

STATE OF UTAH DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 27-44 STATE FILE NUMBER

NAME OF DECEDENT FIRST MIDDLE LAST I. SEX II. DATE OF DEATH (Mo., Day, Yr.) III. TIME OF DEATH (a.m. or p.m.)
HAROLD DEAN HAMMOND Male February 5, 1994 09:45

DATE OF BIRTH (Mo., Day, Yr.) I. AGE (at death) II. PLACE OF BIRTH (State or Foreign Country) III. SOCIAL SECURITY NUMBER
 02. 26. 1922 72 yrs. Ursine, Nevada

IV. PLACE OF DEATH (Name only) V. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If address is known give street address of facility)
 Ursine, Nevada Dixie Regional Medical Center

VII. COUNTY OF DEATH VIII. CITY, TOWN OR COMMUNITY IX. STATE
 Washington Ploche Nevada

X. DEEDER'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use terms) XI. KIND OF BUSINESS OR INDUSTRY
 Maintenance Supervisor Telephone Company

XII. RESIDENCE - STREET AND NUMBER XIII. CITY, TOWN OR COMMUNITY XIV. COUNTY XV. STATE
 Rural P.O. Box 235 Ploche Lincoln Nevada

XVI. MARITAL STATUS XVII. WAS DECEDENT OF MARRIAGE OR COMMON-LAW PARTNER (If yes, enter the date and name of partner) XVIII. RACE XIX. ETHNICITY XX. EDUCATION (Specify any special grade completed) (Secretary or Bachelor's or M.D. Degree) (13-16 of 17)
 Never Married Never Married White 16

FATHER'S NAME (Full, Usual, Last) MOTHER'S NAME (Full, Usual, Last)
 Joseph Hammond Zina Elizabeth Blair

NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT
 Shannon Hammond (Wife) P.O. Box 235 - Ploche, Nevada 89043

METHOD OF DISPOSITION I. DATE OF DISPOSITION II. PLACE OF DISPOSITION (Name of community) III. LOCATION - City or Town, State (community, or other place)
 Burial Feb. 8, 1994 Hammond Cemetery Ursine, Nevada

IV. LICENSE NUMBER V. FUNERAL HOME (Name, address and phone number)
 111435 METCALF MORTUARY #70

DATE DECEDENT WAS LAST ATTENDED BY CERTIFIED PHYSICIAN I. First certification of death number, was death reported to M.E.T. (If yes, enter the date and name of reporting M.E.T. Case No.) II. LICENSE NUMBER III. DATE SIGNED (Mo., Day, Yr.)
 2-5-94 288 West St. George Blvd. St. George, Utah 84770

IV. CERTIFIER
 CERTIFIED PHYSICIAN
 MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL
 On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
 On the basis of my personal or professional, or my opinion, dated occurred at the time, date, place, and due to the cause(s) and manner as stated.
 Name and address of person who certified the cause of death (If none, then none)
 Brent B. McDonald M.D. 515 South 300 East - St. George, Utah 84770

PREDECESSOR'S SIGNATURE DATE ENTERED (Mo., Day, Yr.)
 FEB 14 1994

PARTY ENTER THE DISEASE, INJURY, OR COMPLICATION THAT CAUSE THE DEATH. DO NOT ENTER THE MODE OF DEATH (SUICIDE, CARACID, OR RESPIRATORY ARREST), SHOCK, OR HEART FAILURE, UNLESS ONLY ONE CAUSE OF EACH LINE.
 IMMEDIATE CAUSE (First phase of condition leading to death)
 Cerebral Hemorrhage 2 HRS
 Intermediately last conditions, signs, leading to immediate cause. Enter UNDERLYING CAUSE (Cause of death) (Underlying condition resulting directly LAST)
 Hypertensive Stroke 17 HRS
 Atrial Fibrillation 1 MONTH

VI. OTHER SIGNATURE (Commons continuing in death but not being in the underlying cause given in Part I)
 VII. IN YOUR OPINION, TOBACCO USE 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
 VIII. WAS AN ALCOHOLIC AT THE TIME OF DEATH
 Yes No
 IX. WERE ANY TOXIC SUBSTANCES AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH
 Yes No
 X. DID THE DECEDENT OCCUR IN A MOTOR VEHICLE ACCIDENT, AIRCRAFT ACCIDENT, OR OTHER PUBLIC TRANSPORTATION ACCIDENT?
 Yes No
 XI. DESCRIBE HOW INJURY OCCURRED (Give sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 20)

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, 1963 As Amended.

Date issued: **MAR 02 1994**
County Washington
Registrar Fay L. Edwards

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

LL 253112

