STATE OF UTAH — DEPARTMENT OF HEALTH

Entry 20040008875
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STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 24-019 — STATE FILE NUMBER

1. NAME OF DECEDENT: FIRST Glen MIDDLE Mac LAST Murdock
2. SEX: Male
3a. DATE OF DEATH (Mo., Day, Yr.): February 10, 2002
3b. TIME OF DEATH (24 hr. clock): 0700
4. DATE OF BIRTH (Mo., Day, Yr.): June 24, 1925
5. AGE - Last Birthday: 76
6. BIRTHPLACE (City & State or Foreign Country): Whiterocks, Utah
7. SOCIAL SECURITY NUMBER: 528-24-9035
8a. PLACE OF DEATH (Check only one): [ ] 1. Inpatient [ ] 2. Emergency Room [ ] 3. DOA [ ] 3. Nursing Home [X] 5. Residence (any) [ ] 7. Other (Specify)
8b. IF HOSPITAL, NURSING HOME OR OTHER FACILITY: 2000 No. Lapoint road
8c. CITY, TOWN, OR LOCATION OF DEATH: Ft. Duchesne
8d. COUNTY OF DEATH: Uintah
9. SURVIVING SPOUSE (if wife, give maiden name): Joyce Anderson
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? [X] 1. Yes [ ] 2. No
11. MARITAL STATUS: [ ] 1. Never Married [ ] 3. Widowed [X] 2. Married [ ] 4. Divorced
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired): Rancher
12b. KIND OF BUSINESS OR INDUSTRY: Ag. & Livestock
13a. RESIDENCE - STREET AND NUMBER: 2000 No. Lapoint Road
13b. CITY, TOWN OR COMMUNITY: Ft. Duchesne
13c. COUNTY: Uintah
13d. STATE: Utah
13e. INSIDE CITY LIMITS? [ ] 1. Yes [X] 2. No
13f. ZIP CODE: 84026
14. WAS RECEIVING MEDICAL CARE? [ ] 1. Yes [X] 2. No
15. RACE - Black, White, Asian, Indian (Native American), Japanese, etc. (Specify): Amer. Indian
16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (1-4 or 17+): 12
17. FATHER'S NAME (First, Middle, Last): Glen Murdock
18. MAIDEN NAME OF MOTHER (First, Middle, Last): Lula Barris
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: Joyce Murdock (wife); HC 67 Box 100; Ft. Duchesne, Utah 84026
20. METHOD OF DISPOSITION: [ ] 1. Entombment [ ] 2. Donation [ ] 3. Other [X] 4. Burial [ ] 5. Cremation [ ] 6. Removal
21a. DATE OF DISPOSITION: Feb 13, 2002
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Ft. Duchesne Cemetery
21c. LOCATION - City or Town, State: Ft. Duchesne, Utah
22. SIGNATURE OF FUNERAL DIRECTOR: John H. Hullinger
23. LICENSE NUMBER: 22-113706
24. FUNERAL HOME (Name and address): Hullinger Mortuary, 457 E. 300 No. (104-15), Roosevelt, Utah 84066
25. DATE CERTIFIED BY CERTIFYING PHYSICIAN: 1/25/02
26. IF NOT CERTIFIED BY MEDICAL EXAMINER, WAS DEATH REPORTED TO M.E.? [ ] 1. Yes [X] 2. No. If yes, enter the date and time reported. M.E. CASE NO. ___ YR. ___ NO. ___ DAY ___ YEAR ___
27a. CERTIFICATE: [X] 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 AND ENFORCEMENT OFFICIAL — On the basis of investigation 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: Paul J. Ebbert
27c. LICENSE NUMBER: 91-184227-1205
27d. DATE CERTIFIED (Mo., Day, Year): 2/4/02
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 27): Paul J. Ebbert, MD; P. O. Box 160; Ft. Duchesne, Utah 84026
29. REGISTRAR'S SIGNATURE: Joseph B. Shaffer, M.A., M.S.A.
30a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): February 12, 2002

PART I. ENTER THE DISEASE, INJURY, OR COMPLICATION 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. Respiratory Failure
DUE TO, OR AS A CONSEQUENCE OF: b. Small Cell Carcinoma of lung
DUE TO, OR AS A CONSEQUENCE OF: c. Smoking
DUE TO, OR AS A CONSEQUENCE OF: d.

Approximate interval between onset and death: ___

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: COPD

32. WAS CAUSE OF DEATH FURNISHED BY THE DECEDENT? [ ] 1. Probably contributed to the cause of death. [X] 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. [ ] 5. NON USER. [ ] 6. UNKNOWN IF USED.
33a. WAS AN AUTOPSY PERFORMED? [ ] 1. Yes [X] 2. No
33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [ ] 1. Yes [ ] 2. No
34. MANNER OF DEATH: [X] 1. Natural [ ] 2. Accident [ ] 3. Suicide [ ] 4. Homicide [ ] 5. Undetermined [ ] 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. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)
35e. LOCATION (Street or RFD, town, township, city or town, county and state)
36. If motor vehicle accident, specify if driver, passenger or pedestrian.
37. DESCRIBE HOW INJURY OCCURRED (Enter narrative of events which resulted in injury). NATURE OF INJURY should be entered in Item 31.

Rev. 12/98

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: FEB 12 2002

Barry E. Nangle

TRICOUNTY HEALTH DEPARTMENT
Barry E. Nangle
DIRECTOR OF VITAL RECORDS
By Crystal Slaugh
Deputy

Registrar

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WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

THE GREAT SEAL OF THE STATE OF UTAH 1896