

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

MAY 22 1974

UTAH STATE DIVISION OF HEALTH
CERTIFICATE OF DEATH

143 74 002766

OR PRINT IN
PERMANENT INK
HANDBOOK FOR
INSTRUCTIONS

LOCAL FILE NUMBER 77-66

STATE FILE NUMBER

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Leah Morris McArthur					2. Female	3. May 10, 1974	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 86	5b.	5c.	6. 1887 July 11		7. Washington
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. St. George			7c. yes	7d. Young Rest Home			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Utah		9. USA		10. Widowed		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12.		13a. Home Maker		13b. at home			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. Utah	14b. Washington	14c. St. George		14d. yes	14e. 30 Diagonal		

1-01-98
DECEASED

RESIDENCE OF DECEASED AT TIME OF DEATH (IF DIFFERENT FROM RESIDENCE BEFORE DEATH, GIVE DATE BEFORE DEATH)

27-01
PARENTS

FATHER—NAME			MOTHER—MAIDEN NAME		
15. Richard Alexander Morris Sr.			16. Henrietta Adams		
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Ruder M. McArthur			17b. 40 Diagonal St. George, Utah 84770		

794 X
CAUSE

PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) Sudden			
DUE TO, OR AS A CONSEQUENCE OF:			
(b)			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
(c)			

X-XX

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19.				19a.	19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.	20b.	20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20e.	20f.	20g.			

3698
CERTIFIER

CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM	19	7	1974	21b. 5	10	1974	21c. 5	21d. 7:30	21e. 7:30
CERTIFICATION—MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		YEAR		HOUR	
22.		5:15 AM		27b. May		10		1974 5:15AM	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)			
23a. Clark J. Staheli M. D.		23b.		23c. M.D.		23d. 5/11/1974			
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP	
23e. 168 North 100 East		23f. St. George		23g. Utah		23h. 84770			

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION
24a. Burial	24b. St. George City		24c. St. George, Utah
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. 5/13/1974	24e. Metcalf Mortuary 288 West 100 North St. George, Utah 84770		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR
25.	26.		26b. 5/13/1974

1-VS-12R-12-67

SDH-BHS 94 (1-78) 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 26-15-26 of the Utah Code Annotated, 1953 as Amended.

Date Issued: AUG 4 1978.

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

