

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 Vital Statistics Act and Rules

LOCAL FILE NUMBER 25-0179		STATE FILE NUMBER	
1. NAME OF DECEDENT Opal Beth Hansen Hobson		2. SEX Female	3a. DATE OF DEATH (Mo., Day, Yr.) Feb. 5, 1998
3b. TIME OF DEATH (24-hr. clock) 0540		7. SOCIAL SECURITY NUMBER	
4. DATE OF BIRTH (Mo., Day, Yr.) June 5, 1929	5. AGE - (Last birthday) 68	6. BIRTHPLACE (City & State or Foreign Country) Oakley, Idaho	
8a. PLACE OF DEATH (Check only one) HOSPITAL: ☒ 1. Inpatient ☐ 2. ER/Outpatient ☐ 3. DOA ☐ 4. Other: ☐ 5. Nursing Home ☐ 6. Residence ☐ 7. Other 8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) Utah Valley Regional Medical Center			
8c. CITY, TOWN OR LOCATION OF DEATH Provo		8d. COUNTY OF DEATH Utah	
9. SURVIVING SPOUSE (If wife, give maiden name) Jesse Vaughn Hobson			
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES ☐ 1. Yes ☒ 2. No		11. MARITAL STATUS ☐ 1. Never Married ☒ 2. Married ☐ 3. Widowed ☐ 4. Divorced	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Homemaker		12b. KIND OF BUSINESS OR INDUSTRY Own Home	
13a. RESIDENCE - STREET AND NUMBER 19 South 700 West		13b. CITY, TOWN OR COMMUNITY Burley	
13c. COUNTY Cassia		13d. STATE ID	
13e. INSIDE CITY LIMITS? ☐ 1. Yes ☒ 2. No		13f. ZIP CODE 83318	
14. WAS DECEDENT OF HISPANIC ORIGIN? ☐ 1. Yes ☒ 2. No (If yes, Specify)		15. RACE - Black, White, Am. Indian (Tribe may be entered), Japanese, etc. (Specify) White	
16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17 +) 13			
17. FATHER'S NAME (First, Middle, Last) Oscar Earl Hansen		18. MAIDEN NAME OF MOTHER (First, Middle, Last) Violet Lorene Barrus	
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Jesse Vaughn Hobson (Husband) 19 South 700 West, Burley, Idaho 83318			
20. METHOD OF DISPOSITION ☐ 1. Entombment ☐ 2. Donation ☐ 3. Other ☒ 4. Burial ☐ 5. Cremation ☐ 6. Removal		21a. DATE OF DISPOSITION Feb. 10, 1998	
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Pleasant View Cemetery		21c. LOCATION - City or Town, State Burley, Idaho	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Tracy A. Hill</i>		23. LICENSEE NUMBER 221136700902	
24. FUNERAL HOME (Name, address and license number) Walker Sanderson Funeral Home 646 East 800 North Orem, Utah 84097 931036400901			
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 2/4/98		26. If not certified by medical examiner, was death reported to M.E.? ☐ 1. Yes ☒ 2. No If yes, enter the date and hour reported: M.E. Case No. HOUR MO. DAY YEAR	
27a. CERTIFIER ☒ 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. ☐ 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 AND TITLE OF CERTIFIER <i>Tracy A. Hill M.D.</i>		27c. LICENSE NUMBER 811661361205	
27d. DATE SIGNED (Mo., Day, Yr.) 2/5/98			
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print) Tracy A. Hill M.D. 1034 North 500 West, Provo, Utah 84604			
29. REGISTRAR'S SIGNATURE <i>Joseph K. Miner, M.D.</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) Feb. 5, 1998	
30b. DATE FILED (Mo., Day, Yr.) FEB 06 1998			
31. PART I. 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Ischemic Cardiovascular Pathology</i> DUE TO (OR AS A CONSEQUENCE OF): b. <i>Coronary Artery Disease</i> DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I <i>Cerebrovascular Accident</i> <i>Pulmonary Embolism</i>			
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT ☐ 1. Probably contributed to the cause of death. ☐ 2. Was the underlying cause of death. ☒ 3. Did not contribute to the cause of death. ☐ 4. Is unknown in relation to the cause of death.		33a. WAS AN AUTOPSY PERFORMED? ☐ 1. Yes ☒ 2. No	
33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ 1. Yes ☒ 2. No			
34. MANNER OF DEATH ☒ 1. Natural ☐ 2. Accident ☐ 3. Suicide ☐ 4. Homicide ☐ 5. Undetermined (If injured, Purpose or Accidentally) ☐ 6. Pending Investigation		35a. DATE OF INJURY (Mo., Day, Yr.)	
35b. TIME OF INJURY (24-hour clock)		35c. INJURY AT WORK? ☐ 1. Yes ☒ 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)			

USE PERMANENT BLACK INK 600

This is to certify that this is a true and correct 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: FEB 06 1998

County *Utah*

Registrar *Joseph K. Miner, M.D.*

Barry E. Nangle

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DIRECTOR OF VITAL RECORDS

By

Geoffrey

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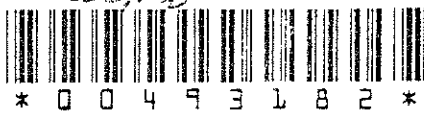
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Department of Water Resources

Eastern Region



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