

# STATE OF UTAH

## DEPARTMENT OF HEALTH

LOCAL FILE NUMBER 18-1155

**CERTIFICATE OF DEATH**  
STATE OF UTAH - DIVISION OF HEALTH

1. NAME OF DECEDENT FIRST MIDDLE LAST  
**Joseph Perry Williamson**

2. SEX **male**

3. RACE (White, Black, Am. Indian, etc.) **White**

4. DATE OF DEATH (Mo., Day, Year)  
**April 8, 1983**

5. WAS DECEDENT OF SPANISH ORIGIN? YES ☐ NO ☒ If yes, indicate type: Mexican ☐ Puerto Rican ☐ Cuban ☐ Other ☐ (If other, specify)

6. BIRTHPLACE (State or foreign country)  
**Indiana**

7. CITIZEN OF what country  
**USA**

8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.)  
**Retired**

9. KIND OF BUSINESS OR INDUSTRY  
**Air Force-Post Office**

10. NAME OF SURVIVING SPOUSE (If wife, enter maiden name.)  
**Leda Fawcett**

11. SOCIAL SECURITY NUMBER  
**315-05-8004**

12. NAME OF FATHER  
**Joseph Edgar Williamson**

13. USUAL RESIDENCE—(Street and number or location and zip code)  
**1083 No. 1900 W. St. George Washington Utah 84770**

14. NAME & MAILING ADDRESS OF INFORMANT  
**Leda F. Williamson 1083 N. 1900 W.-St. George 84770**

15. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WHERE DEATH OCCURRED  
**LDS Hospital Salt Lake City**

16. 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, that I attended the investigation of the circumstances.  
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 investigation of the circumstances.  
DATE: **April 11, 1983**  
HOUR: **23**  
MONTH: **March**  
YEAR: **1983**  
CERTIFIER'S name and title (Type or print)  
**William T. Graff, M.D.**  
CERTIFIER'S address and zip code  
**354 E. 600 So. St. George, Ut. 84770**  
UTAH PHYSICIAN LICENSE NUMBER  
**5883**

17. NAME AND LOCATION OF CEMETERY OR CREMATORY  
**St. George City Cemetery-St. George, Utah**

18. NAME AND LOCATION OF FUNERAL HOME—Name, address and license number  
**Spillsbury and Graff # 57**

19. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE:  
(A) **Bronchogenic Carcinoma Right Lung**  
(B) **Due to, or as a consequence of**  
(C) **Due to, or as a consequence of**

20. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ UNDETERMINED IF INJURED ACCIDENTALLY OR PURPOSELY ☐ DATE OF INJURY (Mo., Day, Year)  
**April 11, 1983**

22. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN  
**St. George, Utah**

23. DESCRIBE HOW INJURY OCCURRED (Enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 23)

24. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (Item 18)  
**0**

25. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS?  
**YES ☐ NO ☒**

26. WERE LABORATORY TESTS DONE FOR ALCOHOL?  
**YES ☐ NO ☒**

27. IF MOTOR VEHICLE ACCIDENT, SPECIFY IF DECEDENT WAS DRIVER, PASSENGER OR PEDESTRIAN.

SDH-BHS 90(4-82)

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: **APR 18 1983**County: **SALT LAKE**Registrar: **John E. Brockert**

John E. Brockert

DIRECTOR OF VITAL STATISTICS

By: **Mary Kay J. McKay**

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **May** A.D., 19 **86** at **11:00** o'clock **A** M., and duly recorded in Vol. **M86** of **Deeds** on Page **9132**

FEE \$5.00

Evelyn Biehn, County Clerk

By: **Ann Smith**