

STATE OF UTAH — DEPARTMENT OF HEALTH

Access to information on this form is limited under the Vital Statistics Act and Rules

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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LOCAL FILE NUMBER 25-0403		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST: Don, MIDDLE: Alden, LAST: Zeeman		2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) Mar 28, 2001
4. DATE OF BIRTH (Mo., Day, Yr.) Oct 30, 1935		5. AGE - Last Birthday 65	6. BIRTHPLACE (City & State or Foreign Country) Spanish Fork, Utah
8a. PLACE OF DEATH (check only) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) Mountain View Nursing & Rehabilitation	
8c. CITY, TOWN OR LOCATION OF DEATH Payson		8d. COUNTY OF DEATH Utah	9. SURVIVING SPOUSE (if wife, give maiden name) Charla Kay Swanson
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		11. MARITAL STATUS <input checked="" type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Motor Inspector
13a. RESIDENCE - STREET AND NUMBER 3445 West 9600 South		13b. CITY, TOWN, OR COMMUNITY Payson	13c. COUNTY Utah
15a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, Specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)	15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) White
17. FATHER'S NAME (First, Middle, Last) Bltjo Zeeman		18. MAIDEN NAME OF MOTHER (First, Middle, Last) Agnes Christina Skinner	
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Charla Kay Zeeman, Wife, 3445 West 9600 South, Payson, UT 84651			
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION Mar 31, 2001	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Payson City Cemetery
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23. LICENSEE NUMBER 221124710902	24. FUNERAL HOME (Name and address) Walker Mortuary of Spanish Fork
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 3/30/01		26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No M.E. CASE NO. _____ HR _____ MO _____ DAY _____ YEAR _____	
27a. CERTIFIER <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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>[Signature]</i> M.D.		27c. LICENSE NUMBER 184537	27d. DATE SIGNED (Mo., Day, Yr.) 4/3/01
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type Print) Bryan H. Murray, M.D., 1120 East US Hwy 6, Payson, UT 84651			
29. REGISTRAR'S SIGNATURE <i>[Signature]</i> RN		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)	30b. DATE FILED (Mo., Day, Yr.) APR 04 2001
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. Approximate Interval Between Onset And Death.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Complication due to Alzheimer's Type Demenit</u> 1 yr			
b. _____ DUE TO (OR AS A CONSEQUENCE OF):			
c. _____ DUE TO (OR AS A CONSEQUENCE OF):			
d. _____ DUE TO (OR AS A CONSEQUENCE OF):			
PART II: Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I			
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 4. Is unknown in relation to the cause of death.		33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured Purposely or Accidentally <input type="checkbox"/> 6. Pending Investigation		35a. DATE OF INJURY (Mo., Day, Yr.)	35b. TIME OF INJURY (24 Hour Clock)
UDH-BVR Form 12, Rev. 12/88		35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)
		35e. LOCATION (Street or rural route number, city or town, county and state.)	
		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)			

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: **APR 04 2001**

County **Utah**

Registrar **Joseph K Miner, MD**

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By



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Ruth Nelson



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