

STATE OF UTAH - DEPARTMENT OF HEALTH

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**CERTIFICATE OF DEATH**

LOCAL FILE NUMBER 27-392 STATE FILE NUMBER

1 NAME OF DECEDENT FIRST MIDDLE LAST 2 SEX 3a DATE OF BIRTH (Mo Day Yr) 3b TIME OF DEATH (Mo Day Yr)  
 HILDA THEDE KINDER Female November 5, 1990 13:12

4 DATE OF BIRTH (Mo Day Yr) (5 AGE last birthday) 5a UNDER 1 YEAR 5b 1-10 YEARS 5c 10-20 YEARS 5d 20-30 YEARS 5e 30-40 YEARS 5f 40-50 YEARS 5g 50-60 YEARS 5h 60-70 YEARS 5i 70-79 YEARS 5j 80-89 YEARS 5k 90 YEARS AND OVER  
 February 13, 1917 73 yrs Payson, Utah

6a PLACE OF DEATH (City and State) 6b NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of decedent)  
 St. George Washington Dixie Medical Center

7 SURVIVING SPOUSE (If any, give decedent name)  
 Arthur H. Kinder

8 MARRIAGE STATUS 9 DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) 10a KIND OF BUSINESS OR INDUSTRY  
 Married  Never Married  Widowed  Divorced  Married  Widowed  Retired  Home Maker  At Home

11a RESIDENCE STREET AND NUMBER 11b CITY, TOWN OR COMMUNITY 11c COUNTY 11d STATE  
 P.O. Box 311 Panaca Lincoln Nevada

12a INSET CITY LIGHTS 12b ZIP CODE 13a HUSBAND DECEDENT OF MARRIAGE ORIGIN (If yes, specify) 13b No 13c RACE (Race should not include "Hispanic or Latino") 13d EDUCATION (Specify any highest grade completed. Elementary or Secondary (8-12) College (13-16 or 17+)  
 Yes  No 89042  Mexican  Cuban  Puerto Rican  Other (Specify) White 11

14 FATHER'S NAME (First Middle Last) 15 MOTHER'S NAME (First Middle Last)  
 Herman August Tweede Mary Eliza Jensen

16 NAME, RELATIONSHIP AND RESIDENCE ADDRESS OF INFORMANT  
 Arthur H. Kinder (Husband) P.O. Box 311 Panaca, Nevada

17a METHOD OF DISPOSITION 17b DATE OF DISPOSITION 17c PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 17d LOCATION (City or Town, State)  
 Entombment  Donation  Other  Burial  Cremation  Removal  Other Nov. 10, 1990 City Cemetery St. George, Utah

18a SIGNATURE OF FUNERAL SERVICE LICENSEE 18b LICENSE NUMBER 18c FUNERAL HOME (Name, address and phone number)  
 #254 Metcalf Mortuary #70

19 DATE DECEASED WAS LAST ATTENDED BY CERTIFIED PHYSICIAN 20a YES 20b NO 20c TIME 20d DATE 20e TIME 20f DATE  
 Nov. 13:30 Nov. 5 1990 288 West St. George Blvd. St. George, Utah 84770

21a 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.)  
 CERTIFYING PHYSICIAN  
 MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL  
 On the basis of a post-mortem examination, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.

22 SIGNATURE 23 LICENSE NUMBER 24 DATE SIGNED (Mo Day Yr)  
 7208 Nov. 7, 1990

25 NAME AND ADDRESS OF PERSON WHO CERTIFIED CAUSE OF DEATH (Item 31) (Type print)  
 Melvin R. Carter M.D. 90 South 700 West Hurricane, Utah 84737

26 REGISTRAR'S SIGNATURE 27 DATE FILED (Mo Day Yr)  
 William J. Coffman # NOV 13 1990

28 PART I - STATE THE DISEASES OR CONDITIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MANNER OF DEATH, SUCH AS CAUSAL OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.  
 IMMEDIATE CAUSE (Final disease or condition resulting in death)  
 Coronary Artery Disease Yes  
 due to or as a consequence of:  
 Security: be conditions of any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury). Put related events resulting in cause LAST.  
 due to or as a consequence of:

29 PART II - State Significant Comments contributing to death if not resulting in the underlying cause given in Part I.  
 None

30 IN YOUR OPINION, PROBABLE CAUSE BY THE DECEDENT  
 Probably contributed to the cause of death  
 Was the underlying cause of death  
 Did not contribute to the cause of death  
 Is unknown in relation to the cause of death

31a WERE YOU PERMITTED TO ALLIFY AT PERFORMANCE? 31b WERE YOU PERMITTED TO SIGNIFY AT PERFORMANCE?  
 Yes  No  Yes  No

32a DATE OF INJURY (Mo Day Year) 32b TIME OF INJURY (24 Hour Clock) 32c INJURY AT WORK? 32d PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))  
 Natural  Accident  Non User  Yes  No

33a LOCATION (Street or rural route number, city or town, county and state) 33b If motor vehicle involved, identify a decedent was driver, passenger or pedestrian.  
 Suicide  Homicide  Undetermined  Pending Investigation

34 DESCRIBE HOW INJURY OCCURRED (prior insurance or events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)

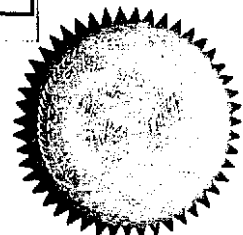
This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

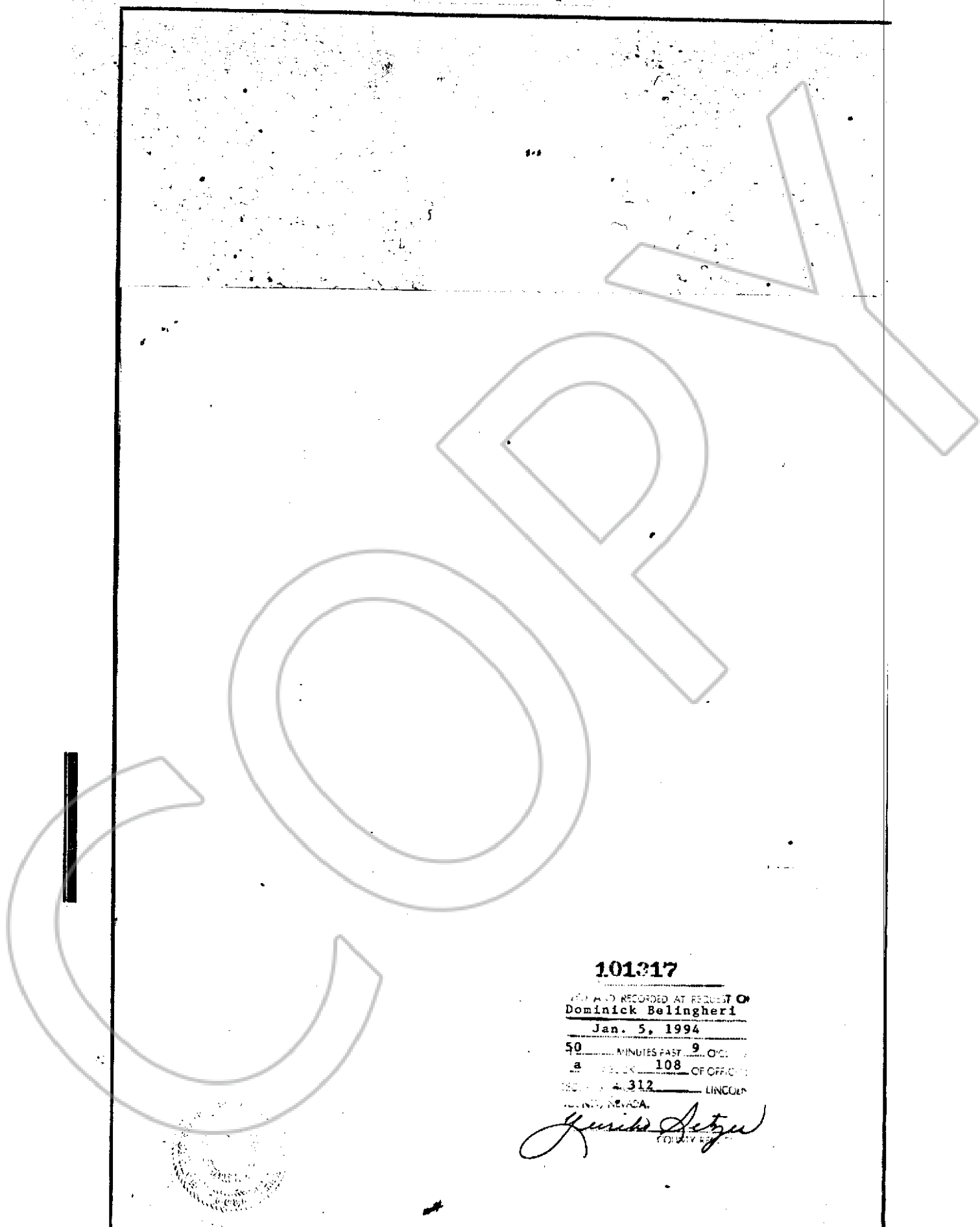
Date issued: **NOV 13 1990**

County: **Washington**

Registrar: *William J. Coffman* By *John E. Brockert*  
 John E. Brockert  
 DIRECTOR OF VITAL STATISTICS

L106089





101317

FILED AND RECORDED AT REQUEST OF  
Dominick Belingheri

Jan. 5, 1994

50 MINUTES PAST 9 O'CLOCK  
a 108 OF OFFICE

REC'D BY 312 LINCOLN  
COUNTY, NEVADA.

*Jurinda Setzer*  
COUNTY CLERK