

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT FIRST MIDDLE LAST: Sarah Ruth Walker
 2. SEX: Female
 3. RACE (White, Black, Am. Indian, etc.) Specify: White
 4. DATE OF DEATH (Mo., Day, Year): December 24, 1980
 5. WAS DECEDENT OF SPANISH ORIGIN? YES NO If yes, indicate type: Mexican Puerto Rican Cuban Other (If other, specify)
 6. DATE OF BIRTH (Mo., Day, Year): September 17, 1896
 7. AGE (Last Birthday): 84 Yrs.
 IF UNDER 1 year: Months Days
 IF UNDER 24 HOURS: Hours Minutes
 8. BIRTHPLACE (State or foreign country): Marfa, Texas
 9. CITIZEN OF what country: U.S.A.
 10. Married Never Divorced Widowed 11. EDUCATION—(Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17 +): 12 + 2
 12. SOCIAL SECURITY NUMBER: 528-12-9088
 13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Office Manager
 13b. KIND OF BUSINESS OR INDUSTRY: Ins. & Real Estate
 14. NAME of surviving spouse (If wife, enter maiden name.)

USUAL RESIDENCE

15. NAME OF FATHER: Robert Edward McMinn
 16. MAIDEN NAME OF MOTHER: Margaret Wright Turner
 17. Was decedent ever in U.S. Armed Forces? YES NO
 18a. USUAL RESIDENCE—(Street and number or location and zip code): 3669 South 860 East #32 84106
 18b. INSIDE CITY LIMITS? YES NO
 18c. CITY OR TOWN: Salt Lake City
 18d. COUNTY: Salt Lake
 18e. STATE: Utah
 19. NAME & MAILING ADDRESS OF INFORMANT: Jannie Burnett, 710 West 2125 South, Bountiful, Utah 84010

PLACE OF DEATH

20a. NAME of hospital, nursing home or other institution where death occurred. (If outside an institution, give street address or location): Holy Cross Hospital
 In patient E.D. patient DOA
 20b. CITY OR TOWN: Salt Lake City
 20c. COUNTY: Salt Lake

MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION

21a. MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances.
 21b. Decedent was pronounced dead at: HOUR: DATE:
 21c. TIME of death (24 hr. clock): 1420
 21d. I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below, that I attended the decedent, and I last saw the decedent alive on: 24 day of 12 year 1980
 21e. If not certified by medical examiner, was death reported to him? YES NO If yes, enter the date and hour reported. (24 hour clock)
 21f. CERTIFIER'S name and title (Type or print): Robert D. Baer
 21g. CERTIFIER'S address and zip code: Holy Cross Hospital, 1045 East 1st South, Bountiful, Utah 84010
 21h. DATE SIGNED (Mo., Day, Year): 12/28/80
 21i. UTAH PHYSICIAN LICENSE NUMBER: 3551

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22. Buryal Entombment Removal Cremation Other
 23a. DATE: 12/27/80
 23b. SIGNATURE OF Funeral Director: Ronald N. Wilson
 23c. FUNERAL HOME—Name, address and license number: Eastman's Evans & Early Mortuary, 574 East 1st South - S.L.C. Utah
 24. NAME AND LOCATION OF CEMETERY OR CREMATORY: Wasatch Lawn Memorial Park - S.L.C. Ut
 25. LOCAL REGISTRAR—Signature: Gary DeBunker
 26. DATE accepted for registration, by local registrar: Dec. 26, 1980

CAUSE OF DEATH

27. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE. (Enter only one cause per line for A, B and C)
 (A) C.V.A. 2 hours from middle cerebral artery
 (B) Myocardial infarction
 (C)
 29. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.
 30. AUTOPSY: YES NO
 IF YES, were findings considered in determining cause of death? YES NO

INJURY INFORMATION

31a. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.):
 31b. Were laboratory tests done for drugs or toxic chemicals? YES NO
 31c. Were laboratory tests done for alcohol? YES NO
 32. ACCIDENT: Accident Pending investigation Suicidal Undetermined if Injured Homicide Accident or Purposely
 33a. DATE of Injury (Mo., Day, Year):
 33b. TIME OF INJURY (24 Hour Clock):
 33c. INJURY AT WORK? YES NO
 34. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.):
 35. Distance from place of injury to usual residence (Item 18): Miles
 36. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29):
 37. Were laboratory tests done for drugs or toxic chemicals? YES NO
 38. Were laboratory tests done for alcohol? YES NO
 39. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.
 40.