Ems
Beecher, Field, Walker,
Morris, Hoffman +
Johnson
P.O. Box 178
Waterloo IA
50704

DELAWARE COUNTY IOWA
FILED
2002 SP 19 AM 10: 22
BOOK 2002 PAGE 3376
DEBORAH L. PEYTON
DELAWARE CO. RECORDER
11.00

Prepared by: W. Louis Beecher, 620 Lafayette St., Waterloo, IA 50704-0178 (319)234-1766

AFFIDAVIT

STATE OF IOWA)
) ss.
COUNTY OF BLACK HAWK)

I, W. Louis Beecher, being first duly sworn on oath depose and state as follows:

That I am the attorney for the Estate of Althera Brollier, deceased, which was probated in Black Hawk County, Iowa, as Probate No. ESPRO53507.

That Althera Brollier died on March 18, 2002.

That attached hereto is a State of Iowa, County Record, certificate of death.

W. Louis Beecher

W. Louis Beecher

Subscribed and sworn to before me this 18th day of September, 2002.

NOTARIAL SEAL IOWA
TERESA A. MURRAY
COMMISSION # 122285
MY COMMISSION EXPIRES
8/19/2003

Teresa A. Murray
Notary Public - State of Iowa

CERTIFICATE OF VITAL RECORD

STATE OF IOWA

County Record

STATE OF IOWA

IOWA DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

114-

BIRTH NUMBER

TYPE IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

DECEDENT'S NAME	FIRST	MIDDLE	LAST	DATE OF DEATH (Mo., Day, Yr.)
1.	Althera	Irene	Brollier	2. Mar 18, 2002

SEX	AGE - LAST BIRTHDAY (Years)	UNDER 1 YEAR MOS.	UNDER 1 DAY DAYS	HRS	MIN	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH
3. Female	4a. 89	4b.		4c.		5. Jan 25, 1913	6a. Black Hawk

FACILITY NAME (If not institution, give street and number)

6b. Harmony House Health Care Center

CITY, TOWN, OR LOCATION OF DEATH: 6c. Waterloo

INSIDE CITY LIMITS (Specify yes or no): 6d. Yes

6e. PLACE OF DEATH (Check only one)

HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA

OTHER ☒ Nursing Home ☐ Residence ☐ Other (Specify)

WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc

7. ☒ NO ☐ YES Specify:

RACE - White, Black American Indian, etc. (Specify)

8. White

DECEDENT'S EDUCATION (Specify only highest grade completed)

Elementary/Secondary (0-12): 9. 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

BIRTHPLACE (City & State or Foreign Country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
10. Manchester, IA	11. USA	12a. Widowed	12b.

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	KIND OF BUSINESS OR INDUSTRY	WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no)
13. [redacted]	14a. Homemaker	14b. Home	15. No

RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OF RESIDENCE	INSIDE CITY LIMITS (Specify yes or no)
16a. IA	16b. Black Hawk	16c. Waterloo	16d. 2950 W Shaulis Road	16e. Yes

PARENTS

FATHER'S NAME	FIRST	MIDDLE	LAST	MOTHER'S NAME	FIRST	MIDDLE	MAIDEN
17.	S A		Dudley	18.	Elsie	Marie	Hicks

INFORMANT

INFORMANT'S NAME: 19a. Clark D Brollier

MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 19b. 121 Summitt Avenue, Waterloo, IA 50701

BURIAL

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): 20b. Memorial Park Cemetery

LOCATION (City or Town, State): 20c. Waterloo, IA 50701-

FUNERAL DIRECTOR - SIGNATURE: 21a. Blair A. Overton

F.D. LICENSE #: 21b. 2504

FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 21c. Parrott & Wood Funeral Home 204 Commercial Street Waterloo, IA 50704-0966

REGISTRAR

REGISTER - SIGNATURE: 22a. Patricia A. Sass DEPUTY 03/05/18

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 22b. APR 03 2002

23. MANNER OF DEATH	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	INJURY AT WORK? (Specify yes or no)	DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined	24a.	24b. M.	24c.	24d.

PLACE OF INJURY (Specify at home, farm, street factory, office building, etc.): 24e.

LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code): 24f.

CERTIFIER

To the best of my knowledge, death occurred at the time, date and place due to the cause(s) and manner as stated.

25a. (Signature and title): [signature] MD

DATE SIGNED (Mo., Day, Yr): 25b. 3-26-02

HOUR OF DEATH: 25c. 345 PM

NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print): 26.

NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner)(Type/Print): 27. David R. Breitkreuz, MD 236 National Drive Waterloo IA 50701

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.

		Approximate Interval Between Onset and Death
Final disease or condition resulting in death →	(a) IMMEDIATE CAUSE: Presumed Sepsis	5 days
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): Urinary Tract Infection	5 days
	(c) DUE TO (OR AS A CONSEQUENCE OF):	
	(d)	

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)	AUTOPSY (Specify yes or no)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no)
Type 2 Diabetes Mellitus, History of Stroke Alzheimers dementia	NO	29a. No	29b.

CFN-588-0021 Revised - 1/89 (TS)

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.

APR 03 2002 DATE ISSUED

BY Patricia A. Sass DEPUTY COUNTY REGISTRAR OF VITAL RECORDS

OF BLACK HAWK COUNTY

C0998739

FORM #588-0328C (1999)

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THE GREAT SEAL OF THE STATE OF IOWA — OUR LIBERTIES WE PRIZE AND OUR RIGHTS WE WILL MAINTAIN

COUNTY REGISTRAR ★ IOWA ★ REGISTRATION OF VITAL STATISTICS

MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE