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2004 JUN 29 PM 4 21

LINCOLN COUNTY RECORDED

FEE 15⁰⁰

DEP

LESLIE BOUCHER

CERTIFIED COPY OF
DEATH CERTIFICATE
OF
REX CHARLES CLARIDGE

COPY

STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Access to information on this form is limited under the Utah State Access and Public

LOCAL FILE NUMBER 23-761		STATE FILE NUMBER	
1. NAME OF DECEDENT Charles CLARIDGE		2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) December 11, 2001
3b. TIME OF DEATH (24hr. clock) 0910		4. DATE OF BIRTH (Mo., Day, Yr.) July 17, 1931	
5. AGE - (Last Birthday) 70		6. BIRTHPLACE (City & State or Foreign Country) Fish Springs, Juab, Utah	
7. SOCIAL SECURITY NUMBER		8b. PLACE OF DEATH (Check only one) Six Mile Ranch, Callao	
HOSPITAL: <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DCA		OTHER: <input type="checkbox"/> 4. Nursing Home <input checked="" type="checkbox"/> 5. Residence <input type="checkbox"/> 7. Other	
8c. CITY, TOWN OR LOCATION OF DEATH Rural (Callao Area)		8d. COUNTY OF DEATH Tooele	
9. SURVIVING SPOUSE (if wife give maiden name) Susan Mary Yarbrough		10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Real Estate Broker / Rancher	
12b. KIND OF BUSINESS OR INDUSTRY Real Estate / Ranching		13a. RESIDENCE - STREET AND NUMBER Six Mile Ranch, Callao	
13b. CITY, TOWN OR COMMUNITY Wendover		13c. COUNTY Tooele	
13d. STATE Utah		14. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No (If yes, specify)	
15. RACE - Black, White, Am. Indian (Tribes may be entered), Japanese, White		16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+)	
17. FATHER'S NAME (First, Middle, Last) Tass Andrew Claridge		18. MAIDEN NAME OF MOTHER (First, Middle, Last) Alice Selma Johnson	
INFORMANT 19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Susan Y. Claridge, HC 61 Box 210, Wendover, Utah 84083 (Wife)			
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input checked="" type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION December 12, 2001	
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Central Utah Cremation		21c. LOCATION - City or town, State 85 East 300 South Provo, Utah 84606	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>D. Sestrihalla</i>		23. LICENSE NUMBER 105277-0902	
24. FUNERAL HOME Nickle Mortuary		25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 10/25/2001	
26. If not certified by medical examiner, was death reported to M.E.? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (If yes, enter the date and hour reported: M.E. Case No.) 1545 MO. 12 DAY 18 YEAR 2001		27. CERTIFIER <input checked="" type="checkbox"/> 1. 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. <input type="checkbox"/> 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.	
27a. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		27b. LICENSE NUMBER 324585-1205	
27c. DATE SIGNED (Mo., Day, Yr.) 12/12/2001		28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type Name) P.J. Pedersen MD, 1250 East 3900 South, Suite 360, Salt Lake City, Utah	
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>		30. DATE REGISTERED (Mo., Day, Yr.) December 12, 2001	
30a. DATE FILED (Mo., Day, Yr.) DEC 18 2001		31. PART 1 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. (Approximate interval between onset and death) a. Esophageal adenocarcinoma (6 months)	
31b. IMMEDIATE CAUSE (Final disease or condition resulting in death)		31c. DUE TO (OR AS A CONSEQUENCE OF):	
31d. SEQUENTIALLY list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death), LAST		31e. DUE TO (OR AS A CONSEQUENCE OF):	
31f. DUE TO (OR AS A CONSEQUENCE OF):		31g. DUE TO (OR AS A CONSEQUENCE OF):	
32. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I		33. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death <input type="checkbox"/> 2. Was the underlying cause of death <input checked="" type="checkbox"/> 3. Did not contribute to the cause of death	
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined (Injured person's cause of death is unknown) <input type="checkbox"/> 6. Pending investigation (Accidentally)		35a. DATE OF INJURY (Mo., Day, Yr.)	
35b. TIME OF INJURY (24 Hour Clock)		35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
35d. LOCATION (Street or rural route number, city or town, county and state)		35e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	
35f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.		35g. DESCRIBE HOW INJURY OCCURRED (Enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)	

UDH-BVRHS-Form 12, Rev. 1/95

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: **DEC 19 2001**

County: **TOOELE**

Registrar: *[Signature]*

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By

[Signature]

LL 865240



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