

STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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

LOCAL FILE NUMBER **18-2133**

STATE FILE NUMBER

1. NAME OF DECEDENT DARRELL BELL			2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) May 7, 2002	3b. TIME OF DEATH (24 hr. clock) 18:00
4. DATE OF BIRTH (Mo., Day, Yr.) Nov. 26, 1943		5. AGE - Last Birthday 58	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MINUTES _____	6. BIRTHPLACE (City & State or Foreign Country) Salt Lake City, Utah
7. SOCIAL SECURITY NUMBER 529-54-8919			8. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) 2655 So. Twain Dr.		
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA			ALL OTHER LOCATIONS: <input type="checkbox"/> 4. Nursing Home <input checked="" type="checkbox"/> 5. Residence (any) <input type="checkbox"/> 6. Other (specify) _____		
8b. CITY, TOWN, OR LOCATION OF DEATH Magna		8c. COUNTY OF DEATH Salt Lake		9. SURVIVING SPOUSE (if wife, give maiden name) Marilyn Shaw	
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		11. MARITAL STATUS <input 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) Carpenter	
12b. KIND OF BUSINESS OR INDUSTRY Kennecott Copper		13a. RESIDENCE - STREET AND NUMBER 2655 So. Twain Dr.		13b. CITY, TOWN OR COMMUNITY Magna	
13c. COUNTY Salt Lake		13d. STATE Utah		14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, Specify) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <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		16. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) 12			
17. FATHER'S NAME (First, Middle, Last) Clarence Foy Bell			18. MAIDEN NAME OF MOTHER (First, Middle, Last) Ivy Ilene Shaw		
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Marilyn Bell - spouse 2655 So. Twain Dr. Magna, Utah 84044					
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input type="checkbox"/> 4. Burial <input checked="" type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION May 8, 2002		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Independent Professional Service	
21c. LOCATION - City or Town, State Taylorville, Utah		22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>			
23. LICENSE NUMBER 115406		24. FUNERAL HOME (Name and address) PEEL FUNERAL HOME 8525 W. 2700 So. Magna, Utah 84044			
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 4-10-02		26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No If yes, enter the date and hour reported. 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>		27c. LICENSE NUMBER 265175		27d. DATE SIGNED (Month, Day, Year) 5/9/02	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Ray Morris M.D. 3465 So. 4155 W. West Valley City, Utah 84120					
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>			30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) May 8, 2002		30b. DATE FILED (Mo., Day, Yr.) May 9, 2002
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. CVA Approximate Interval Between Onset and Death: 3 weeks					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): 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 checked="" 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)	
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)					

USE PERM. NT BLACK INK

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: **MAY 09, 2002**

County: **SALT LAKE**

Registrar: *[Signature]*

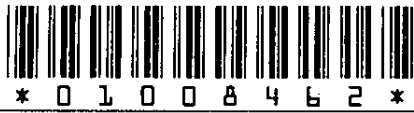
[Signature]
Barry E Nangle

**Barry E. Nangle
DIRECTOR OF VITAL RECORDS**

By *[Signature]*
Ellen Freeman



LL 1008462



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

SCHEDULE A

Order Number: **5-015827**

LEGAL DESCRIPTION

Lot 206, Green Meadow Estates No. 5, according to the official plat thereof on file and of record in the office of the Salt Lake County Recorder.

Parcel No.: **14-20-477-036**