

FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE **OCT 9 1952** **CERTIFICATE OF DEATH** **52 18 1760**
 BIRTH NO. **143 5 2 0 2 7 5 3** **UTAH** STATE FILE NO. REGISTRAR'S NO. **1861**

1. PLACE OF DEATH a. COUNTY Salt Lake		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Utah b. COUNTY Salt Lake	
b. CITY (If outside corporate limits, write RURAL) OR TOWN Salt Lake City		c. LENGTH OF STAY (this place) 1 week	c. CITY (If outside corporate limits, write RURAL) OR TOWN Salt Lake City, Utah
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION L.D.S. Hospital		d. STREET ADDRESS (If rural, give location) 335 South 2nd. East	
3. NAME OF DECEASED (Type or Print) a. (First) LUCILLE b. (Middle) ISABELLE c. (Last) LANE			4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mo. Sept. Day 2 Year 1907
9. AGE (in yrs. last birth-day) 45		If Under 1 Yr. Mos. Days	If Under 24 Hrs. Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Sahara Club	11. BIRTHPLACE (City and State or foreign country) South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Clarence Bratton Birthplace Iowa	
14. MOTHER'S MAIDEN NAME Mary Stone Birthplace Iowa		HUSBAND'S OR WIFE'S NAME Francis Lane	
15. WAS DECEASED ever in U.S. ARMED FORCES <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> War No		16. SOCIAL SECURITY No. 542-05-7257	17. INFORMANT and ADDRESS Duuth Minn. Margie A Castner--30 West Wabasha
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Infectious Hepatitis		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
	ANTECEDENT CAUSES 092X Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
19a. DATE OF OPERATION	19. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.)	21c. (CITY or TOWN) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9/7 , 19 52 to 9/18 , 19 52 THAT I LAST SAW THE DECEASED ALIVE ON 9/18 , 19 52 AND THAT DEATH OCCURED AT 9:35A M, FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23a. SIGNATURE James Rex Miller (Degree or title) M.D.		23b. ADDRESS 115 E 80 Temple	23c. DATE SIGNED 9/19/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 20, 1952	24c. NAME OF CEMETERY or CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Salt Lake City, Utah
DATE REC'D BY LOCAL REG. Sept. 19, 1952	REGISTRAR'S SIGNATURE Geo. J. Davis M.D.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Larkin Mortuary Dale Russon Funeral Director's No. 215 Embalmer's No. 349	