

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 Statistics Act and Rules.

LOCAL FILE NUMBER 25-0846

STATE FILE NUMBER

1 NAME OF DECEDENT FIRST MIDDLE LAST Gerald Kay Young			2 SEX Male	3a. DATE OF DEATH (Mo. Day, Yr.) August 4, 1995	3b. TIME OF DEATH (24 hr. clock) 0730
4. DATE OF BIRTH (Mo. Day, Yr.) Nov. 6, 1934		5. AGE (Last Birthday) 60 Yrs. <small>IF UNDER 1 YEAR: Months Days Hours Minutes</small>		6. BIRTHPLACE (City & State or Foreign Country) Heber City, Utah	
7a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER-Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other 8c. CITY, TOWN OR LOCATION OF DEATH Provo			7b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 800 South 500 West		
8d. COUNTY OF DEATH Utah			9. SURVIVING SPOUSE (If wife, give maiden name) Judy Ivers		
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input 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) Service Repairman	
12b. KIND OF BUSINESS OR INDUSTRY Pepsi Cola Company		13a. RESIDENCE - STREET AND NUMBER 800 South 500 West		13b. CITY, TOWN, OR COMMUNITY Provo	
13c. COUNTY Utah		13c. COUNTY Utah		13d. STATE Utah	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 84601		14. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If yes, specify)</small>	
15. RACE - Black, White, Am. Indian (Tribe may be entered), Japanese, etc. (Specify) White		16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) 12			
17. FATHER'S NAME (First, Middle, Last) Walter Dewey Young			18. MAIDEN NAME OF MOTHER (First, Middle, Last) MARGUERITE GILES		
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Judy I. Young, wife, 800 South 500 West, Provo, Utah 84601					
20. METHOD OF DISPOSITION: <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		21a. DATE OF DISPOSITION Aug. 7, 1995		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Provo City Cemetery	
21c. LOCATION - City, Town, State Provo, Utah		22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23. LICENSEE NUMBER 221144550902	
24. FUNERAL HOME (Name, address and license number) Berg Mortuary		24. FUNERAL HOME (Name, address and license number) 185 East Center		24. FUNERAL HOME (Name, address and license number) Provo, Utah 84606	
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN July 29, 1995		26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If yes, enter the date and hour reported: M.E. Case No.</small>			
27a. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <small>To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.</small> <input type="checkbox"/> MEDICAL EXAMINER - LAW ENFORCEMENT OFFICIAL <small>On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.</small>					
27b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> Richard G. Middleton, MD			27c. LICENSE NUMBER 67-149476-1705		27d. DATE SIGNED (Mo., Day, Yr.) Aug. 7, 1995
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/print) Richard G. Middleton, MD <small>UofU Dept. of Surgery 500 Medical Bldg</small>					
29. REGISTRAR'S SIGNATURE <i>[Signature]</i> Joseph K. Thomas					30. DATE FILED (Month, Day, Year) AUG 11 1995
31. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cachexia <small>DU TO (OR AS A CONSEQUENCE OF)</small> Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST b. Recurrent Carcinoma of Pelvis <small>DU TO (OR AS A CONSEQUENCE OF)</small> Squamous Carcinoma of Prostate <small>DU TO (OR AS A CONSEQUENCE OF)</small> 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 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		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input 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 Purposely 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 type="checkbox"/> No		35d. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify) 35g. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian			
35f. DESCRIBE HOW INJURY OCCURRED (Enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)					

UDH-BVRHS-Form 12, Rev 1-1-89

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: