

Margaret Rundquist Fowler - Death Certificate

Form is classified as
STATE under the Utah
Vital Statistics Act

29-0685-RR

CERTIFICATE OF DEATH

STATE OF UTAH - DIVISION OF HEALTH

STATE FILE NO.

| | | | | | | | |
|---|--|---|---|--|---|---|--|
| LOCAL FILE NUMBER | | NAME OF DECEDENT | | SEX | RACE (White, Black, Am. Indian, etc.) | DATE OF DEATH (Mo., Day, Year) | |
| 29-0685-RR | | MARGARET FOWLER PETERSON | | Female | White | August 7, 1982 | |
| DECEDENT PERSONAL DATA | 1. WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, indicate type: Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other <input type="checkbox"/> (If other, specify) | | 2. DATE OF BIRTH (Mo., Day, Year) | | 3. AGE (Last Birthday) | 4. IF UNDER 1 year | |
| | | | November 16, 1910 | | 71 Yrs. | Months Days Hours Mini | |
| | 5. BIRTHPLACE (State or foreign country) | 6. CITIZEN of what country | 7. EDUCATION—(Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) | | 8. SOCIAL SECURITY NUMBER | | |
| | Utah | USA | 11 | | 528-13-3354 | | |
| USUAL RESIDENCE | 9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) | | 10. KIND OF BUSINESS OR INDUSTRY | | 11. NAME of surviving spouse (If, wife, enter maiden name.) | | |
| | Housewife | | At home | | Dick L. Peterson | | |
| | 12a. NAME OF FATHER | | 12b. MAIDEN NAME OF MOTHER | | 12c. Was decedent ever in U.S. Armed Forces? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| | Ephraim Fowler | | Emily Rundquist | | | | |
| PLACE OF DEATH | 13. USUAL RESIDENCE—(Street and number or location and zip code) | | 14. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 15. NAME & MAILING ADDRESS OF INFORMANT | | |
| | 23 No. Morgan Valley Dr. 84050 | | | | Dick L. Peterson | | |
| | 16a. CITY OR TOWN | 16b. COUNTY | 16c. STATE | 16d. Morgan, Utah 84050 | | | |
| | Morgan | Morgan | Utah | | | | |
| MEDICAL EXAMINER OR PHYSICIAN'S CERTIFI- CATION | 17. NAME of hospital, nursing home or other institution where death occurred. (If outside an institution, give street address or location.) | | 18. CITY OR TOWN | | 19. COUNTY | | |
| | McKay Dee Hospital | | Ogden | | Utah | | |
| | 20. MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances. | | 21. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE | | 22. TIME of death (24 hr) | | |
| | Decedent was pronounced dead at: HOUR: DATE: 8-9-82 | | John Martineau MD | | 8-9-82 | | |
| FUNERAL DIRECTOR AND LOCAL REGISTRAR | 23. PHYSICIAN: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below, that I attended the decedent, and I last saw the decedent alive on: 24. month day year 8-9-82 | | 25. CERTIFIER'S name and title (Type or print) | | 26. DATE SIGNED (Mo., Day, Year) | | |
| | If not certified by medical examiner, was death reported to him? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, enter the date and hour reported: (24 hour clock) | | 27. CERTIFIER'S address and zip code | | 28. UTAH PHYSICIAN LICENSE NUMBER | | |
| | 29. HOUR: MO. DAY YEAR | | 29a. SIGNATURE of Funeral Director | | 29b. FUNERAL HOME—Name, address and license number | | |
| | Aug. 11, 1982 | | Walker Mortuary | | Morgan, Utah | | |
| CAUSE OF DEATH | 30. NAME AND LOCATION OF CEMETERY OR CREMATORY | | 31. LOCAL REGISTRAR—Signature | | 32. Date accepted for registration by local registrar | | |
| | So. Morgan Cemetery Morgan, Utah | | E. Mark Nichol, MD | | August 9, 1982 | | |
| | 33. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (A) Myocardial infarction | | 34. (Enter only one cause per line for A, B and C) | | 35. Interval between onset and death | | |
| | DUE TO, OR AS A CONSEQUENCE OF (B) Atherosclerotic heart disease | | | | Interval between onset and death | | |
| INJURY INFORM- ATION | 36. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. | | 37. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 38. IF YES, were findings considered in determining cause of death? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| | Diabetes mellitus | | | | | | |
| | 39. DATE OF INJURY (Mo., Day, Year) | | 40. TIME OF INJURY (24 Hour Clock) | | 41. INJURY AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| | | | | | 42. PLACE OF INJURY (Specify home, farm, factory, fire street, office buildings, etc.) | | |
| 43. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN. | | 44. Distance from place of injury to usual residence (Item 18) | | 45. Were laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 46. Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 47. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29) | | 48. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian. | | 49. | | | |

STATE OF UTAH
COUNTY OF WEBER

This is to certify that this is a true copy of the certificate on file in this office. This certified copy was issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 as Amended

Date AUG 10 1982
Issued:

By Barbara E. Hershey

E. Mark Nichol, MD
Registrar of Vital Statistics