

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2022000173

Larry Hogge Charlton

DECEDENT INFORMATION

Date of Death:	January 3, 2022	Time of Death:	15:47
City of Death:	Ogden	County of Death:	Weber
Age:	88	Date of Birth:	March 14, 1933
Place of Birth:	West Weber, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Linda Knight	Usual Occupation:	School Principal
Industry/Business:	County School District	Education:	Doctorate Degree
Residence:	Ogden, Utah	Father's Name:	Albert Ray Charlton
Mother's Name:	Maggie Genett Hogge	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	George E Wahlen Ogden Veterans Home		

INFORMANT INFORMATION

Name:	Linda Charlton	Relationship:	Wife
Mailing Address:	4056 West 900 South, Ogden, Utah 84404		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	West Weber Cemetery, West Weber, Utah
Date of Disposition:	January 8, 2022

FUNERAL HOME INFORMATION

Funeral Home:	Lindquist Mortuary - Roy
Address:	3333 West 5600 South, Roy, Utah 84067
Funeral Director:	Maryl K Wallace

MEDICAL CERTIFICATION

Certifying Physician:	Van Christiansen MD, 1100 West 2700 North, Pleasant View, Utah 84414
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CAUSE OF DEATH

Hypertensive Heart Disease With Heart Failure
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: January 5, 2022

Date Issued: January 5, 2022

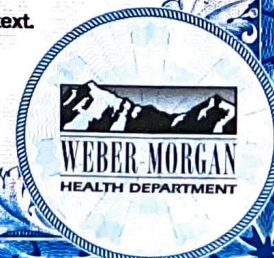
This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics.
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This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.



Linda S. Winger
Linda S. Winger, MSW, LCSW
State Registrar



Brian Cowan
Brian Cowan, MPH, LEHS
Director/Health Officer
County Health Department



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

AFFIDAVIT TO AMEND A RECORD

Corrections to a vital record may be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for gender or subsequent changes. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate or Death Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; please visit our website or contact our office. Please return any copies of the certificate with this completed affidavit and all supporting documentation. If corrected certificates are reissued within 90 days of issuance, the new certificate fee will be waived but affidavit fees may still apply. This affidavit may be mailed with the correct fees, proof of ID and application for a new certificate.

Mailing Address: Office of Vital Records and Statistics PO Box 141012 Salt Lake City, UT 84114-1012

Physical Address: Office of Vital Records and Statistics 288 North 1460 West Salt Lake City, UT 84116

Contact Info: <https://VitalRecords.utah.gov> 801-538-6105 vrequest@utah.gov



Affidavit Instructions: Please print or type. Items 1-6: Enter the facts as reported on the current vital record. Item 7: Enter the item number from items 1-6 that will be changed, if applicable. Item 8a: Enter the information as stated on the original record. Item 8b: Enter the correct information as it should be stated. Item 9: Enter the reason the change is necessary. Item 10: Enter the proofs used to support the change. The proofs must match the asserted fact(s) exactly. Proofs must be submitted with the affidavit. Items 11-22: Enter witness information.

Witnesses for Birth Certificate: If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If only one parent is listed, the second witness **MUST** be an immediate family member of the listed parent. If the person listed on the record is 18 years of age or older, he/she **MUST** sign as one of the witnesses. The second witness **MUST** be their immediate family member.

Witnesses for Death Certificate: The informant must sign as a witness along with an immediate member of the decedent's family. If adding a spouse, the spouse must sign as a witness. If no immediate family, a person who is knowledgeable of the facts may sign.

☐ BIRTH

☐ DEATH

☐ STILLBIRTH

STATE FILE NUMBER: _____

INFORMATION AS REPORTED ON RECORD	1a. FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME	
	2. SEX	3. DATE OF EVENT		4. PLACE OF OCCURRENCE (City and County)		
	5. NAME OF PARENT 1 (Maiden name if applicable)			6. NAME OF PARENT 2 (Maiden name if applicable)		
STATEMENT OF AMENDMENTS	7. ITEM NO.	8a. FACTS EXACTLY AS ON ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NEEDED?	9. _____					
DOCUMENTS USED	10. _____					
OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)	I hereby certify under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.					Subscribed to and Sworn to before me this ____ day of ____ 20 ____.
	11a. SIGNATURE OF WITNESS (Must sign in front of Notary)			11b. PRINTED NAME OF WITNESS		STATE _____ COUNTY _____
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a.		NOTARY SIGNATURE _____
	16. ADDRESS OF WITNESS					
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	I hereby certify under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.					Subscribed to and Sworn to before me this ____ day of ____ 20 ____.
	17a. SIGNATURE OF WITNESS (Must sign in front of Notary)			17b. PRINTED NAME OF WITNESS		STATE _____ COUNTY _____
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE	21. RELATIONSHIP TO 1a.		NOTARY SIGNATURE _____
	22. ADDRESS OF WITNESS					