

STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Access to information on this form is limited under the Utah State Act, and Rules.

LOCAL FILE NUMBER 25-1033

STATE FILE NUMBER

DECEDENT	1. NAME OF DECEDENT (First, Middle, Last) ADDIE MAE GURR EDWARDS	2. SEX Female	3a. DATE OF DEATH (Mo., Day, Yr.) Nov. 30, 1989	3b. TIME OF DEATH (24 hr. clock) 0030	
	4. DATE OF BIRTH (Mo., Day, Yr.) Mar. 07, 1897	5. AGE (Last birthday) 92	6. BIRTHPLACE (City & State or Foreign Country) Salt Lake City Utah	7. SOCIAL SECURITY NUMBER 529-22-3783	
	8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other	8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) American Fork Hospital	9. SURVIVING SPOUSE (If wife, give maiden name) Philo T. Edwards	10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11. MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Housewife	12b. KIND OF BUSINESS OR INDUSTRY Homemaker	13a. RESIDENCE - STREET AND NUMBER 895 South Geneva Road	13b. CITY, TOWN, OR COMMUNITY Orem	13c. COUNTY Utah
13d. STATE UT	13e. ZIP CODE 84058	14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other (Specify)	15. RACE - Black, White, Am. Indian (Tribes may be entered), Japanese, etc. (Specify) White	16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (9-12)-College (13-16 or 17-) 08	
PARENTS	17. FATHER'S NAME (First, Middle, Last) Ruben L. Gurr	18. MAIDEN NAME OF MOTHER (First, Middle, Last) Margaret Marsh	INFORMANT	19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Colleen Healey Daughter 556 South 450 East Orem UT 84058	
DISPOSITION	20. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal	21a. DATE OF DISPOSITION 12-4-89	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Provo City Cemetery Provo, Utah	21c. LOCATION - City or Town, State Provo, Utah	
CERTIFIER	22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Thomas Anderson</i>	23. LICENSEE NUMBER 519-0801-9	24. FUNERAL HOME (Name, address and license number) Sundberg-Olpin Mortuary 00028-0804-1 495 South State Street Orem, Utah 84058	25. DATE DECEASED WAS FIRST ATTENDED BY CERTIFYING PHYSICIAN 11/27/89	
CERTIFYING PHYSICIAN	26. If not certified by medical examiner, was death reported to M.E.? (If yes, enter the date and hour reported; M.E. Case No.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27a. SIGNATURE AND TITLE OF CERTIFIER <i>Scott Smith MD</i>	27b. LICENSE NUMBER 0966110220	27c. DATE SIGNED (Mo., Day, Yr.) 12/4/89	
REGISTRAR	28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 27) (Typeprint) Scott Smith, MD 350 East 300 North American Fork, 84003	29. REGISTRAR'S SIGNATURE <i>Joseph K. Miner MD</i>	30. DATE FILED (Month, Day, Year) DEC 4 1989	CAUSE OF DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	<i>Bacteremia</i> DUE TO (OR AS A CONSEQUENCE OF)	Approximate Interval Between Onset And Death 2 week	SEQUENTIALLY LIST CONDITIONS (If any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST)	<i>Diabetes Mellitus</i> DUE TO (OR AS A CONSEQUENCE OF) years	
UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	<i>Coronary Heart Disease</i> DUE TO (OR AS A CONSEQUENCE OF) years	PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I	32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> Probably contributed to the cause of death <input type="checkbox"/> Was the underlying cause of death <input checked="" type="checkbox"/> Did not contribute to the cause of death <input type="checkbox"/> Is unknown in relation to the cause of death	33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined if Injured Purposefully or Accidentally <input type="checkbox"/> Pending Investigation	35a. DATE OF INJURY (Month, Day, Year)	35b. TIME OF INJURY (24 Hour Clock)	35c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35d. PLACE OF INJURY (In home, farm, street, factory, office, building, etc. (Specify))	
35e. LOCATION (Street or rural route number, city or town, county and state)	35f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)	35g. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.	33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

UDH-BVRS Form 12, Rev. 1-1-88

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **DEC 4 1989**

County **UTAH**

Registrar

Joseph K. Miner MD By

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS

DEPUTY



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