



### CERTIFICATE OF DEATH

State File Number: 2023009882

**Glenn A Jorgenson**

#### DECEDENT INFORMATION

Date of Death: June 15, 2023  
 City of Death: St George  
 Age: 93  
 Place of Birth: Manti, Utah  
 Armed Services: Yes  
 Spouse's Name:  
 Industry/Business: Education  
 Residence: St George, Utah  
 Mother's Name: Zina Eliza Peterson  
 Facility or Address: Spring Gardens

Time of Death: 07:50  
 County of Death: Washington  
 Date of Birth: July 15, 1929  
 Sex: Male  
 Marital Status: Widowed  
 Usual Occupation: Psychologist  
 Education: Master's Degree  
 Father's Name: Nelson Ernest Jorgenson  
 Facility Type: Nursing Home/Assisted Living

#### INFORMANT INFORMATION

Name: Karin Jorgenson Brady Relationship: Daughter  
 Mailing Address: 1249 West 2320 South, St George, Utah 84770

#### DISPOSITION INFORMATION

Method of Disposition: Burial  
 Place of Disposition: Manti City Cemetery, Manti, Utah  
 Date of Disposition: June 22, 2023

#### FUNERAL HOME INFORMATION

Funeral Home: McMillan Mortuary  
 Address: 499 East Tabernacle Street, St George, Utah 84770  
 Funeral Director: Robert K McMillan

#### MEDICAL CERTIFICATION

Certifying Physician: Colby Beal, DO, Renew Hospice, 1240 East 100 South Suite B16, St George, Utah 84770

#### CAUSE OF DEATH

Cerebrovascular accident  
 Due to (or as a consequence of): Coronary artery disease [Onset: 10 Years]  
 Tobacco Use: Unknown if User  
 Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: June 16, 2023  
 Date Issued: June 16, 2023

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*Linda S. Winger*  
 Linda S. Winger, MSW, LCSW  
 State Registrar  
 Rev. 12/20



*David W. Blodgett* MD, MPH  
 David W. Blodgett, MD, MPH  
 Director/Health Officer



### STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS AFFIDAVIT TO AMEND A RECORD

Corrections to a vital record may be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for gender or subsequent changes. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate or Death Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; please visit our website or contact our office. Please return any copies of the certificate with this completed affidavit and all supporting documentation. If corrected certificates are reissued within 90 days of issuance, the new certificate fee will be waived but affidavit fees may still apply. This affidavit may be mailed with the correct fees, proof of ID and application for a new certificate.

**Mailing Address:** Office of Vital Records and Statistics PO Box 141012 Salt Lake City, UT 84114-1012

**Physical Address:** Office of Vital Records and Statistics 288 North 1460 West Salt Lake City, UT 84116

**Contact Info:** <https://VitalRecords.utah.gov> 801-538-6105 [vrequest@utah.gov](mailto:vrequest@utah.gov)



**Affidavit Instructions:** Please print or type. Items 1-6: Enter the facts as reported on the current vital record. Item 7: Enter the item number from items 1-6 that will be changed, if applicable. Item 8a: Enter the information as stated on the original record. Item 8b: Enter the correct information as it should be stated. Item 9: Enter the reason the change is necessary. Item 10: Enter the proofs used to support the change. The proofs must match the asserted fact(s) exactly. Proofs must be submitted with the affidavit. Items 11-22: Enter witness information.

**Witnesses for Birth Certificate:** If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If only one parent is listed, the second witness **MUST** be an immediate family member of the listed parent. If the person listed on the record is 18 years of age or older, he/she **MUST** sign as one of the witnesses. The second witness **MUST** be their immediate family member.

**Witnesses for Death Certificate:** The informant must sign as a witness along with an immediate member of the decedent's family. If adding a spouse, the spouse must sign as a witness. If no immediate family, a person who is knowledgeable of the facts may sign.

BIRTH     DEATH     STILLBIRTH    STATE FILE NUMBER: \_\_\_\_\_

INFORMATION AS REPORTED ON RECORD	1a. FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME	
	2. SEX	3. DATE OF EVENT		4. PLACE OF OCCURRENCE (City and County)		
	5. NAME OF PARENT 1 (Maiden name if applicable)			6. NAME OF PARENT 2 (Maiden name if applicable)		
STATEMENT OF AMENDMENTS	7. ITEM NO.	8a. FACTS EXACTLY AS ON ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NEEDED?	9. _____					
DOCUMENTS USED	10. _____					
OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)	I hereby certify under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.					Subscribed to and Sworn to before me this ____ day of ____ 20__.
	11a. SIGNATURE OF WITNESS (Must sign in front of Notary)			11b. PRINTED NAME OF WITNESS		STATE _____ COUNTY _____
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.	
	16. ADDRESS OF WITNESS					
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	I hereby certify under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.					Subscribed to and Sworn to before me this ____ day of ____ 20__.
	17a. SIGNATURE OF WITNESS (Must sign in front of Notary)			17b. PRINTED NAME OF WITNESS		STATE _____ COUNTY _____
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.	
	22. ADDRESS OF WITNESS					