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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

CERTIFICATE OF DEATH

STATE FILE NO. _____

BIRTH NO. 143 MAR 11 1952

00748 UTAH

REGISTRAR'S NO. 320

Every item of information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important.

1. PLACE OF DEATH a. COUNTY Salt Lake			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Utah b. COUNTY Juab		
b. CITY (if outside corporate limits, write RURAL.) OR TOWN alt Lake City		c. LENGTH OF STAY (this place)	c. CITY (if outside corporate limits, write RURAL.) OR TOWN Levan		
d. FULL NAME OF HOSPITAL OR INSTITUTION 33 West 2nd So. St.			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) Erastus b. (Middle) c. (Last) Sorenson			4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Mo. AUG. Day 19 Year 83		9. AGE (In yrs. last birthday) If Under 1 Yr. If under 24 hrs. Months Days Hours Min. 68
10a. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or foreign country) Levan, Utah		12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME Rasmus Sorenson Birthplace Denmark		14. MOTHER'S MAIDEN NAME Mary Ann Sorenson Birthplace Denmark		HUSBAND'S OR WIFE'S NAME Unknown	
15. WAS DECEASED ever in U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT and ADDRESS Dan M. Mortensen		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or combination which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis - presumably 420.1 ANTECEDENT CAUSES DUE TO (b) Coronary thrombosis Morbid conditions, if any, giving rise to the above cause (a) including the underlying cause list. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY or TOWN) (COUNTY) (STATE)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____ AT _____, AT _____, FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23a. SIGNATURE Walter M. Tullman M.D.		23b. ADDRESS City, Phipps		23c. DATE SIGNED 2-15-52	
24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Feb. 15, 1952	24c. NAME OF CEMETERY or CREMATORY Levan Cemetery	24d. LOCATION (City, town, or county) (State) Levan, Utah	
DATE REC'D BY LOCAL REG. Feb. 15, 1952		REGISTRAR'S SIGNATURE Dr. J. Sorenson		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS 330 E 13 So. St. Sunset Lawn 83 W. 9. Hwy Embalmers No.	

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