

STATE OF UTAH—DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER 27-107		STATE FILE NUMBER	
NAME OF DECEDENT FIRST: Max MIDDLE: Eugene LAST: NORTON		2. SEX: Male	3a. DATE OF DEATH (Mo., Day, Yr.) March 2, 1996
3b. TIME OF DEATH (24hr. clock) 1110		DATE OF BIRTH (Mo., Day, Yr.) May 28, 1922	
5. AGE (Last Birthday) 73	6. BIRTHPLACE (City & State or Foreign Country) Mildred, Kansas	7. SOCIAL SECURITY NUMBER 7566	
8a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. ODA <input type="checkbox"/> 4. Nursing Home <input checked="" type="checkbox"/> 5. Residence <input type="checkbox"/> 6. Other		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 964 Bloomington Drive South	
9. SURVIVING SPOUSE (If wife, give maiden name) Sara Ann Knowlton		10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Owner/Operator	
13a. RESIDENCE - STREET AND NUMBER 964 Bloomington Drive South		13b. CITY, TOWN OR COMMUNITY St. George	13c. COUNTY Washington
13d. STATE Utah		14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
15. RACE (Black, White, Am. Indian, etc. (Specify)) White		16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (10-12) College (13-16 or 17+) 13	
17. FATHER'S NAME (First, Middle, Last) Elmer Norton		18. MAIDEN NAME OF MOTHER (First, Middle, Last) Zonie McCoy	
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Sara A. Norton (Spouse) 964 Bloomington Drive South St. George, Utah 84790			
20. METHOD OF DISPOSITION <input checked="" type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION March 6, 1996	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Happy Homestead Cemetery
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>MacBeane</i>		23. LICENSEE NUMBER 110462	24. FUNERAL HOME (Name, address and license number) Spilsbury - Desert Rose Mortuary #102834 58 North 100 East St. George, Utah 84770
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN February 25, 1996		26. If not certified by medical examiner, was death reported to M.E.? (If yes, enter the date and hour reported; M.E. Case No.) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
27a. CERTIFIER <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.			
27b. SIGNATURE AND TITLE OF CERTIFIER <i>David J. Hagen M.D.</i>		27c. LICENSE NUMBER 178086	27d. DATE SIGNED (Mo., Day, Yr.) March 4, 1996
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print) Dr. Jerold L. Hagen M.D. 515 South 300 East St. George, Utah 84770			
29. REGISTRAR'S SIGNATURE <i>Ray S. Edwards II</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) Mar 4, 1996	30b. DATE FILED (Mo., Day, Yr.) MAR 06 1996
31. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic Prostate and Bladder Carcinoma DUE TO (OR AS A CONSEQUENCE OF): a. _____ b. _____ c. _____ d. _____ Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury, that initiated events resulting in death) LAST		Approximate Interval Between Onset and Death years	
PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		32. IN YOUR OPINION TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death <input type="checkbox"/> 5. NON-USER <input type="checkbox"/> 2. Was the underlying cause of death <input type="checkbox"/> 6. UNKNOWN IF USER <input checked="" type="checkbox"/> 3. Did not contribute to the cause of death <input type="checkbox"/> 4. Is unknown in relation to the cause of death	
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured Purposely or Accidentally <input type="checkbox"/> 6. Pending Investigation		35a. DATE OF INJURY (Mo., Day, Yr.)	35b. TIME OF INJURY (24 Hour Clock)
35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		35d. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))	
35e. LOCATION (Street or rural route number, city or town, county and state.)		35f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.	
35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)			

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:

MAR 06 1996

County

Washington

Registrar

LL 280870

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

By



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

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SDH-BHS 95 (1/93)

COPY

REQUESTED BY
WESTERN TITLE COMPANY, INC.

**IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA**

'96 SEP -3 P4:02

LINDA SLATER
RECORDER

\$ ^{9.00} PAID _{k2} DEPUTY

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