





CERTIFICATE OF DEATH

STATE OF UTAH - DIVISION OF HEALTH

RECORDED AT REQUEST OF  
R. B. Paton  
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80 SEP 18 AIO: 50

OFFICIAL RECORDS  
 EUREKA COUNTY, NEVADA  
 WILLIS A. DEPAULI-RECORDER  
 FILE NO. 76762  
 FEE \$ 4.00

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LOCAL FILE NUMBER <u>18-1517</u>		STATE FILE NUMBER	
NAME OF DECEDENT M. MARGUERITE PATON		SEX Female	RACE (White, Black, Am Indian, etc.) White
DATE OF DEATH (Mo., Day, Year) April 27, 1980		WAS DECEDENT OF SPANISH ORIGIN? YES NO X (If yes, indicate type: Mexican, Puerto Rican, Cuban, Other (If other, specify))	
DATE OF BIRTH (Mo., Day, Year) Jan. 18th. 1918		AGE (Last birthday) 62 Yrs	IF UNDER 1 YEAR Months Days
CITIZEN OF what country USA		EDUCATION—(Specify only highest grade completed) Elementary or Secondary (10-12) College (13-16 or 17+) 11. 16 Years	SOCIAL SECURITY NUMBER [REDACTED]
USUAL OCCUPATION (Give kind of work done during most of year) Secretary		NAME OF surviving spouse (If wife, enter maiden name.)	
NAME OF FATHER Robert John Paton		MAIDEN NAME OF MOTHER Mable F. Otto	
USUAL RESIDENCE (Street and number or location and ZIP code) 3388 W. 4460 South 84119		NAME & MAILING ADDRESS OF INFORMANT R. Earl Paton 3389 W. 4460 South Salt Lake City, Utah 84119	
PLACE OF DEATH L.D.S. Hospital		PHYSICIAN OR MEDICAL EXAMINER SIGNATURE [Signature] DATE April 28, 1980	
MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION 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. I certify that I attended the death and I last saw the decedent alive on April 27, 1980. I was certified by medical examiner as death reported to him? YES NO X		CERTIFIER'S name and title (Type of unit) Henry M. Jackson M.D. 350 South 700 East S.L.C., Utah 84102	
FUNERAL DIRECTOR AND LOCAL REGISTRAR Oakwood Memorial Park Chatsworth, Calif.		FUNERAL HOME Name address and license number Neil O'Donnell Mort. #58 372 E. 1st. So. Salt Lake City, Ut. 84111	
CAUSE OF DEATH PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (Enter only one cause per line for A, B and C) A) Hypertensive disease B) due to, or as a consequence of C) due to, or as a consequence of PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I		INTERVAL BETWEEN ONSET AND DEATH 1-2 days 1+ yrs	
INJURY INFORMATION LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN NATURE OF INJURY		AUTOPSY IF YES, were findings considered in determining cause of death?	

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