

Parcel No: 16-27-303-028-0000

State of Utah)
) ss.
County of Salt Lake)

Kristy L. Fedrick
KRISTY L. FEDRICK

Cindy M. Adler
Notary Public



STATE OF UTAH - DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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LOCAL FILE NUMBER **18-1459** STATE FILE NUMBER

1. NAME OF DECEDENT Beatrice Christina Hansen			2. SEX Female		3a. DATE OF DEATH (Mo., Day, Yr.) March 24, 2004		3b. TIME OF DEATH (24 hr. clock) 1415	
4. DATE OF BIRTH (Mo., Day, Yr.) January 13, 1923			5. AGE - Last Birthday 81		6. BIRTHPLACE (City & State or Foreign Country) Montpelier, Idaho		7. SOCIAL SECURITY NUMBER 520-18-1544	
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input checked="" type="checkbox"/> 4. Hospice Care			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) The Residence at Care Source					
9a. CITY, TOWN, OR LOCATION OF DEATH Salt Lake City			9b. COUNTY OF DEATH Salt Lake		9. SURVIVING SPOUSE (if wife, give maiden name)			
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"/> 2. Married <input checked="" type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Bookkeeping/ Clerical		12b. KIND OF BUSINESS OR INDUSTRY Company	
13a. RESIDENCE - STREET AND NUMBER 2091 East 3205 South			13b. CITY, TOWN OR COMMUNITY Salt Lake City		13c. COUNTY Salt Lake		13d. STATE Utah	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			13f. ZIP CODE 84109		14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) <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 (10-12) College (13-16 or 17+) 12								
17. FATHER'S NAME (First, Middle, Last) Albert Edwin Bowcutt			18. MAIDEN NAME OF MOTHER (First, Middle, Last) Beatrice Sophia Irving					
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Kristy Fedrick (Daughter) 3600 Fedrick Ranch Rd. Petaluma, California 94954								
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal			21a. DATE OF DISPOSITION March 27, 2004		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Wasatch Lawn Mem. Park		21c. LOCATION - City or Town, State Salt Lake City, Utah	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE Ron Nielson			23. LICENSEE NUMBER 112652		24. FUNERAL HOME (Name and address) Wasatch Lawn Mortuary 3401 Highland Drive Salt Lake City, UT 84106			
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 3/24/04			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/AN 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) as reported in Part I.								
27b. SIGNATURE AND TITLE OF CERTIFIER [Signature]			27c. LICENSE NUMBER 932598331205		27d. DATE SIGNED (Month, Day, Year) 3/25/04			
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type Print) Gregory J. Miller MD 1624 E 4500 S, S.C. UT 84117								
29. REGISTRAR'S SIGNATURE [Signature]			30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) March 29, 2004		30b. DATE FILED (Mo., Day, Yr.)			
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. Multi-system Organ Failure 72 hrs Acute Cerebral Vascular Accident 10d Approximate Interval Between Onset and Death.								
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input checked="" type="checkbox"/> 5. NON USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 3. Did not contribute to the cause of death. <input 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 checked="" 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 Accidently <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 checked="" 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)								

UDH-BVR Form 12, Rev. 12/98

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:

MARCH 29, 2004

County

SALT LAKE

Registrar

[Signature]

Barry E Nangle

Barry E. Nangle

DIRECTOR OF VITAL RECORDS

By

Ellen Freeman

LL01350265



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

BK 9024 PG 2394



SDH-BVR-HS 95 (8/96)