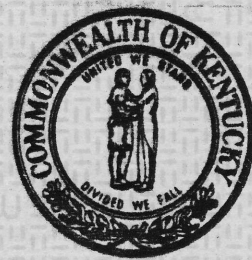


Registrar of Vital Statistics

Certified Copy



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FORM V.S. NO. 1-A
REV. 1-56
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 61 21977
REGISTRAR'S NO. 5993

Registration District No. 755 Primary Registration District No. 6101

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE a. STATE <u>Utah</u> b. COUNTY <u>Cache</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lyndon</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Logan</u>	IS RESIDENCE ON A FARM? 4 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Anne Lynne Manor</u>	(If not in hospital or institution, give street address or location)	d. STREET ADDRESS <u>318 Canyon Road</u>	IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print) <u>Chase</u>		a. (First) <u>Kearl</u> b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2, 1961</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 10, 1890</u>
9. AGE (In years last birthday) <u>71</u>	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Laketown, Utah</u>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>James Kearl</u>	14. MOTHER'S MAIDEN NAME <u>Merlin Eastham</u>
15. WAS DECEASED (Yes, no, or unknown) <u>no</u>	EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Cyril Max Kearl</u>

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hem</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
	Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.	DUE TO (b) <u>Arter. H.D.</u>		<u>years</u>
		DUE TO (c) <u>Emphysema</u>		<u>years</u>
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.)			
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21e. CITY, TOWN, OR LOCATION	COUNTY	STATE	

22. I hereby certify that I attended the deceased from 28 sept, 1961, to 2 oct, 1961, that I last saw the deceased alive on 1 oct, 1961, and that death occurred at 3:20 a.m., from the causes and on the date stated above.

23a. DATE SIGNED <u>9 oct 61</u>	23b. ADDRESS <u>St. Matthews lg</u>	23c. SIGNATURE <u>Lee J. Smith MD</u> (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct. 5, 1961</u>	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State)	<u>Logan, Utah</u>	
25a. DATE REC'D BY LOCAL REG. <u>OCT 13 1961</u>	25b. REGISTRAR'S SIGNATURE <u>Barney Foster</u>	25c. FUNERAL DIRECTOR ADDRESS <u>L. D. Pearson & Son, 1310 S. Third Hall Mortuary, Logan, Utah</u>

I, Omar L. Greeman, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of death of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 13 day of aug, 1982.

21881
Fee Control Number

Omar L. Greeman
Omar L. Greeman, State Registrar