

STATE OF UTAH

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF UTAH — DIVISION OF HEALTH

27-124
LOCAL FILE NUMBER

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST: Andrew MIDDLE: Brooks LAST: Pace		2. SEX: male	3. RACE (White, Black, Am. Indian, etc.) Specify: white	4. DATE OF DEATH (Mo., Day, Year): 05-25-1983
5. 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) no		6. DATE OF BIRTH (Mo., Day, Year): 08-12-1911	7. AGE (Last Birthday): 71 Yrs.	8. IF UNDER 1 year: Months: Days: Hours: Minutes:
9. BIRTHPLACE (State or foreign country): Utah	10. CITIZEN of what country: USA	11. EDUCATION—(Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17 +): 18	12. SOCIAL SECURITY NUMBER	
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.): Lawyer, FBI, Developer		13b. KIND OF BUSINESS OR INDUSTRY: Real Estate Development	14. NAME of surviving spouse (If, wife, enter maiden name.): Verda Follett	
15. NAME OF FATHER: John W. Pace		16. MAIDEN NAME OF MOTHER: Josephine Brooks		17. Was decedent ever in U.S. Armed Forces? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
18a. USUAL RESIDENCE—(Street and number or location and zip code): Box 1036		18b. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	19. NAME & MAILING ADDRESS OF INFORMANT: Verda Pace (wife) P.O. Box 1036 Central, Utah 84722	
18c. CITY OR TOWN: Central	18d. COUNTY: Washington	18e. STATE: Utah		
20a. NAME of hospital, nursing home or other institution where death occurred (If outside an institution, give street address or location.): Dameron Valley, Central, Utah		20b. CITY OR TOWN: Central	20c. COUNTY: Washington	
21a. 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, that I attended the investigation of the circumstances. Decedent was pronounced dead at: HOUR: DATE:		21b. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE: <i>[Signature]</i>		21c. TIME of death (24 hr. clock): 22:45
21d. 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: month: day: year:		21e. CERTIFIER'S name and title (Type or print): Robert P. Rignel M.D.		21f. DATE SIGNED (Mo., Day, Year): 5/31/83
22. 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):		21g. CERTIFIER'S address and zip code: 354 E. 600 S. St. George, Utah		21h. UTAH PHYSICIAN LICENSE NUMBER: 6295
23a. Burial <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other <input type="checkbox"/> DATE: 05-28-1983		24. SIGNATURE of Funeral Director: <i>[Signature]</i>		25. FUNERAL HOME—Name, address and license number: Metcalf Mort. St. George, Utah
26. NAME AND LOCATION OF CEMETERY OR CREMATORY: City Cemetery, St. George, Utah		27. LOCAL REGISTRAR—Signature: <i>[Signature]</i>		28. Date accepted for registration by: JUNE 3, 1983
29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <i>asthmatic seizures acute myocardial</i> DUE TO, OR AS A CONSEQUENCE OF (B) <i>atherosclerotic heart disease, infarction.</i> DUE TO, OR AS A CONSEQUENCE OF (C)		Interval between onset and death		
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.		31a. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		31b. IF YES, were findings considered in determining cause of death? YES <input type="checkbox"/> NO <input type="checkbox"/>
32. Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined if Injured <input type="checkbox"/> Homicide <input type="checkbox"/> Accidentally or Purposely <input type="checkbox"/>		33a. DATE of Injury (Mo., Day, Year)	33b. TIME OF INJURY (24 Hour Clock)	34. INJURY AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>
35. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN.		36a. Distance from place of injury to usual residence (Item 18):	37. Were laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input type="checkbox"/>	38. Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input type="checkbox"/>
39. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29):		36b. Miles		40. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.

2 Rev. 1/78

SDH-BHS 90(4-82)

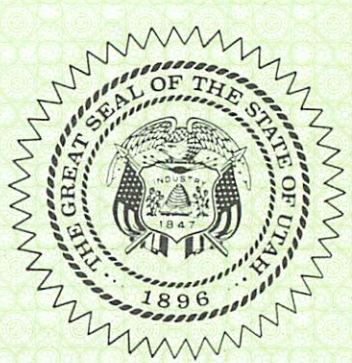
This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of Section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: *June 20, 1983*

County: *Washington*

Registrar: *[Signature]*

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS
By: *[Signature]*
BD



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