



STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

3480727 / 1  
BK 8023 PG 120

CERTIFICATE OF DEATH

State File Number: 2022006819

Takeko Kawamoto Doi

DECEDENT INFORMATION

Date of Death:	April 12, 2022	Time of Death:	23:27
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	86	Date of Birth:	November 16, 1935
Place of Birth:	Hiroshima, Japan	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Checking Department Clerk
Industry/Business:	Government / Federal Reserve	Education:	Some College but No Degree
Residence:	Bountiful, Utah	Father's Name:	Keichi Kawamoto
Mother's Name:	Hatslimi Kawada	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Pacifica Senior Living		

INFORMANT INFORMATION

Name:	Agnes Miller	Relationship:	Niece-Trustee
Mailing Address:	7885 South 965 East, Sandy, Utah 84094		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Larkin Sunset Lawn Crematory, Salt Lake City, Utah
Date of Disposition:	April 19, 2022

FUNERAL HOME INFORMATION

Funeral Home:	Larkin Sunset Lawn
Address:	2350 East 1300 South, Salt Lake City, Utah 84108
Funeral Director:	Heidi Porter

MEDICAL CERTIFICATION

Certifying Physician:	Kevin W Tschetter MD, 74 East Kimballs Lane #300, Draper, Utah 84020
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CAUSE OF DEATH

Alzheimer's Disease (Onset: 5 Years)	
Tobacco Use: Unknown if User	
Medical Examiner Contacted: Yes	Autopsy Performed: No
Manner of Death: Natural	

Date Registered:	April 18, 2022
Date Issued:	April 18, 2022

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.



*U. W. Winger*

Unda S. Winger, MSW, LCSW  
State Registrar



\* 0 6 7 0 3 1 3 8 1 \*

*Angela C. Durin*

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



STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

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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		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.
	18. ADDRESS OF WITNESS					
					STATE _____ COUNTY _____	
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		
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.
	22. ADDRESS OF WITNESS					
					STATE _____ COUNTY _____	
NOTARY SIGNATURE _____						