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MAR 13 1956
REGISTRAR'S NO. 301

UTAH CERTIFICATE OF DEATH
STATE FILE NO. **56 18 0322**

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| 1. PLACE OF DEATH a. COUNTY Salt Lake | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Utah b. COUNTY Salt Lake | |
| b. CITY, TOWN, OR LOCATION Salt Lake City | | c. LENGTH OF STAY IN 1b 18 mos. | c. CITY, TOWN, OR LOCATION Midvale City |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 717 East 1st. South St. | | d. STREET ADDRESS 58 Lincoln Street | |
| 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) Sarah Emily Freeman Tempest First Middle Last | | | 4. DATE OF DEATH 2-11-56 Month Day Year |
| 5. SEX female | 6. COLOR OR RACE cauc. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 4-6-78 |
| 9. AGE (In years last birthday) 77 | | IF UNDER 1 YEAR Months Days Hours Min. | 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 own home | 11. BIRTHPLACE (State or foreign country) Herriman Utah |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME William Hamblin Freeman | |
| 14. MOTHER'S MAIDEN NAME Sarah Butterfield | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Harvey E. Tempest 714 East 1st 1/2 South | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X complete physical exhaustion cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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 3 wks 3 wks |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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.) none | | 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, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION Midvale Utah | | 20g. COUNTY Utah | |
| 20h. STATE Utah | | 21. I attended the deceased from 1-4-56 to 2-11-56 and last saw her/him alive on 2-8-56 Death occurred at 8 AM m on the date stated above; and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) J. J. Jones | | 22b. ADDRESS Midvale Utah | |
| 22c. DATE SIGNED 2-13-56 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | |
| 23b. DATE 2-14-56 | | 23c. NAME OF CEMETERY OR CREMATORY Herriman Cemetery | |
| 23d. LOCATION (City, town, or county) (State) Herriman Utah | | 24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Harvey E. Tempest Midvale Utah | |
| 25. DATE RECD. BY LOCAL REG. Feb. 14, 1956 | | 26. REGISTRAR'S SIGNATURE Richard A. Nelson M.D. | |

This is a
Legal Record
and will be
Permanently
Filed

Write Plainly

Use Typewriter
or Unfading Ink

All items to
be complete
and accurate

Physician
Must sign
Personally

Send original
Certificate
to Local
Registrar
Immediately

Physicians should
State Cause of Death
in plain terms

Funeral
Director's No.
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Embalmer's No.
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