

STATE OF UTAH — DEPARTMENT OF HEALTH

0005704587
 REC'D MAY 9 1957
 Item Alt. Utah CERTIFICATE OF DEATH
 STATE FILE NO. 57 25 0214

1. PLACE OF DEATH a. COUNTY Utah		Date: 6-7-57 Authority: D 2		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Utah		b. COUNTY Salt Lake	
b. CITY, TOWN, OR LOCATION Orem		c. LENGTH OF STAY IN 1b 1 1/2 yrs.		c. CITY, TOWN, OR LOCATION Salt Lake City			
d. NAME OF HOSPITAL OR INSTITUTION Hardy Rest Home				d. STREET ADDRESS 12 Harmony Court			
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: JOHN Middle: VITELIS Last: BLUTH			4. DATE OF DEATH Month: May Day: 26th Year: 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 24th, 1863	9. AGE (In years last birthday) 94	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) Clerk		10b. KIND OF BUSINESS OR INDUSTRY General Office		11. BIRTHPLACE (State or foreign country) Sweden		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME John M. L. Bluth		14. MOTHER'S MAIDEN NAME Augusta W. Wallin		NAME OF SPOUSE Annie Farley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Nelly B. Ransom Address: _____			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden DUE TO (b) (Arteriosclerotic Heart Disease) 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 94 yrs. 1 yr.	
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: _____ a. m. _____ p. m. Month: _____ Day: _____ Year: _____							
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, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from 1956 to 1957 and last saw her alive on May 12/57 . Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) James B. Wood				22b. ADDRESS Provo, Utah		22c. DATE SIGNED Mar. 27-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/31/57		23c. NAME OF CEMETERY OR CREMATORY Wasatch Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Salt Lake County Utah	
24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS LARKIN MORTUARY - Salt Lake City, Utah				25. DATE RECD. BY LOCAL REG. 5-29-57		26. REGISTRAR'S SIGNATURE C. M. Smith, M.D.	

This is a legal Record and will be permanently Filed
 Plainly
 Typewriter fading Ink
 Items to complete accurate
 Physician must sign personally
 and original Certificate to Local Registrar immediately
 Cause of Death plain terms
 General Director's No. 3
 Registrar's No. 359

SDH-BHS 94 (12/88) 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: **MAY 09 1991**

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



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