212

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

114- 90 0000?

TYPE IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

BIRTH NUMBER

DECEDENT

1. DECEDENT'S NAME: FIRST ROGER MIDDLE KIETH LAST STUMMA
2. DATE OF DEATH (Mo., Day, Yr.): JANUARY 1, 1990
3. SEX: MALE
4a. AGE - LAST BIRTHDAY (Years): 48
4b. UNDER 1 YEAR: MOS. / DAYS
4c. UNDER 1 DAY: HRS. / MIN.
5. DATE OF BIRTH (Mo., Day, Yr.): SEPT. 16, 1941
6a. COUNTY OF DEATH: JOHNSON
6b. FACILITY NAME (If not institution, give street and number): VA MEDICAL CENTER
6c. CITY, TOWN, OR LOCATION OF DEATH: IOWA CITY
6d. INSIDE CITY LIMITS (Specify yes or no): YES
6e. PLACE OF DEATH (Check only one): ☒ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Nursing Home ☐ Residence ☐ Other (Specify)

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7. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc.: ☒ NO ☐ YES Specify:
8. RACE - White, Black, American Indian, etc. (Specify): WHITE
9. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): - - - -

USUAL RESIDENCE WHERE DECEDENT LIVED, IF DEATH OCCURRED IN A LONG-TERM CARE INSTITUTION, GIVE INSTITUTION ADDRESS AS RESIDENCE

10. BIRTHPLACE (City & State or Foreign Country): INDEPENDENCE, IA
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
12b. SURVIVING SPOUSE (If wife, give maiden name): NA
13. SOCIAL SECURITY NUMBER: [redacted]
14a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): PAINTER
14b. KIND OF BUSINESS OR INDUSTRY: Construction
15. WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no): YES
16a. RESIDENCE - STATE: IOWA
16b. COUNTY: BUCHANAN
16c. CITY, TOWN, OR LOCATION: INDEPENDENCE
16d. STREET AND NUMBER OF RESIDENCE: 501 3RD St SE
16e. INSIDE CITY LIMITS (Specify yes or no): YES

PARENTS

17. FATHER'S NAME: FIRST KIETH MIDDLE LAST STUMMA
18. MOTHER'S NAME: FIRST LEOLA MIDDLE MAIDEN BEARBOWER

INFORMANT

19a. INFORMANT'S NAME: VA MEDICAL RECORDS MARILYN INMAN
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): VA MEDICAL CENTER, IOWA CITY, IOWA 52246

BURIAL

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): Brandon Cemetery
20c. LOCATION (City or Town, State): Brandon, Iowa
21a. FUNERAL DIRECTOR - SIGNATURE: Robert B. Reiff
21b. F.D. LICENSE #: 2121
21c. FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): Reiff Funeral Home, 216 3rd Ave. S.E.; Independence, Iowa 50644

REGISTRAR

22a. REGISTRAR - SIGNATURE: [signature] 32
22b. DATE RECEIVED BY REGI (Mo., D): JAN - 5 1990

CERTIFIER

23. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
24a. DATE OF INJURY (Mo., Day, Yr.)
24b. HOUR OF INJURY
24c. INJURY AT WORK? (Specify yes or no)
24d. DESCRIBE HOW INJURY OCCURRED
24e. PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)
24f. LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)
25a. To the best of my knowledge, death occurred at the time, date and place due to the cause(s) and manner as stated. (Signature and title): [signature], MD
25b. DATE SIGNED (Mo., Day, Yr.): JAN. 1, 1990
25c. HOUR OF DEATH: 1:15 PM
26. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print):
27. NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print): DONN MARUTANI M.D., VA MEDICAL CENTER, IOWA CITY, IOWA 52246

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Final disease or condition resulting in death → IMMEDIATE CAUSE
(a) METASTATIC ADENOCARCINOMA OF UNKNOWN PRIMARY
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
(b) DUE TO (OR AS A CONSEQUENCE OF):
(c) DUE TO (OR AS A CONSEQUENCE OF):
(d) DUE TO (OR AS A CONSEQUENCE OF):

Approximate Interval Between Onset and Death

PART II. a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.
b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no)
29a. AUTOPSY (Specify yes or no): NO
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DE (Specify yes or

CFN-588-0031
Revised - 1/89
(TS)

STATE OF IOWA, BUCHANAN COUNTY, ss

I Betty Cameron, Clerk of District Court in and for said County do hereby certify the foregoing to be a true photo copy of the original record.

Witness my hand and official seal this 1st day of May 1991.

CLERK Betty Cameron

DEPUTY Joan L. Dent

SEAL - THE DISTRICT COURT OF BUCHANAN COUNTY, IOWA

FILE No. 116-408
RECORDING FEE $ 5.00
TRANSFER FEE $

FILED FOR RECORD THE 9 DAY OF August, 19 91 AT 10:31 O'CLOCK A. M. BOOK 2 PAGE 204

STATE OF IOWA, DELAWARE COUNTY
Jane A. Lloyd, Recorder
Misc.