

MAR 21 1994

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 23-039 STATE FILE NUMBER

1 NAME OF DECEDENT FIRST MIDDLE LAST 2 SEX 3a DATE OF DEATH (Day, Mo, Yr) 3b TIME OF DEATH (24 hr clock)
 Merlene Elena Wadsworth Bunting SHAW Female Found Mar 15, 1994 Found 10:00

4 DATE OF BIRTH (Day, Mo, Yr) 5 AGE at last birthday 6a BIRTHPLACE (City or State or Foreign Country) 7 SOCIAL SECURITY NUMBER
 Oct 13, 1942 51 Caliente, Nevada

8a PLACE OF DEATH (Check only one)
 HOSPITAL 8b NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If address is known, give street address of facility)
 OTHER Other Airport

9a CITY, TOWN OR LOCATION OF DEATH 9b COUNTY OF DEATH 9c SURVIVING SPOUSE (If wife, give maiden name)
 Wendover Tooele

10 WAS DECEDENT EVER IN U.S. ARMED SERVICES? 11 MARITAL STATUS 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) 12b KIND OF BUSINESS OR INDUSTRY
 Yes No Never Married Married Widowed Divorced Other Registered Nurse Health Care

13a RESIDENCE - STREET AND NUMBER 13b CITY, TOWN OR COMMUNITY 13c COUNTY 13d STATE
 4457 Gilead Lane Salt Lake City Salt Lake Utah

14a RESIDENCE CITY 14b ZIP CODE 14c WAS DECEDENT OF HISPANIC ORIGIN? 14d RACE (Check those that apply. If more than one, list all.) 14e EDUCATION (Specify only highest grade completed. Elementary or Secondary or U.S. College (19-18 or 17+))
 Yes No 84124 Mexican Cuban Puerto Rican Other (Specify) White 17

17a FATHER'S NAME (First, Middle, Last) 17b MOTHER'S NAME (First, Middle, Last)
 Benjamin Leroy Wadsworth Leora Farnsworth

18 NAME, RELATIONSHIP AND STREET ADDRESS OF INFORMANT
 James Bunting (son) 13407 South 1300 West, Riverton, Utah 84065

19a METHOD OF DISPOSITION 19b DATE OF DISPOSITION 19c PLACE OF DISPOSITION (Name of community, cemetery, etc.) 19d LOCATION - City or town, State
 Burial Cremation Other Mar 22, 1994 Panaca Cemetery Panaca, Nevada

20a NAME AND ADDRESS OF FUNERAL HOME 20b LICENSE NUMBER 20c FUNERAL HOME PHONE, ADDRESS AND TOLL-FREE NUMBER
 Carr R. Franklin 48508 Memorial Estates Mortuary #181
 5850 So. 900 E. SLC, Ut. 84121

21 DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 22 If not certified by medical examiner, was death reported to M.E.? (If yes, enter the date and hour reported. M.E. Case No.)
 19940308

23a CERTIFIER 23b EXPIRES (Date, Mo, Yr)
 RELIEVING PHYSICIAN MEDICAL EXAMINER/LAW ENFORCEMENT OFFICIAL
 Mauden Friike, M.D., Asst. Med. Exam., 48 N. Medical Dr., Salt Lake City, Utah 84113

24 REGISTRAR 25 DATE FILED (Day, Mo, Yr)
 John E. Brockert MAR 21 1994

26 PART I - I, THE UNDERSIGNED, BEING AN ANATOMIST OR A LICENSED PHYSICIAN, DO HEREBY CERTIFY THAT I USED THE DEATH REPORT TO ENTER THE MODE OF DEATH, MANNER OF DEATH, AND CAUSE OF DEATH.
 IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) MULTIPLE BLUNT FORCE INJURIES
 AIRPLANE CRASH
 (Due to or as a consequence of)

27 PART II - Other Significant Conditions Contributing to Death (List the condition contributing to the underlying cause given in Part I)
 28 IN YOUR OPINION, TOBACCO USE BY THE DECEDENT Did NOT Contribute Did Contribute
 Did not contribute to the cause of death
 Was the underlying cause of death
 Did not contribute to the cause of death
 Is unknown or uncertain as to the cause of death

29a STATE OF BIRTH 29b DATE OF BIRTH (Day, Mo, Yr) 29c SEX AT BIRTH 29d PLACE OF BIRTH (Home, farm, school, baby, clinic, building, etc. (Specify))
 Unknown Unknown No Airport

30a LOCATION (Street or rural route number, city or town, county and state) 30b If more vehicles involved, specify if decedent was driver, passenger or pedestrian.
 Airport, Wendover, Tooele, UT
 Passenger in a private airplane that crashed.

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 22 1994

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



SL 696161

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