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LOCAL FILE NUMBER 18-2499

CERTIFICATE OF DEATH

STATE OF UTAH - DEPARTMENT OF HEALTH

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT — FIRST: DONALD; MIDDLE: RAE; LAST: PALANUK
2. SEX: Male
3. RACE (White, Black, Am. Indian, etc.) Specify: White
4. DATE OF DEATH (Month, Day, Year): July 10, 1985
5a. WAS DECEDENT OF SPANISH ORIGIN? YES ☐ NO ☒ If yes, indicate type: Mexican ☐ Puerto Rican ☐ Cuban ☐ Other ☐ (If other, specify)
6. DATE OF BIRTH (Month, Day, Year): November 9, 1933
7. AGE (Last Birthday): 51 Yrs. — IF UNDER 1 year: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
8. BIRTHPLACE (State or foreign country): Washington
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+): 12
12. SOCIAL SECURITY NUMBER: 542-32-9754
13a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Supervisor
13b. KIND OF BUSINESS OR INDUSTRY: Paper Manufacturing
14. NAME of surviving spouse (If wife, enter maiden name): Elaine Davenport
15. NAME OF FATHER: James S. Palanuk
16. MAIDEN NAME OF MOTHER: Lucille Rundquist
17. Was decedent ever in U.S. Armed Forces? YES ☒ NO ☐

USUAL RESIDENCE

18a. USUAL RESIDENCE—(Street address or location): 1260 Woodlane Drive
18b. INSIDE CITY LIMITS? YES ☒ NO ☐
18c. CITY OR TOWN: Springfield
18d. COUNTY: Lane
18e. STATE AND ZIP CODE: Oregon 97477
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: Elaine D. Palanuk Wife, 260 Woodlane Drive, Springfield, Oregon 97477

PLACE OF DEATH

20a. NAME of hospital, nursing home or other institution where death occurred (If outside an institution, give street address or location.): University Med. Center
☒ Inpatient ☐ E.D. patient ☐ DOA
20b. CITY OR TOWN: Salt Lake City
20c. COUNTY: Salt Lake

MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION

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.
21a. Decedent was pronounced dead at: HOUR: 2145 DATE: 7/10/85
21b. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE
21c. TIME of death (24 hr clock): 2145

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
21d. month day year
If not certified by medical examiner, was death reported to him? YES ☐ NO ☐
If yes, enter the date and hour reported. M.E. Case No. 85-0688
22. HOUR: MO. DAY YEAR
21e. CERTIFIER'S name and title (Type or print): E. S. Sweeney, M.D.
21f. DATE SIGNED (Month, Day, Year): July 11, 1985
21g. CERTIFIER'S address and zip code: Office of the Medical Examiner, 44 Medical Dr., Salt Lake City, UT
21h. UTAH PHYSICIAN LICENSE NUMBER: 8097

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23a. Burial ☐ Removal ☐ Entombment ☐ Cremation ☒ Other ☐
23b. DATE: 7-11-85
24. SIGNATURE of Funeral Director
25. FUNERAL HOME—Name, address and license number: Deseret Mortuary, 36 East 700 So Salt Lake City, UT 84111
26. NAME AND LOCATION OF CEMETERY OR CREMATORY: Lake Hills Crematory, Sandy, UT
27. LOCAL REGISTRAR—Signature
28. Date accepted for registration by local registrar: July 11, 1985

CAUSE OF DEATH

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

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

INJURY INFORMATION

32. Accident ☒ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined if Injured ☐ Accidently or Purposely ☐
33a. DATE of Injury (Month, Day, Year): 7/9/85
33b. TIME OF INJURY (24 Hour Clock): 1630
34. INJURY AT WORK? YES ☐ NO ☒
35. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.): Parking lot
36a. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN: Twin Falls, Idaho
36b. Distance from place of injury to usual residence (Item 18): Unk. Miles
37. Were laboratory tests done for drugs or toxic chemicals? YES ☒ NO ☐
38. Were laboratory tests done for alcohol? YES ☒ NO ☐
DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29): Collision from recreational vehicle.
40. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian

MEDICAL AND HEALTH DATA

$5.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 6th day of August A.D., 19 85 at 12:29 o'clock P M., and duly recorded in Vol. M85, of Deeds on Page 12409.

FEE $5.00

Evelyn Biehn County Clerk

By _____