i>Brigham City, Utah</i>		COUNTY STATE
21. I attended the deceased from <i>March 7, 1958</i> to <i>March 12, 1959</i> and last saw <i>her</i> alive on <i>Mar. 12, 1959</i> Death occurred at <i>9:00 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W. H. Smith</i> (Degree or title) <i>M.D.</i>			22b. ADDRESS <i>Brigham City, Utah</i>		22c. DATE SIGNED <i>3/16/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Mar. 16, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Brigham City,</i>		23d. LOCATION (City, town, or county) (State) <i>Brigham City, Utah</i>
24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Harold B. Felt</i> Funeral Home			25. DATE RECD. BY LOCAL REG. <i>3-24-59</i>	26. REGISTRAR'S SIGNATURE <i>Lela R. Anderson</i>	

W. H. Smith