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FILED FOR RECORDING
AT THE REQUEST OF

First American Title

2003 SEP 10 PM 1 14

LINCOLN COUNTY RECORDER
FEB 15th DEPT 10
LESLIE BOLCHER

CERTIFICATE
OF
DEATH

Lincoln County

STATE OF UTAH - DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER **11-146** STATE FILE NUMBER

1. NAME OF DECEDENT: **FRIST MIDDLE LAST Darwin E. Bradfield** 2. SEX: **Male** 3a. DATE OF DEATH (MO, Day, Yr.): **Dec 30, 2000** 3b. TIME OF DEATH (GIVE CLOCK): **0327**

4. DATE OF BIRTH (MO, Day, Yr.): **Oct 21, 1921** 5. AGE (YEAR, MONTH, DAY): **79** 6. UNDER 1 YEAR (PLUNDER IN HOURS): **Scipio, Utah** 7. BIRTHPLACE (City & State or Foreign Country): **Scipio, Utah** 8. SOCIAL SECURITY NUMBER: [REDACTED]

9a. PLACE OF DEATH (Check one): 1 Hospital 2 ER/Outpatient 3 DCA 4 Nursing Home 5 Residence 6 Other **Valley View Medical Center**

9b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location): **Valley View Medical Center**

10. CITY/TOWN OR LOCATION OF DEATH: **Cedar City** 11. COUNTY OF DEATH: **Iron** 12a. NAME OF SURVIVING SPOUSE (If none, give maiden name):

13. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? 1 Yes 2 No 14. MARITAL STATUS: 1 Never Married 2 Married 3 Widowed 4 Divorced **County Agent**

15a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired): **University of Nevada, Reno** 15b. KIND OF BUSINESS OR INDUSTRY: **University of Nevada, Reno**

13a. RESIDENCE - STREET AND NUMBER: **561 Main Street** 13b. CITY, TOWN OR COMMUNITY: **Caliente** 13c. COUNTY: **Lincoln** 13d. STATE: **Nevada**

13e. INSIDE CITY LIMITS? 1 Yes 2 No 13f. ZIP CODE: **89008** 14. WAS DECEDENT OF HISPANIC ORIGIN? 1 Yes 2 No 15. RACE: 1 Black 2 White 3 Am. Indian 4 Other (Specify): **White** 16. EDUCATION (Specify only highest grade completed: Example - "Law of Secondary" (10-12) College (13-16 or 17+): **16**

17. FATHER'S NAME (First, Middle, Last): **Earl Bradfield** 18. MAIDEN NAME OF MOTHER (First, Middle, Last): **Edna Nelson**

19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: **Dahl Bradfield (Son) P.O. Box 450, Panaca, Nevada 89042**

20. METHOD OF DISPOSITION: 1 Entombment 2 Burial 3 Cremation 4 Other 21a. DATE OF DISPOSITION: **Jan 3, 2001** 21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Scipio Cemetery** 21c. LOCATION - City or town, State: **Scipio, Utah**

22. SIGNATURE OF FUNERAL SERVICE LICENSEE: *[Signature]* 23. LICENSE NUMBER: **102993** 24. FUNERAL HOME (Name, address and phone number): **Southern Utah Mortuary #102625-0901 190 North 300 West Cedar City, Utah 84720**

25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN: **12-19-2000** 26. IF NOT CERTIFIED BY MEDICAL EXAMINER, WAS DEATH REPORTED TO M.E.? 1 Yes 2 No (If yes, enter the date and hour reported: M, E, Case No., HOUR, MO, DAY, YEAR)

27a. CERTIFIER: 1 **GENEALYING 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. 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: *[Signature]* 27c. LICENSE NUMBER: **172907** 27d. DATE SIGNED (MO, Day, Yr.): **01-02-2001**

28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 27): **Dr. Enrique Alfaro (150 Altamira Avenue, Cedar City, Utah 84720)**

29. REGISTRAR'S SIGNATURE: *[Signature]* 30a. DATE REGISTRAR NOTIFIED OF DEATH (MO, Day, Yr.): **JAN 03 2001** 30b. DATE FILED (MO, Day, Yr.): **JAN 03 2001**

31. PART I: ENTER THE DISEASE, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SUFFOCATION, OR HEAVY FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

IMMEDIATE CAUSE (How resulting in death): **ACUTE MYOCARDIAL INFARCTION** **Sudden**

SEQUELAE OR COMPLICATIONS (If any leading to immediate cause - From (IMMEDIATE) CAUSE, indicate on every line whether events resulting in death.) **CORONARY ARTERY DISEASE** **YE4U**

PART II: Other Significant Conditions contributing to death but not resulting in the primary cause given in Part I: **ATRIAL FIBRILLATION**

32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: 1 Frequent 2 Occasional 3 Non-user 33. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No 34. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

34. MANNER OF DEATH: 1 Natural 2 Accidental 3 Suicide 4 Homicidal 5 Undetermined if killed 6 Pending investigation or AssaULT

35a. DATE OF INJURY (MO, Day, Yr.): 35b. TIME OF INJURY (If any clock): 35c. INJURY AT WORK? 1 Yes 2 No 35d. PLACE OF INJURY - At home or at work, factory, office, building, etc. (Specify): 35e. IF MOTOR VEHICLE ACCIDENT, SPECIFY IF DECEDENT WAS DRIVER, PASSENGER, OR PEDESTRIAN:

36. DESCRIBE HOW INJURY OCCURRED (Date, 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: **JAN 03 2001**
County: **IRON**

Barry E Nangle
Barry E. Nangle
DIRECTOR OF VITAL RECORDS

Registrar: *[Signature]*
LL 755974



By: *[Signature]*
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