

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

3604700

Legal Description:
Beginning at a point 23 9/13 rods South from
the Northwest corner of the Southeast quarter
of Section 25, Township 3 South, Range 1 West,
Salt Lake Mieridian; 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 D. Dunbar, Jr.*
Registrar City-County Vital Statistics
Mary Lee J. Mackay, Esq.
Chief Deputy Registrar Vital Statistics

FEB 13 1981

UTAH TITLE & ABST.
REF. _____
Regueline Pope
Regueline Pope

SEP 15 11 30 AM '81

507
KATHLEEN LIXSON
RECORDER
SALT LAKE COUNTY
UTAH

BOOK 5292 PAGE 188

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: Jack MIDDLE: SANTAROSA LAST: SANTAROSA			2. SEX: Male		3. RACE (White, Black, Am Indian, etc. Specify): White		4. DATE OF DEATH (Mo., Day, Year): February 9, 1981		
	5. WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, indicate type: Mexican, Pacific Islander, Cuban, Other (if other, specify):				6. DATE OF BIRTH (Mo., Day, Year): October 14, 1904		7. AGE (last birthday): 76 Yrs		8. IF UNDER 1 year: Months: _____ Days: _____	
	9. BIRTHPLACE (State or foreign country): Italy		10. 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 kind 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"/>			
	18c. CITY OR TOWN: Draper		18d. COUNTY: Salt Lake		18e. STATE: Utah		19. NAME & MAILING ADDRESS OF INFORMANT: Mrs. Josephine Santarosa 274 West 12300 South Draper, Utah 84020			
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: 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 examination of the body and/or investigation of the circumstances. Decedent was pronounced dead at: HOUR: _____ DATE: _____				21b. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE: <i>[Signature]</i>		21c. TIME of death (24 hr. clock): 7:10 PM			
MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION	21d. 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: Feb day: 9 year: 1981				21e. CERTIFIER'S name and title (type or print): Richard P. Bigelow M.D.		21f. DATE SIGNED (Mo., Day, Year): Feb. 10, 1981			
	22. If not certified by medical examiner, was death reported to him? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, enter the date and hour reported (24 hour clock):				21g. CERTIFIER'S address and zip code: 1060 East 100 South SLC, Utah		21h. UTAH PHYSICIAN LICENSE NUMBER: 3375			
	22a. HOUR: _____ MO: _____ DAY: _____ YEAR: _____		22b. DATE: Feb. 13 1981		22c. SIGNATURE of funeral director: <i>[Signature]</i>		22d. FUNERAL HOME—Name, address and license number: Goff Mortuary, Inc. #5 Midvale, Utah 84047			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23a. NAME AND LOCATION OF CEMETERY OR CREMATORY: Lake Hills Memorial Park, Sandy, Utah				23b. LOCAL REGISTRAR—Signature: <i>[Signature]</i>		23c. Date accepted for registration by local registrar: Feb. 13, 1981			
	24. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (Enter only one cause per line for A, B and C) (A) Legs began respiratory failure (B) due to OR AS A CONSEQUENCE OF heart's pump failure (C) due to OR AS A CONSEQUENCE OF solice valve failure - aortic				24a. INTERVAL BETWEEN ONSET AND DEATH: 24 weeks		24b. INTERVAL BETWEEN ONSET AND DEATH: 20 yr			
CAUSE OF DEATH	24c. CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST: terminal bacillary fever				24d. INTERVAL BETWEEN ONSET AND DEATH: 50 yr		24e. INTERVAL BETWEEN ONSET AND DEATH: 50 yr			
	25. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.				25a. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		25b. IF YES, were findings considered in determining cause of death? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
INJURY INFORMATION	26. Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>		26a. Pending investigation <input type="checkbox"/> Undetermined if injured <input type="checkbox"/> Accident or Purposeful <input type="checkbox"/>		26b. DATE of injury (Mo., Day, Year):		26c. TIME OF INJURY (24 Hour Clock):		26d. INJURY AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	27. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN:				27a. Distance from place of injury to nearest hospital (Item 10):		27b. Were laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		27c. Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	28. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury SHOULD BE ENTERED IN IFFM 20):				28a. NATURE OF INJURY:		28b. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian:		28c. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian:	

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