

STATE OF UTAH

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

06-155


UTAH STATE DIVISION OF HEALTH
CERTIFICATE OF DEATH

1 LOCAL FILE NUMBER 06-155		21 UTAH STATE DIVISION OF HEALTH CERTIFICATE OF DEATH		STATE FILE NUMBER	
14 NAME OF DECEDENT - FIRST MIDDLE LAST Donald Everett Rowan			22 DATE OF DEATH - MONTH DAY, YEAR August 2, 1976		23 TIME OF DEATH - HOUR CLOCK 11:45
1 SEX Male	4 RACE (WHITE, BLACK, INDIAN, ETC.) White	5 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Nevada	6 DATE OF BIRTH (MONTH, DAY, YEAR) May 16, 1908	7 AGE - LAST BIRTH DAY 68	8 YEARS
3 CITIZEN OF WHAT COUNTRY U.S.A.		9 SOCIAL SECURITY NUMBER		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
12a USUAL OCCUPATION - GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED Tavern Owner		12b. KIND OF BUSINESS OR INDUSTRY Linlor Business		11 NAME OF SURVIVING SPOUSE (IF APPLICABLE - MAIDEN NAME) Rose Ussin	
13 EDUCATION - SPECIFY ONLY HIGHEST GRADE COMPLETED ELEMENTARY OR SECONDARY SCHOOL COLLEGE (L & H) 12		14 NAME OF FATHER Francis Rowan		15 MAIDEN NAME OF MOTHER Anna Westfall	
17a USUAL RESIDENCE - STREET ADDRESS (NUMBER AND NUMBER OF APARTMENT) P.O. Box 6, Caliente, Nevada		17b. INSIDE CITY CORPORATE LIMITS (Specify YES or NO) Yes		18 NAME & MAILING ADDRESS OF INFORMANT Mrs. Rose U. Rowan P.O. Box 6, Caliente, Nevada 89008	
17c CITY OR TOWN Caliente	17d COUNTY Lincoln	17e STATE Nevada		19a CITY OR TOWN Bountiful	
19b. COUNTY Davis		19c. STATE Utah		19d. ZIP CODE 84002	
24 NAME OF HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED (If not in home, give street address, city, state, zip code) 781 East 650 North			19e. CITY OR TOWN Bountiful		
20a MEDICAL EXAMINER - I certify that death occurred at the time and place stated above and that I attended the decedent and I certify the decedent was dead at the time stated below based on examination of the body and/or investigation of the circumstances.			20b. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE (Date signed) <i>John E. Brockert</i> AUG 3 1976		
20c. PHYSICIAN - I certify that death occurred at the time, date and place stated above and that I attended the decedent and I certify the decedent was dead at the time stated below based on examination of the body and/or investigation of the circumstances.			20d. CERTIFICATE NUMBER AND TITLE (State or Permit) 405 MEDICAL DRIVE SUITE 209 BOUNTIFUL, UTAH 84002		
21. NOT CERTIFIED BY MEDICAL EXAMINER - WAS DEATH REPORTED TO HIM? (Yes or No) NO			20e. CERTIFIER'S ADDRESS PHONE 292-4441		
22a. DATE & HOUR REPORTED NO		22b. DATE OF FUNERAL DIRECTION Funeral / Removal Aug 6, 1976		22c. CITY OF FUNERAL DIRECTOR Bountiful, Utah	
23. NAME AND LOCATION OF CEMETERY OR CREMATORIAL Caliente, Nevada		24. LOCAL REGISTRAR - SIGNATURE <i>Richard James M...</i>		25. DATE RECEIVED FOR REGISTRATION August 5, 1976	
26. PART I - DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C) IMMEDIATE CAUSE A) <i>Cerebral Anoxia</i> B) <i>Other senescent Heart disease</i> C) <i>Post Traumatic Anoxia</i>					
27. PART II - OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I <i>Post Traumatic Anoxia</i>					
28. AUTOPSY YES NO		29. PHYSICIAN'S CERTIFICATE NO. 344		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
30. DATE OF INJURY (Month, Day, Year) Aug 2, 1976		31. TIME OF INJURY (24 HOUR CLOCK) 6:00		32. PLACE OF INJURY (Specify street, city, state, zip code, etc.)	
33. LOCATION OF INJURY (Street and names of location and city or town) MILES		34. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (MILES)		35. NATURE OF INJURY (Specify A or B) NATURE OF INJURY (Specify A or B)	

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 26-15-26 of the Utah Code Annotated, 1953 as Amended.

Date Issued: **SEP 16 1976**

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



COPY

NO. 112176

FILED AND RECORDED AT REQUEST OF
FIRST AMERICAN TITLE OF NEVADA
JANUARY 19, 1999

AT 55 MINUTES PAST 11 O'CLOCK

A M BOOK 139 OF OFFICIAL

RECORDS PAGE 330 LINCOLN

COUNTY, NEVADA.

LESLIE BOUCHER

COUNTY RECORDER

Leslie Boucher DEPUTY

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