

STATE OF UTAH

DEPARTMENT OF HEALTH

UTAH CERTIFICATE OF DEATH

 REGISTRAR'S NO. **45**

 STATE FILE NO. **61 03 0059**

1. PLACE OF DEATH a. COUNTY Cache			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Utah, Cache b. COUNTY		
b. CITY, TOWN, OR LOCATION Logan		c. LENGTH OF STAY IN 1b 2 Yrs	c. CITY, TOWN, OR LOCATION Logan		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) None- Home, Logan			d. STREET ADDRESS 318 Canyon Road		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HAZEL Middle LOVELESS Last KEARL			4. DATE OF DEATH Month April Day 11 Year 1961		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 19-1889	9. AGE (In years last birthday) 71 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Provo, Utah		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James A. Kearl		14. MOTHER'S MAIDEN NAME Julia Ekins		NAME OF SPOUSE Chase Kearl	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs Chase Kearl-Logan, Utah	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vasculor Occlusion 331X DUE TO (b) Cerebral Arterio Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH 1 week 2 yrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 1959 to death and last saw her alive on 2 Aug 61 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Messell C Danner MD			22b. ADDRESS Logan UT		22c. DATE SIGNED 13 Oct 61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 15-1961		23c. NAME OF CEMETERY OR CREMATORY Richmond, Utah	
23d. LOCATION (City, town, or county) Richmond, Utah		23e. (State)			
24. GENERAL DIRECTOR'S SIGNATURE AND ADDRESS David Hall WALL MORTUARY-LOGAN			25. DATE RECD. BY LOCAL REG. 4-17-61		26. REGISTRAR'S SIGNATURE R. M. Broadbent - w.w. 7

AMENDED
1 of 2



SDH-BHS 90(4-82)

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:

SEP 9 1982

John E. Brockert
 DIRECTOR OF VITAL STATISTICS

STATE OF UTAH

DEPARTMENT OF HEALTH

UTAH STATE DEPARTMENT OF HEALTH AFFIDAVIT TO AMEND A RECORD

45 LOCAL CERTIFICATE NUMBER BIRTH DEATH FETAL DEATH STATE CERTIFICATE NUMBER 61 03 0059

1a. FIRST NAME HAZEL		1b. MIDDLE NAME LOVELESS		1c. LAST NAME KEARL	
2. SEX FEMALE	3. DATE OF EVENT APRIL 11, 1961	4. PLACE OF OCCURRENCE LOGAN		city and county CACHE	
5. NAME OF FATHER JAMES A KEARL			6. MAIDEN NAME OF MOTHER JULIA EKINS		

MAKE NO CORRECTIONS ABOVE THIS LINE

2 of 2

7. ITEM NUMBER	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE
5	NAME OF FATHER: JAMES A KEARL	NAME OF FATHER: <u>James A. Loveless</u>
23	PLACE OF BURIAL: RICHMOND, UTAH	PLACE OF BURIAL: <u>Logan City Cemetery, Logan, Utah</u>
8	DATE OF BIRTH: Aug 19 1889	DATE OF BIRTH: <u>19 August 1888</u>

9. To correct the father's name, and the place of burial and birth date

I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given above is true and correct.

10. SIGNATURE OF FIRST WITNESS <i>Phyllis K Belnop</i>		11. DATE SIGNED 17 Feb. 1981	
12. AGE OF WITNESS 51	13. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED Daughter		
14. ADDRESS OF WITNESS (street, city, state, zip) 1040 Picardy Circle Clearwater Fl 33515			

Subscribed & sworn to before me this 17 day of Feb, 19 81
 Notary Public John R. Lysney
 Residence _____ (SEAL)
 My commission NOTARY PUBLIC STATE OF FLORIDA AT LARGE
 expires MY COMMISSION EXPIRES DEC 16 1984
 BONDED THRU GENERAL INS. UNDERWRITERS

I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given above is true and correct.

15. SIGNATURE OF SECOND WITNESS <i>John E. Brockert</i>		16. DATE SIGNED 17 FEB 1981	
17. AGE OF WITNESS 55	18. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED SON-IN-LAW		
19. ADDRESS OF WITNESS (street, city, state, zip) 1640 PICARDY CIR., CLEARWATER, FL 33515			

Subscribed & sworn to before me this 17 day of Feb, 19 81
 Notary Public John
 Residence _____ (SEAL)
 My commission NOTARY PUBLIC STATE OF FLORIDA AT LARGE
 expires MY COMMISSION EXPIRES DEC 16 1984
 BONDED THRU GENERAL INS. UNDERWRITERS

20. DATE ACCEPTED MAR 09 1981	21. OFFICE OF THE STATE OR LOCAL REGISTRAR <i>John E. Brockert</i>
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SDH-BHS-8 9/79

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John E. Brockert
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 DIRECTOR OF VITAL STATISTICS

