







# STATE OF UTAH OFFICE OF VITAL RECORDS

DEC 03 1998

18-4921

## STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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|  |   |  |   |  |  |
|--|---|--|---|--|--|
| LOCAL FILE NUMBER  |   | STATE FILE NUMBER  |   |  |  |
| 1. NAME OF DECEDENT (First, Middle, Last)<br><b>Joseph William MATHEWS</b>   |   | 2. SEX<br><b>Male</b>  | 3a. DATE OF DEATH (Mo., Day, Yr.)<br><b>Nov. 22, 1998</b>   | 3b. TIME OF DEATH (24-hour clock)<br><b>1847</b>   |  |
| 4. DATE OF BIRTH (Mo., Day, Yr.)<br><b>October 24, 1933</b>  | 5. AGE - Last Birthday<br><b>65</b>   | 6. BIRTHPLACE (City & State or Foreign Country)<br><b>St. George, Utah</b>   | 7. SOCIAL SECURITY NUMBER<br><b>Confidential</b>  |  |  |
| 8a. PLACE OF DEATH (Check one)<br>HOSPITAL: <input checked="" type="checkbox"/> 1. Incident <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. OCA<br>OTHER: <input type="checkbox"/> 4. Nursing Home <input type="checkbox"/> 5. Residence <input type="checkbox"/> 6. Other<br><b>LDS Hospital</b>  |   |  | 8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location)           |  |  |
| 9a. CITY, TOWN OR LOCATION OF DEATH<br><b>Salt Lake City</b>   |   | 9b. COUNTY OF DEATH<br><b>Salt Lake</b>  |   | 9c. SURVIVING SPOUSE (If with new maiden name)<br><b>Myrna Mae Beckstead</b>   |  |
| 10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No   | 11. MARITAL STATUS<br><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 or work done during most of working life. Do NOT use retired)<br><b>Sales Manager</b>  |   | 12b. KIND OF BUSINESS OR INDUSTRY<br><b>Oil &amp; Mining Exploration Equipment</b>   |  |
| 13a. RESIDENCE - STREET AND NUMBER<br><b>7981 Showcase Lane</b>  |   | 13b. CITY, TOWN OR COMMUNITY<br><b>Sandy</b>   | 13c. COUNTY<br><b>Salt Lake</b>   | 13d. STATE<br><b>Utah</b>  |  |
| 13e. INSIDE CITY LIMITS?<br><input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No  | 13f. ZIP CODE<br><b>84094</b>   | 14. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No<br>(If Yes, Specify)  |   | 15. RACE - Black, White, Am. Indian (Type may be amended), Japanese, etc. (Specify)<br><b>White</b>  |  |
| 17. FATHER'S NAME (First, Middle, Last)<br><b>Lafe L. Mathews</b>  |   |  | 16. MAIDEN NAME OF MOTHER (First, Middle, Last)<br><b>Verle Ronnow</b>  |  |  |
| 19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT<br><b>Myrna Mathews, Wife, 7981 Showcase Lane, Sandy, Utah 84094</b>   |   |  |   |  |  |
| 20. METHOD OF DISPOSITION<br><input type="checkbox"/> 1. Reinterment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other  |   | 21a. DATE OF DISPOSITION<br><b>Nov. 27, 1998</b>   | 21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>Wasatch Lawn Memorial Park</b>            | 21c. LOCATION - City or Town, State<br><b>Salt Lake City, Utah</b>   |  |
| 22. SIGNATURE OF FUNERAL SERVICE LICENSEE<br><b>Neil Ballant</b>   |   | 23. LICENSE NUMBER<br><b>102478</b>  | 24. FUNERAL HOME (Name, address and phone number)<br><b>Goff Mortuary, Inc. 101222 8090 So. State Midvale, UT 84047</b> |  |  |
| 25. DATE DECEDENT WAS LAST ATTENDED BY CERTIFYING PHYSICIAN<br><b>23 NOV 98</b>  |   | 26. If not certified by licensed examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No<br>If Yes, enter the date and hour reported: M.E. Case No. _____<br>HOUR _____ MO. _____ DAY _____ YEAR _____ |   |  |  |
| 27a. CERTIFIER<br><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.<br><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.   |   |  |   |  |  |
| 27b. SIGNATURE OF CERTIFIER<br><b>Neil Ballant MD</b>  |   | 27c. LICENSE NUMBER<br><b>83-170071-7493</b>   | 27d. DATE SIGNED (Mo., Day, Yr.)<br><b>11-23-98</b>   |  |  |
| 29. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31)<br><b>Robert E. Fowles, M.D., 333 So. 900 East, Salt Lake City, Utah 84102</b>   |   |  |   |  |  |
| 29. REGISTRAR'S SIGNATURE<br><b>Neil Ballant MD</b>  |   | 30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)<br><b>November 25, 1998</b>  |   |  |  |
| 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. LAST ONLY ONE CAUSE ON EACH LINE.<br>IMMEDIATE CAUSE (Direct cause or condition resulting in death)<br>a. <b>Congestive heart failure</b> <b>years</b><br>DUE TO (OR AS A CONSEQUENCE OF):<br>b. <b>Myocardial infarction</b> <b>years</b><br>DUE TO (OR AS A CONSEQUENCE OF):<br>c. <b>Coronary heart disease</b> <b>years</b><br>DUE TO (OR AS A CONSEQUENCE OF): |   |  |   |  |  |
| PART 2. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part 1   |   |  |   |  |  |
| 32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT<br><input type="checkbox"/> 1. Probably contributed to the cause of death.<br><input type="checkbox"/> 2. Was the underlying cause of death.<br><input type="checkbox"/> 3. Did not contribute to the cause of death.<br><input type="checkbox"/> 4. Is unknown in relation to the cause of death.  |   | 33a. HUNG AN AUTOPSY PERFORMED?<br><input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No   |   | 33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?<br><input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No |  |
| 34. MANNER OF DEATH<br><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 if Insured <input type="checkbox"/> 6. Pending Investigation or Accidentally  |   | 35a. DATE OF INJURY (Mo., Day, Yr.)  | 35b. TIME OF INJURY (24-hour clock)   | 35c. INJURY AT WORK?<br><input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No  |  |
| 36. LOCATION (Specify or rural route number, city or town, county, and state)  |   |  |   |  |  |
| 37. DESCRIBE HOW INJURY OCCURRED (Enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)  |   |  |   |  |  |

USE PERMANENT BLACK INK

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CAUSE OF DEATH

DATE ISSUED  
FEB 05 2015

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Janice L. Houston  
State Registrar  
Rev. 8/13

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UTAH DEPARTMENT OF HEALTH  
Office of Vital Records & Statistics  
Salt Lake City, Utah

