

1. PLACE OF DEATH a. COUNTY Weber			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Utah b. COUNTY Weber		
b. CITY, TOWN, OR LOCATION Ogden		c. LENGTH OF STAY IN 1b 56 yrs.	c. CITY, TOWN, OR LOCATION Ogden		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Benedicts Hospital			d. STREET ADDRESS 2633-Kiesel Ave.		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRED Middle ROBERT Last CLARK			4. DATE OF DEATH Month July Day 26 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 16, 1873	9. AGE (In years last birthday) 83 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret; Station Master		10b. KIND OF BUSINESS OR INDUSTRY O.U. R. & D. Co.	11. BIRTHPLACE (State or foreign country) San Francisco, Calif.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME H. C. Clark			14. MOTHER'S MAIDEN NAME Sara Wheeler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT Address Bertha B. Clark, 2633-Kiesel Ave.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>longstanding failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH 5 yr.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 12:10 Noon m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>[Signature]</i>			22b. ADDRESS 2623 Washington		22c. DATE SIGNED 7/26
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/30/56	23c. NAME OF CEMETERY OR CREMATORY Ogden, City Cemetery		23d. LOCATION (City, town, or county) (State) Ogden, Utah
24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Myers & Foulger Mortuary Gomer H. Myers Ogden, Ut			25. DATE RECD. BY LOCAL REG. 7/27/56	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

This is a Legal Record and will be Permanently Filed

Write Plainly

Use Typewriter or Unfading Ink

All items to be complete and accurate

Physician Must sign Personally

Send original Certificate to Local Registrar Immediately

Physicians should State Cause of Death in plain terms

Funeral Director's No. 49

Embalmer's No. 241