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# STATE OF UTAH
## DEPARTMENT OF HEALTH

LOCAL FILE NUMBER 25 - 764

## CERTIFICATE OF DEATH
STATE OF UTAH - DEPARTMENT OF HEALTH

STATE FILE NUMBER

1. NAME OF DECEDENT — FIRST: BUDD — MIDDLE: QUINCE — LAST: NEEL
2. SEX: Male
3. RACE (White, Black, Am. Indian, etc.) Specify: White
4. DATE OF DEATH (Month, Day, Year): August 10, 1984
5. WAS DECEDENT OF SPANISH ORIGIN? YES / NO XX (If yes, indicate type: Mexican ☐ Puerto Rican ☐ Cuban ☐ Other ☐ (If other, specify))
6. DATE OF BIRTH (Month, Day, Year): February 27, 1917
7. AGE (Last Birthday): 67 Yrs. — IF UNDER 1 year: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
8. BIRTHPLACE (State or foreign country): Utah
9. CITIZEN of what country: U.S.A.
10. ☐ Never Married ☒ Married ☐ Widowed ☐ Divorced
11. EDUCATION—(Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+): 13
12. SOCIAL SECURITY NUMBER: 518-14-2486
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SANITATION SUPERVISOR
13b. KIND OF BUSINESS OR INDUSTRY: CITY OF SAN DIEGO
14. NAME of surviving spouse (If wife, enter maiden name.): Ona Uvon Craner
15. NAME OF FATHER: Quince Farren Neel
16. MAIDEN NAME OF MOTHER: Lucina Street
17. Was decedent ever in U.S. Armed Forces? YES ☐ NO ☒
18a. USUAL RESIDENCE — (Street and No. or location): 3044 Greyling Drive
18b. INSIDE CITY LIMITS? YES X NO ☐
18c. CITY OR TOWN: San Diego
18d. COUNTY: San Diego
18e. STATE AND ZIP CODE: California 92123
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: Mrs. Ona C. Neel (Wife) 3044 Greyling Drive San Diego, California 92123
20a. NAME of hospital, nursing home or other institution where death occurred. (If residence or institution, give street address or location.): Mountain View Hospital — ☐ Inpatient ☒ E.D. patient ☐ DOA
20b. CITY OR TOWN: Payson
20c. COUNTY: Utah
21a. 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: David Fred Bennion
21c. TIME of death (24 hr. clock): 1112
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: 21e. Aug month 10 day 1984 year
If not certified by medical examiner, was death reported to him? YES ☐ NO ☒ If yes, enter the time and hour reported: (24 hour clock) HOUR ____ MO ____ DAY ____ YEAR ____
CERTIFIER'S name and title (Type or print): 21e. David F. Bennion, M. D.
DATE SIGNED (Month, Day, Year): 21f. 8/20/84
CERTIFIER'S address and zip code: 21g. 1190 E. Highway 91 Payson, Ut. 84651
UTAH PHYSICIAN LICENSE NUMBER: 21h. 6272
22. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Undetermined ☐ Other
23. DATE: 23a. 8-14-84
24. SIGNATURE OF EMBALMER: Michael J. DeWitt
25. FUNERAL HOME—Name, address and license number: 18 South Main St. Park Memorial (83) Payson, Utah
26. NAME AND LOCATION OF CEMETERY OR CREMATORY: Peoa, Utah Cemetery
27. LOCAL REGISTRAR—Signature: Ralph K. Miner MD
28. Date accepted for registration by local registrar: AUG 13 1984 — AUG 21 1984

PART I. DEATH WAS CAUSED BY: CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. (Enter only one cause per line for A, B and C)
29. (A) PULMANARY EMBOLISM — Interval between onset and death: 12 hrs
DUE TO, OR AS A CONSEQUENCE OF (B) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF (C) — Interval between onset and death

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.
31a. AUTOPSY YES X NO ☐ — 31b. IF YES, were findings considered in determining cause of death? YES X NO ☐

32. Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined if Injured Accidently or Purposely ☐
33a. DATE of Injury (Month, Day, Year)
33b. TIME OF INJURY (24 Hour Clock)
34. INJURY AT WORK? YES ☐ NO ☐
35. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office building, etc.)
36a. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN.
36b. Distance from place of injury to usual residence (Item 18) ____ Miles
37. Were laboratory tests done for drugs or toxic chemicals? YES ☐ NO ☐
38. Were laboratory tests done for alcohol? YES ☐ NO ☐
38. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)
40. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.

SDH-8145 (6-83)

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: AUG 21 1984

County Registrar: Ralph K. Miner MD

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS

By: Judy [illegible] DEPUTY

THE GREAT SEAL OF THE STATE OF UTAH 1847 1896

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES.

K 3.00

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the 16th day of January A.D., 1985 at 12:43 o'clock P M, and duly recorded in Vol M85 of Deeds on page 942.

EVELYN BIEHN, COUNTY CLERK

Fee: $ 3.00

by: [signature], Deputy

Return: Ona U. Neel 3044 Greyling Dr. San Diego, California 92123