

STATE OF UTAH—DEPARTMENT OF HEALTH

UTAH STATE DIVISION OF HEALTH CERTIFICATE OF DEATH

29-0177-JJ

LOCAL FILE NUMBER

143

159

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

| | | | | | | | |
|---|--|--|---|--|----------------------------------|--|--|
| DECEASED—NAME | | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH (MONTH, DAY, YEAR) | |
| 1. Arias | | Guy | BELNAP | | 2. Male | 3. February 25, 1974 | |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | | AGE—LAST BIRTHDAY (YEARS) | UNDER 1 YEAR MOS. | UNDER 1 DAY HOURS | DATE OF BIRTH (MONTH, DAY, YEAR) | COUNTY OF DEATH | |
| 4. White | | 5a. 80 | 5b. | 5c. | 6. Sept. 6, 1893 | 7a. Weber | |
| CITY, TOWN, OR LOCATION OF DEATH | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | | | |
| 7b. Ogden | | 7c. Yes | 7d. McKay Dee Hospital | | | | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | | CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | |
| 8. Utah | | 9. U.S.A. | | 10. Widowed | | 11. | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | | KIND OF BUSINESS OR INDUSTRY | | |
| 12. 529-38-7097 | | 13a. Retail Lumber-County Treasurer Self | | | 13b. Weber County | | |
| RESIDENCE—STATE | | COUNTY | | CITY, TOWN, OR LOCATION | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | STREET AND NUMBER |
| 14a. Utah | | 14b. Weber | | 14c. Ogden | | 14d. Yes | 14e. 718 Belnap Circle |
| FATHER—NAME | | FIRST | MIDDLE | LAST | MOTHER—MAIDEN NAME | | |
| 15. Hyrum | | Belnap | | | 16. Anna Bluth | | |
| INFORMANT—NAME | | | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | |
| 17a. Gordon L. Belnap | | | | 17b. 1592 Oakcrest Dr., Ogden, Utah 84403 | | | |
| PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 18 IMMEDIATE CAUSE | | | | | | | |
| (a) Arteriosclerotic Heart Disease with Cardiac Arrhythmia | | | | | | | Sudden |
| DUE TO, OR AS A CONSEQUENCE OF: either asystole or Ventricular Fibrillation | | | | | | | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST | | | | | | | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | |
| (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | | | | | |
| 1. Diabetes 2. Gout 3. Suspected Cerebral Thrombosis (Ischemic episode) | | | | | | | |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | | DATE OF INJURY (MONTH, DAY, YEAR) | HOUR | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) | | | |
| 20a. | | 20b. | 20c. | M. 20d. | | | |
| INJURY AT WORK (SPECIFY YES OR NO) | | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | | | | |
| 20e. | | 20f. | 20g. | | | | |
| CERTIFICATION—PHYSICIAN: | | MONTH | DAY | YEAR | MONTH | DAY | YEAR |
| 21a. I ATTENDED THE DECEASED FROM | | Feb. 16, 1971 | TO | 21b. Feb. 25, 1974 | AND LAST SAW HIM/HER ALIVE ON | 21c. Feb. 25, 1974 | I DID/DID NOT VIEW THE BODY AFTER DEATH. |
| 21d. Did | | 21e. 10:00 A. | | | | | |
| CERTIFICATION—MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | | | | | | | |
| CERTIFIER—NAME (TYPE OR PRINT) | | SIGNATURE | | DEGREE OR TITLE | | DATE SIGNED (MONTH, DAY, YEAR) | |
| 23a. Drew M. Petersen | | 23b. Drew M. Petersen, M.D. | | 23c. M.D. | | 23d. Feb. 27, 1974 | |
| MAILING ADDRESS—CERTIFIER | | STREET OR R.F.D. NO. | | CITY OR TOWN | | STATE ZIP | |
| 23d. 950-25th Street | | Ogden, Utah | | 84401 | | | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY OR CREMATORY—NAME | | LOCATION | | | |
| 24a. Burial | | 24b. Ogden City Cemetery | | 24c. Ogden, Utah | | | |
| DATE (MONTH, DAY, YEAR) | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | | |
| 24d. March 1, 1974 | | 25a. Larkin & Sons Mortuary, 496-24th St., Ogden, Utah 84401 | | | | | |
| FUNERAL DIRECTOR—SIGNATURE | | REGISTRAR—SIGNATURE | | | DATE RECEIVED BY LOCAL REGISTRAR | | |
| 25b. G. Kent Larkin | | 26a. Arley Flinders, M.D. | | | 26b. February 28, 1974 | | |

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

SDH-VS-12R-12/67

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: **AUG 08 1996**

John E Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS

WEBER
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SL 725564



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