

18-3722

**CERTIFICATE OF DEATH**

STATE OF UTAH — DIVISION OF HEALTH

STATE FILE NUMBER

LOCAL FILE NUMBER		18-3722			STATE FILE NUMBER	
NAME OF DECEDENT		FIRST	MIDDLE	LAST	SEX	RACE (White, Black, Am Indian, etc.) Specify
1. William G. Ryan					2. Male	3. White
WAS DECEDENT OF SPANISH ORIGIN? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If yes, indicate type: Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other <input type="checkbox"/> (If other, specify)		DATE OF BIRTH (Mo., Day, Year)		AGE (Last Birthday)	DATE OF DEATH (Mo., Day, Year)	
		6. October 19, 1904		7. 74 Yrs.	4. October 31, 1978	
DECEDENT PERSONAL DATA	BIRTH PLACE (State or foreign country)		CITIZEN of what country		EDUCATION—(Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+)	
	8. Pennsylvania		9. USA		11. 12 years	
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.)		KIND OF BUSINESS OR INDUSTRY		NAME of surviving spouse (If wife, enter maiden name)	
	13a. Carpenter		13b. Construction		14. Agnes Elison	
NAME OF FATHER			MAIDEN NAME OF MOTHER			Was decedent ever in U.S. Armed Forces?
15. James Patrick Ryan			16. Margaret Mary Spahn			17. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
USUAL RESIDENCE—(Street and number or location and zip code)		INSIDE CITY LIMITS?		NAME & MAILING ADDRESS OF INFORMANT		
18a. 438 Cleveland Avenue		12b. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Agnes Ryan		
CITY OR TOWN		COUNTY		438 Cleveland Avenue		
18a. Salt Lake City		18c. Salt Lake		Salt Lake City, Utah 84115		
STATE		18b. Utah				
PLACE OF DEATH	NAME of hospital, nursing home or other institution where death occurred. (If outside an institution, give street address or location)			CITY OR TOWN		COUNTY
	20a. Cottonwood Care Center			20b. Salt Lake City		Salt Lake
MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION		MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances.		PHYSICIAN OR MEDICAL EXAMINER SIGNATURE		TIME of death (24 hr. clock)
		21a. Decedent was pronounced dead at HOUR DATE		21b. King Udall MD		21c. 20.00
		PHYSICIAN: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below, that I attended the decedent, and I last saw the decedent alive on month day year		CERTIFIER'S name and title (Type or print)		DATE SIGNED (Mo., Day, Year)
		21d. month 10 day 10 year 78		21e. King Udall MD		21f. 11/2/78
		If not certified by medical examiner, was death reported to him? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, enter the date and hour reported: (24 hour clock)		CERTIFIER'S address and zip code		UTAH PHYSICIAN LICENSE NUMBER
				21g. University Hospital, SLC, Utah		21h. 5648
FUNERAL DIRECTOR AND LOCAL REGISTRAR		Burial <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> DATE		SIGNATURE of Funeral Director		FUNERAL HOME—Name, address and license number
		Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Other <input type="checkbox"/> 23b. 11-4-78		24. Sister R. Nechtle		25. Memorial Mortuary, SLC, Utah 181
		NAME AND LOCATION OF CEMETERY OR CREMATORY		LOCAL REGISTRAR—Signature		Date accepted for registration by local registrar
		26. Redwood Memorial Estates, SLC, Utah		27. Hans [Signature]		28. Nov. 3, 1978
CAUSE OF DEATH		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (Enter only one cause per line for A, B and C)				Interval between onset and death
		(A) ASHD				Interval between onset and death
		DUE TO, OR AS A CONSEQUENCE OF (B)				Interval between onset and death
		DUE TO, OR AS A CONSEQUENCE OF (C)				Interval between onset and death
MEDICAL AND HEALTH DATA		PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.				AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		30.				31a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		IF YES, were findings considered in determining cause of death?		31b. YES <input type="checkbox"/> NO <input type="checkbox"/>		
INJURY INFORMATION		Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> DATE of Injury (Mo., Day, Year)		TIME OF INJURY (24 Hour Clock)		INJURY AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>
		Suicide <input type="checkbox"/> Undetermined if Injured		33b.		35. PLACE OF INJURY (Specify home, farm, factory, street, office buildings, etc.)
		Homicide <input type="checkbox"/> Accidentally or Purposely <input type="checkbox"/> 33a.		34.		36. Were laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input type="checkbox"/>
		LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN.		36b. Miles		37. Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input type="checkbox"/>
		36a.		36b.		38. YES <input type="checkbox"/> NO <input type="checkbox"/>
		DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)				39.
						40. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.