STATE OF IOWA
DEPARTMENT OF HEALTH

114-

BIRTH NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT - NAME (FIRST, MIDDLE, LAST): RICHARD LEE PARSONS			2. SEX: MALE	3. DATE OF DEATH (MONTH, DAY, YEAR): JULY 9, 1982
4. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): WHITE	5a. AGE—LAST BIRTHDAY (YEARS): 45	5b. UNDER 1 YEAR: MOS. / DAYS; UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR): 10/1/1936	7a. COUNTY OF DEATH: LINN
7b. CITY, TOWN, OR LOCATION OF DEATH: CEDAR RAPIDS	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES	7d. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): MERCY HOSPITAL		7e. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): INPATIENT
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): IOWA	CITIZEN OF WHAT COUNTRY: UNITED STATES	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): BETTY ZUMBRNNEN	
12. SOCIAL SECURITY NUMBER: [redacted]	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): ASSEMBLER	13b. KIND OF BUSINESS OR INDUSTRY: BANK EQUIP.	13c. WAS DECEASED EVER IN U.S. ARMED SERVICES? GIVE DATES OF SERVICE.: NO	
14a. RESIDENCE—STATE: IOWA	14b. COUNTY: DELAWARE	14c. CITY, TOWN, OR LOCATION: HOPKINTON	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES	14e. STREET AND NUMBER: CITY
15. FATHER—NAME (FIRST, MIDDLE, LAST): ALBERT L. PARSONS		16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): MINNIE TURNER		
17a. INFORMANT—NAME: MRS. BETTY PARSONS		17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): P.O. 275 HOPKINTON, IA 52237		

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE	(a) Cancer cachexia	weeks
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	(b) metastatic small cell carcinoma of the lung	1 year
	(c)	

PART IIa. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 6 MONTHS? YES ☐ NO ☐

19a. AUTOPSY (YES OR NO): NO

19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)	

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ▶ [signature]

21b. DATE SIGNED (Mo., Day, Yr.): 7/14/82

21c. HOUR OF DEATH: 0735 am M

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Martin Wiesenfeld, M.D. 115 8th St. N.E., Cedar Rapids, IA 52401

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER OR CORONER) (Type or Print):

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL	24b. CEMETERY OR CREMATORY—NAME: HOPKINTON CEMETERY	24c. LOCATION (CITY OR TOWN, STATE): HOPKINTON, IOWA	
24d. DATE (MONTH, DAY, YEAR): 7/12/1982	25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): GOETTSCH'S, 514 WEST FIRST ST., MONTICELLO, IA 52310		
25b. FUNERAL DIRECTOR—SIGNATURE: [signature]	25c. F.D. LIC. NO.: 61	26a. REGISTRAR—SIGNATURE: [signature]	26b. DATE RECEIVED BY LOCAL REGISTRAR: 7-19-8

CPC-71277 11/7

FILE No. 87-2388
RECORDING FEE $ 10.00
TRANSFER FEE $

FILED FOR RECORD THE 16 DAY OF April, 19 91 AT 12:01 O'CLOCK P M. BOOK 2 PAGE 161

STATE OF IOWA, DELAWARE COUNTY
Joan Sheppard, Recorder
By Misc., Deputy

87-2388

DELAWARE COUNTY IOWA
FILED

'91 APR 16 PM 12 01

BOOK 2 PAGE 161
RECORDER

$10.00

STATE OF IOWA, LINN COUNTY, ss
Kenneth L. Perry, Jr., do hereby certify that I am the Clerk of the District Court in and for said County and State, and as such official have the possession and control of official records of vital statistics in and for said County and charged with the duty of keeping said records, and that this is a true copy of said record.

KENNETH L. PERRY, JR.
CLERK OF DISTRICT COURT

By Mary Lauderdale