

DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF HEALTH

MAY 17 1971

VITAL STATISTICS HEALTH  
CERTIFICATE OF DEATH

14371 277 2748

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

LOCAL FILE NUMBER 507

STATE FILE NUMBER

DECEASED - NAME: **Wilford Woodruff McArthur** SEX: **Male** DATE OF DEATH: **May 7, 1971**

RACE: **White** AGE: **87** DATE OF BIRTH: **April 30 1884** COUNTY OF DEATH: **Washington**

CITY, TOWN, OR LOCATION OF DEATH: **St. George, Utah** HOSPITAL OR OTHER INSTITUTION: **Miracle Manor Rest Home**

STATE OF BIRTH: **Utah** CITIZEN OF WHAT COUNTRY: **U. S. A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Married** SURVIVING SPOUSE: **Elta Leah Morris**

SOCIAL SECURITY NUMBER: [ ] USUAL OCCUPATION: **Banker** KIND OF BUSINESS OR INDUSTRY: [ ]

RESIDENCE - STATE: **Utah** COUNTY: **Washington** CITY, TOWN, OR LOCATION: **St. George** STREET AND NUMBER: **30 Diagonal**

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER - NAME: **Daniel Duncan McArthur** MOTHER - MAIDEN NAME: **Mary Francis Calloway**

INFORMANT - NAME: **Mrs. Wilford McArthur** MAILING ADDRESS: **30 Diagonal St. George, Utah**

CAUSE

PART I. DEATH WAS CAUSED BY: **Pneumonia and congestive heart failure**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST: **internal hemorrhage**

AMENDED 1 of 2

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): [ ]

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): [ ] DATE OF INJURY: [ ] HOUR: [ ] HOW INJURY OCCURRED: [ ]

INJURY AT WORK (SPECIFY YES OR NO): [ ] PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): [ ] LOCATION: [ ]

CERTIFIER

CERTIFICATION - PHYSICIAN: I ATTENDED THE DECEASED FROM **April 15 1971** TO **May 7 1971** AND LAST SAW HIM/HER ALIVE ON **May 7 1971** I DID/DID NOT VIEW THE BODY AFTER DEATH: **DID** DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, BY THE CAUSE(S) STATED: **SP**

CERTIFIER - NAME (TYPE OR PRINT): **Norman H. Fawson MD** SIGNATURE: [ ] DEGREE OR TITLE: **MD** DATE SIGNED (MONTH, DAY, YEAR): **May 10 1971**

MAILING ADDRESS: **168 North 100 East St. George, Utah**

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY - NAME: **St. George Cemetery** LOCATION: **St. George, Utah**

DATE: **May 10, 1971** FUNERAL HOME - NAME AND ADDRESS: **Spilsbury Funeral Home 58 North 100 East St. George, UT**

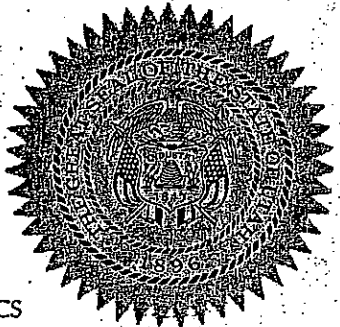
FUNERAL DIRECTOR - SIGNATURE: [ ] REGISTRAR - SIGNATURE: [ ] DATE RECEIVED BY LOCAL REGISTRAR: **May 10, 1971**

SDH-VS-12R-12-'67

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:

OCT 6 1978

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



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