

UTAH CERTIFICATE OF DEATH

REGISTRAR'S NO. 853

STATE FILE NO. 64-18-1821

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 40 Years	
c. CITY, TOWN, OR LOCATION Salt Lake City		d. STREET ADDRESS 277 E Street	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 749 South West Temple Street		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH 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) MAY ROSE REES HORSLEY First Middle Last			4. DATE OF DEATH April 10, 1964 Month Day Year
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 Oct. 4, 1873
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. 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 Own Home	11. BIRTHPLACE (State or foreign country) Brigham City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Davis Rees	
14. MOTHER'S MAIDEN NAME Zillah Mathias		NAME OF SPOUSE John Henry Horsley	
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 Address J. Wesley Horsley - Same as 2d
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>Encephalopathy</i> DUE TO (b) <i>Cerebral Arteriosclerosis</i> DUE TO (c) <i>334x</i> 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) <i>Urinal Infection</i>			INTERVAL BETWEEN ONSET AND DEATH <i>month</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 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>3-30-62</i> to <i>death</i> and last saw <i>her</i> alive on <i>4-10-64</i> Death occurred at <i>7:10 P.</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)		22b. ADDRESS <i>465 E. S. Temple</i>	
22c. DATE SIGNED <i>4-11-64</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>Apr. 13, 1964</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Brigham City Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Brigham City, Utah</i>		(State)	
24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>[Signature]</i> LARKIN MORTUARY - Salt Lake City, Utah		25. DATE RECD. BY LOCAL REG. <i>4-11-1964</i>	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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. *186*

Embalmer's No. *215*

SDH-VS-12-9/63

6402018

*W. S. Temple*