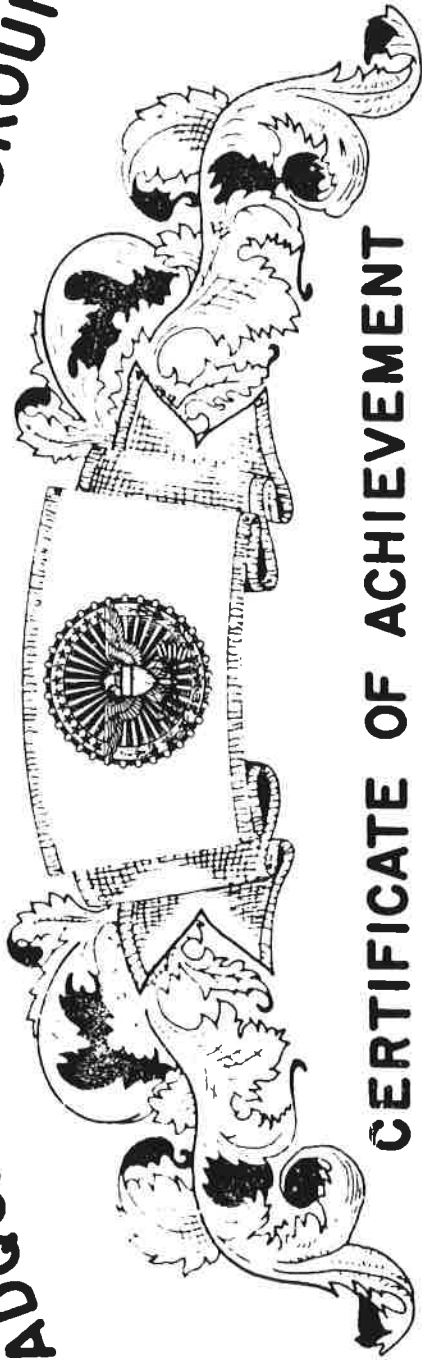


HEADQUARTERS DUGWAY PROVING GROUND



CERTIFICATE OF ACHIEVEMENT

NEAL C. ASAY

Be it hereby known that you in the calendar year of 1959 did achieve an outstanding attendance record, by taking no sick leave.

You are hereby commended for cooperation, diligent, and faithful attendance in the performance of your duties as a civilian employee of the United States Government.

May 1960

David Armitage

DAVID ARMITAGE Colonel, Cml C
COMMANDING

STATE OF UTAH—DEPARTMENT OF HEALTH

This form is classified as PRIVATE under the Utah Information Practices Act

25-169

CERTIFICATE OF DEATH

STATE OF UTAH — DIVISION OF HEALTH

STATE FILE NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT Cornelius "Neal" Asay		2. SEX male	3. RACE (White, Black, Am. Indian, etc.) white	4. DATE OF DEATH (Mo., Day, Year) 2/20/79	
	5. WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, indicate type: Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other <input type="checkbox"/> (If other, specify)		6. DATE OF BIRTH (Mo., Day, Year) 5/28/1889		7. AGE (Last Birthday) 89 Yrs.	
	8. BIRTHPLACE (State or foreign country) Utah		9. CITIZEN of what country USA		11. EDUCATION—(Specify only highest grade completed: Elementary or Secondary (8-12) College (13-16 or 17+) Not obtainable	
	10. Social Security Number 529-16-1559		12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer & livestock		13. KIND OF BUSINESS OR INDUSTRY farming	
USUAL RESIDENCE	15. NAME OF FATHER Jerome Asay		16. MAIDEN NAME OF MOTHER Nancy Meeks		17. Was decedent ever in U.S. Armed Forces? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	18a. USUAL RESIDENCE—(Street and number or location and zip code) 70 North 200 East		18b. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		19. NAME & MAILING ADDRESS OF INFORMANT Naomi Jensen Castle Dale, Utah 84513	
	18c. CITY OR TOWN Castle Dale		18d. COUNTY Emery		18e. STATE Utah	
PLACE OF DEATH	20a. NAME of hospital, nursing home or other institution where death occurred. (If outside an institution, give street address or location) Utah Valley Hospital		20b. <input checked="" type="checkbox"/> In patient <input type="checkbox"/> E.D. patient <input type="checkbox"/> DOA		20c. CITY OR TOWN Provo	
	20d. COUNTY Utah					
MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION	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 <i>[Signature]</i>		21c. TIME of death (24 hr. clock) 16:10 L	
	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: month Feb. day 20 year 1979		21e. CERTIFIER'S name and title (Type or print) Kevin M. Gaudin, MD		21f. DATE SIGNED (Mo., Day, Year) 3/7/79	
	21g. If not certified by medical examiner, was death reported to him? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, enter the date and hour reported: (24 hour clock)		21h. CERTIFIER'S address and zip code 1993 N. Columbia Lane		21i. UTAH PHYSICIAN LICENSE NUMBER 5134	
	22. HOUR: _____ MO: _____ DAY: _____ YEAR: _____					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23a. Burial <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Other <input type="checkbox"/>		23b. DATE Sat. 2/24/79		23c. SIGNATURE of Funeral Director <i>[Signature]</i>	
	23d. NAME AND LOCATION OF CEMETERY OR CREMATORY Castle Dale Cemetery		23e. LOCAL REGISTRAR'S signature <i>[Signature]</i>		23f. FUNERAL HOME—Name, address and license number Fausett Mortuary Price, Utah #124	
CAUSE OF DEATH	24. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (A) Acute subdural hematoma		24b. DUE TO, OR AS A CONSEQUENCE OF (B)		24c. INTERVAL between onset and death	
	24d. CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A). STATING THE UNDERLYING CAUSE LAST.		24e. DUE TO, OR AS A CONSEQUENCE OF (C)		24f. INTERVAL between onset and death	
	25. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.		25a. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25b. IF YES, were findings considered in determining cause of death? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	26. INJURY INFORMATION					
MEDICAL AND HEALTH DATA	27. ACCIDENT <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined If Injured <input type="checkbox"/> Homicide <input type="checkbox"/> Accidentally or Purposely <input checked="" type="checkbox"/>		27a. DATE OF INJURY (Mo., Day, Year) 2-18-79		27b. TIME OF INJURY (24 Hour Clock) 10:30	
	27c. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN. 256 E. Center - Provo, Utah		27d. INJURY AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		27e. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.) Nursing home - Reister	
	27f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29) Fell striking head causing rupture of cerebral artery		27g. Distance from place of injury to usual residence (Item 18) Unknown Miles		27h. Were laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	27i. Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		27j. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.			

DSS—SDH—BHS - 12 Rev. 1/78

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 25 1993**

County **UTAH**

Registrar **Joseph K. Miner MD**

LL **214459**

John E Brockert

John E. Brockert
DIRECTOR OF VITAL STATISTICS

By *Kanda Lee Brigham*

DEPUTY



DOWN MEMORY LANE

TAKEN FROM THE FILES OF THE PROGRESS OF 20 and 40 YEARS AGO THIS WEEK.

Twenty Years Ago

The last chapter of the tragic accident of the Mutual mine two and a half years ago when Gus Adams was killed and Ervin Anderson, his brother-in-law, was injured in a fall of rock, was closed with the death of the latter in November 19. Ervin was told by seven different surgeons, that he could not live, but his wife told them he would not die,

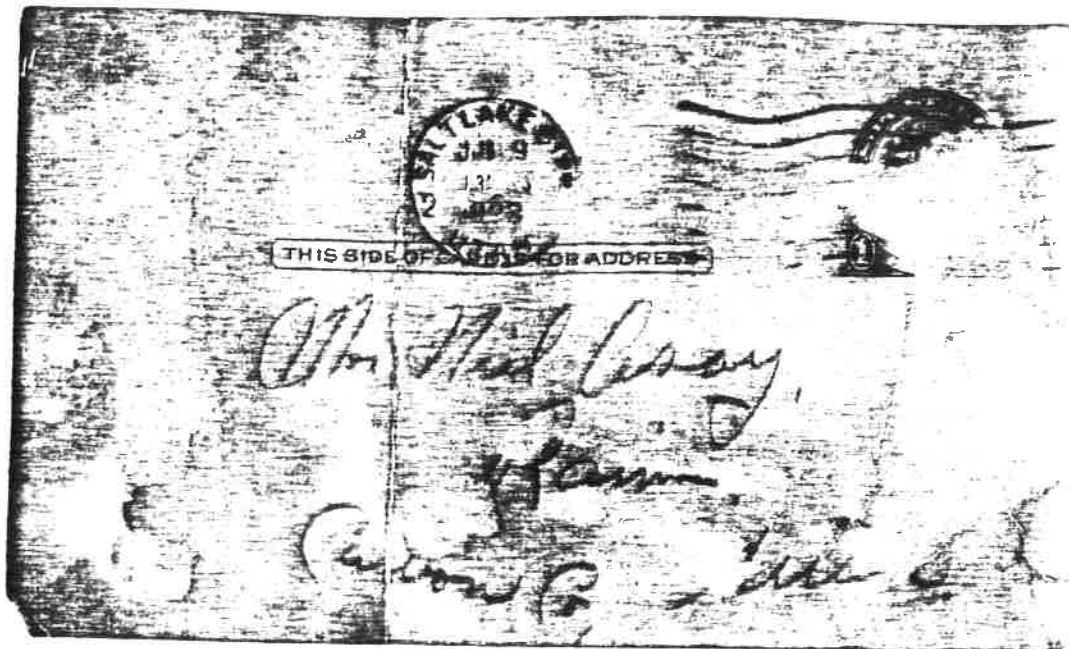
and in spite of 26 fractures, besides internal injuries, he recovered enough to be taken to the Holy Cross hospital. A short time later he was released and sent home for recovery and was getting along fine when he had a set back, which was fatal to him.

Mr. and Mrs. Paul Hansen from the Reservation and Mrs. Victor Ungerman of West Hiawatha, were guests of relatives and friends in Castle Dale the past week.

Ervin A. Anderson of Castle Dale who some two years ago suffered near fatal injury in the mines, passed away last Thursday evening.

Twenty Years Ago

Death in tragic form came to a Castle Dale family on May 7, 1923, when Gus Adams, 37-year-old husband of Emma Anderson Davis, was instantly killed at Mutual when a cave-in of an entry occurred. Ervin Anderson, a brother-in-law, who was working with him at the same point, was seriously injured.



Dear Fred I am going to
write every letter that
you I send you please
it and tell them
you get you old boy
you took me out from
the Rock and saved
me and stuck with
me all through the
game, but you'll
remember you and
you with your son
getting me a string of
fat like tonight they
a mouse. the first
a box full of gold from
Kula & Ella and they
will be busy with
it for a while with
it up. I am Ervin

Neal Asay, loved to dress neatly, and nearly always wore a felt hat. He would replace his hats if they got too ragged looking.



Cornelius (Neal) Asay, 6th child of Jerome Asay and Nancy Meeks born 28 May 1889, at Asay Ranch. Died Tuesday February 20, 1979, at Utah Valley hospital in Provo, Utah. Buried February 24 1979 in Castle Dale, Utah.

