

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2022008044

Joe Noboru Ikeda

DECEDENT INFORMATION

Date of Death: April 29, 2022
City of Death: Salt Lake City
Age: 83
Place of Birth: Torrence, California
Armed Services: Yes
Spouse's Name:
Industry/Business: Industial Chemicals
Residence: Salt Lake City, Utah
Mother's Name: Jane Ikemoto
Facility or Address: 666 N 1300 W

Time of Death: 23:07
County of Death: Salt Lake
Date of Birth: October 21, 1938
Sex: Male
Marital Status: Widowed
Usual Occupation: Chemist
Education: Bachelor's Degree
Father's Name: Harry Ikeda
Facility Type: Home

INFORMANT INFORMATION

Name: Janeal Fonua Relationship: Daughter
Mailing Address: 711 Oakley St, Salt Lake City, Utah 84116

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: Redwood Memorial Estates, West Jordan, Utah
Date of Disposition: May 14, 2022

FUNERAL HOME INFORMATION

Funeral Home: Redwood Memorial Mortuary
Address: 6500 South Redwood Road, West Jordan, Utah 84123
Funeral Director: Francis L Mortensen

MEDICAL CERTIFICATION

Certifying Physician: Steven W Heath MD, 4624 South Holladay Blvd., Salt Lake City, Utah 84117

CAUSE OF DEATH

Cardiopulmonary Failure [Onset: 1 Day]
Due to (or as a consequence of): Prostate Carcinoma-metastatic [Onset: 4 Years]
Other significant conditions: Colon Carcinoma, Hypertension
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: May 10, 2022
Date Issued: May 10, 2022

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Linda S. Winger
Linda S. Winger, MSW, LCSW
State Registrar



Angela C. Dunn
Angela C. Dunn, MD, MPH
Director/Health Officer
County/District Health Department



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



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						NOTARY SIGNATURE _____
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						NOTARY SIGNATURE _____

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