

STATE OF UTAH - DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER **06-404** STATE FILE NUMBER

1. NAME OF DECEDENT: **CYRIL Max KEARL** 2. SEX: **Male** 3a. DATE OF DEATH (Mo., Day, Yr.): **June 27, 1996** 3b. TIME OF DEATH (24hr clock): **04:00**

4. DATE OF BIRTH (Mo., Day, Yr.): **July 20, 1923** 5. AGE (Last birthday): **72** 6. BIRTHPLACE (City, & State or Foreign Country): **Paris, Idaho** 7. SOCIAL SECURITY NUMBER: **518-20-0285**

8a. PLACE OF DEATH (Check only one):  
 1. Inpatient  2. ER/Outpatient  3. EOA  4. Nursing Home  5. Residence  6. Other  
 8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location): **3102 Applewood**

9. SURVIVING SPOUSE (If win give maiden name): **Mary Frances Walker**

10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES?  
 1. Yes  2. No  3. Widowed  4. Divorced

11. MARITAL STATUS:  
 1. Never Married  2. Married  3. Widowed  4. Divorced

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired): **Mechanical Engineer**  
 12b. KIND OF BUSINESS OR INDUSTRY: **Electric**

13a. RESIDENCE - STREET AND NUMBER: **3102 Applewood**  
 13b. CITY, TOWN OR COMMUNITY: **Bountiful**  
 13c. COUNTY: **Davis**  
 13d. STATE: **Utah**

14. WAS DECEDENT OF HISPANIC ORIGIN?  1. Yes  2. No  
 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 17-1): **17**

17. FATHER'S NAME (First, Middle, Last): **Chase Kearl**  
 18. MAIDEN NAME OF MOTHER (First, Middle, Last): **Hazel Loveless**

19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT:  
**Martin Kearl (son) 210 East Oakridge, Bountiful, Utah 84010**

20. METHOD OF DISPOSITION:  
 1. Entombment  2. Donation  3. Other  4. Burial  5. Cremation  6. Removal

21a. DATE OF DISPOSITION: **July 1, 1996**  
 21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Garden City Cemetery**  
 21c. LOCATION - City or Town, State: **Garden City, Utah**

22. SIGNATURE OF FUNERAL SERVICE LICENSEE: *[Signature]*  
 23. LICENSE NUMBER: **#168**  
 24. FUNERAL HOME (Name, address and license number): **Russon Brothers Mortuary, 295 North Main Street, Bountiful, Utah 84010**

25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN: **6-14-96**  
 26. If not certified by medical examiner, was death reported to M.E.?  1. Yes  2. No  
 If yes, enter the date and hour reported: M.E. Case No. \_\_\_\_\_

27a. CERTIFIER:  
 1. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.  
 2. MEDICAL EXAMINER/LAW ENFORCEMENT OFFICIAL 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.

27b. SIGNATURE AND TITLE OF CERTIFIER: *[Signature]* **MD**  
 27c. LICENSE NUMBER: **06788**  
 27d. DATE SIGNED (Mo., Day, Yr.): **7-2-96**

28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print):  
**Dr. Steven Horton, 324 East Tenth Avenue, Salt Lake City, Utah 84103**

29. REGISTRAR'S SIGNATURE: *[Signature]*  
 30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.): **July 1, 1996**  
 30b. DATE FILED (Mo., Day, Yr.): **July 3, 1996**

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 leading to death): **Congestive Heart Failure**  
 CAUSE TO JOR AS A CONSEQUENCE OF: **1 yr**  
 SEQUENTIALLY LIST UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST: **Aortic Valve Disease**  
 CAUSE TO JOR AS A CONSEQUENCE OF: **Constrictive**

32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT:  
 1. Probably contributed to the cause of death.  
 2. Was the underlying cause of death.  
 3. Did not contribute to the cause of death.  
 4. Is unknown in relation to the cause of death.

33a. WAS AN AUTOPSY PERFORMED?  
 5. NON-USER  6. UNKNOWN IF USER

33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  
 1. Yes  2. No

34. MANNER OF DEATH:  
 1. Natural  2. Accident  3. Suicide  4. Homicide  5. Undetermined if injured Purposely or Accidentally  6. Pending Investigation

35a. DATE OF INJURY (Mo., Day, Yr.): \_\_\_\_\_  
 35b. LOCATION (Street or rural route number, city or town, county and state): \_\_\_\_\_  
 35c. TIME OF INJURY (24 Hour Clock): \_\_\_\_\_  
 35d. INJURY AT WORK?  1. Yes  2. No  
 35e. PLACE OF INJURY: At home, farm, street, library, office, building, etc. (Specify): \_\_\_\_\_  
 35f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian: \_\_\_\_\_  
 35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31): \_\_\_\_\_

UDH-BVRS Form 12 Rev. 7-1-95

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: **JUL 03 1996**

County **DAVIS**

Registrar *[Signature]*

*[Signature]*  
John E. Brockert

John E. Brockert  
DIRECTOR OF VITAL STATISTICS

By *[Signature]*

LL 299908

