

When recorded return to:
Ernest Santarosa
290 West 12300 South, Draper, Utah 84020

~~3604700~~

Legal Description:
Beginning at a point 32 9/13 rods South from
the Northwest corner of the Southeast quarter
of Section 25, Township 3 South, Range 1 West,
Salt Lake Meridian; running thence South
32 4/13 rods; thence East 26 rods; thence
North 32 4/13 rods; thence West 26 rods to the
place of BEGINNING.

THIS IS TO CERTIFY THAT THIS IS A TRUE AND
CORRECT COPY OF THIS RECORD AS IT READS
IN THIS OFFICE.

By Harry DeDoncker, Dues
Registrar City-County Vital Statistics
Mary Lee J. MacKay, Em
Chief Deputy Registrar Vital Statistics

FEB 13 1981

THIS IS BEING RE-RECORDED TO CORRECT LEGAL DESCRIPTION.

3627199

KATIE L. POPE
REGISTRAR
SALT LAKE COUNTY
UTAH

NOV 30 11 42 AM '81

Wayne Harper
Wayne Harper

500

~~REGISTRAR
SALT LAKE COUNTY
UTAH~~
~~SEP 15 11 30 AM '81~~
~~UTAH TIME & ARST.~~
~~REF~~
~~*Jacqueline Pope*~~
~~REGISTRAR~~

500
KATIE L. POPE
REGISTRAR
SALT LAKE COUNTY
UTAH

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CERTIFICATE OF DEATH

STATE OF UTAH - DIVISION OF HEALTH

LOCAL FILE NUMBER **18-577**

STATE FILE NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT FIRST MIDDLE LAST Jack SANTAROSA			2. SEX Male	3. RACE (White, Black, Am. Indian, etc.) White	4. DATE OF DEATH (Mo., Day, Year) February 9, 1981		
	5. WAS DECEDENT OF SPANISH ORIGIN? YES NO X If yes, specify: Mexican, Puerto Rican, Cuban, Other: if other, specify: Other: Italian			6. DATE OF BIRTH (Mo., Day, Year) October 14, 1904		7. AGE (last birthday) 76 Yrs.	IF UNDER 1 year 8. Months 9. Days IF UNDER 24 HOURS 10. Hours 11. Minutes	
	8. PLACE OF BIRTH (State or foreign country) Italy		9. CITIZEN OF what country USA		11. EDUCATION—(Specify only highest grade completed) Elementary or Secondary (0-12), College (13-16 or 17+) 6		12. SOCIAL SECURITY NUMBER 560-03-9303	
	13a. USUAL OCCUPATION (Give briefly of work done during most of working life. Even if retired.) Laborer			13b. KIND OF BUSINESS OR INDUSTRY D & RG Railroad		14. NAME of surviving spouse (if wife, enter maiden name) Josephine Falsone		
USUAL RESIDENCE	15. NAME OF FATHER Angelo Santarosa			16. MAIDEN NAME OF MOTHER Maria Marcuz		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) 274 West 12300 South 84020			18b. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		19. NAME & MAILING ADDRESS OF INFORMANT Mrs. Josephine Santarosa 274 West 12300 South Draper, Utah 84020		
	18c. CITY OR TOWN Draper		18d. COUNTY Salt Lake		18e. STATE Utah			
PLACE OF DEATH	20a. NAME of hospital, nursing home or other institution where death occurred (if outside an institution, give street address or location) Holy Cross Hospital			20b. CITY OR TOWN Salt Lake		20c. COUNTY Salt Lake		
	21. MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION 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 based on an examination of the body and/or investigation of the circumstances. Decedent was pronounced dead at: HOUR DATE 7:21 Feb. 10, 1981 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 Feb. 9, 1981 If not certified by medical examiner, was death reported to him? YES NO X If yes, enter the date and hour reported. (24 hour clock) Feb. 10, 1981			21b. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE <i>[Signature]</i>		21c. TIME of death (24 hr. clock) 2:10		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22. Burial <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Other <input type="checkbox"/> DATE Feb. 13 1981			23. SIGNATURE OF REGISTRAR <i>[Signature]</i>		24. FUNERAL HOME—(Name, address, and license number) Goff Mortuary, Inc. #5 Midvale, Utah 84047		
	26. NAME AND LOCATION OF CEMETERY OR CREMATORY Lake Hills Memorial Park, Sandy, Utah			27. LOCAL REGISTRAR—Signature <i>[Signature]</i>		28. Date accepted for registration by registrar Feb. 13, 1981		
CAUSE OF DEATH	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE. (A) Progressive Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF (B) Chronic Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF (C) Silicosis with pulmonary hypertension			Interval between onset and death: 2+ weeks		Interval between onset and death: 20 yrs		
	PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. Arteriosclerosis, Hypertension, Coronary Artery Disease			AUTOPSY 29. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		30. IF YES, were findings considered in determining cause of death? YES <input type="checkbox"/> NO <input type="checkbox"/>		
INJURY INFORMATION	31. Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>		32. Pending Investigation <input type="checkbox"/> Undetermined if Injured <input type="checkbox"/> Accidentally or Intentionally <input type="checkbox"/>		33. DATE of Injury (Mo., Day, Year)		34. TIME OF INJURY (24 Hour Clock)	
	35. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN			36a. Distance from place of injury to person's abode (Item 35)		36b. Miles		37. Were laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input type="checkbox"/>
38. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. SHOULD BE ENTERED IN ITEM 29)			39. NATURE OF INJURY		40. Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input type="checkbox"/>		41. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian	

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