

STATE OF IOWA

County Record

STATE OF IOWA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

114

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

PRECEDENT? RESIDENCE BEING RECEIVED BY DEATH OR INSTITUTION, RESIDENCE BEING RECEIVED BY ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEDENT - NAME Robert E. WOOLIS		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) December 9, 1983
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)) White	AGE - LAST BIRTHDAY (YEARS) MONTH DAYS 83	DATE OF BIRTH (MONTH, DAY, YEAR) March 30, 1900	COUNTY OF DEATH Wayne
CITY, TOWN, OR LOCATION OF DEATH Corydon		HOSPITAL OR OTHER INSTITUTION (Name if not in column, give street and number) Wayne County Hospital	IF HOSP. OR INST. Indicate DOA (Define on Imp. Impression - Special) DOA
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Iowa	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) Irene Kaldenberg
SOCIAL SECURITY NUMBER [REDACTED]	USUAL OCCUPATION (GIVE NAME OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Farm Owner	KIND OF BUSINESS OR INDUSTRY Farm	WAS DECEASED EVER IN U.S. ARMED SERVICES? GIVE DATES OF SERVICE NO
RESIDENCE - STATE Iowa	COUNTY Wayne	CITY, TOWN, OR LOCATION Corydon	STREET AND NUMBER 315 N. DeKalb
FATHER - NAME (FIRST, MIDDLE, LAST) Edward Allen Woolis	MOTHER - MARRIAGE NAME (FIRST, MIDDLE, LAST) Nora Elizabeth Gilbert	INFORMANT - NAME Mrs. Irene Woolis	
MARRIAGE ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 315 N. DeKalb; Corydon, Iowa 50060		PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
(a) Sudden cardiac death		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Immediate	
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (a)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR
PLACE OF INJURY (HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))		HOW INJURY OCCURRED (GIVE NATURE OF INJURY IN PART I OR PART II, ITEM 1B)	
DATE SIGNED (M., DAY, YEAR) 12-12-83		HOUR OF DEATH 1:50 AM	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER OR EDWARD) (SEE INSTRUCTIONS) K.A. Carber M.D. Corydon Medical Clinic P.C. 100 E. So. St. Corydon, Iowa 50060			
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION (CITY OR TOWN, STATE, ZIP)	
Burial	Corydon Cemetery	Corydon, Iowa	
DATE (MONTH, DAY, YEAR) December 12, 1983	FUNERAL HOME - NAME AND ADDRESS	CITY OR TOWN, STATE, ZIP Wolf Funeral Home; 204 N. Greeley St.; Corydon, Iowa 50060	
FUNERAL DIRECTOR - SIGNATURE <i>[Signature]</i>	F.D. LIC. NO. 294	REGISTRAR - SIGNATURE <i>[Signature]</i>	DATE RECEIVED BY LOCAL REGISTRAR 12-14-83

DATE FILED WITH COUNTY REGISTRAR - December 14, 1983

FILED NO. **001977**
BOOK **2002** PAGE **1977**
2002 APR 25 PM 1:39

REC \$ **5.00**
AUD \$ **1.00**
R.M.F. \$ **1.00**

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RECORDED
COMPARED

MICKI UTSLER
RECORDER
MADISON COUNTY, IOWA

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.

4-12-2002
DATE ISSUED
C1233086
FORM #588-0328C (1999)

BY *Angela M. Vinton B.S.* OF *Wayne*
COUNTY REGISTRAR OF VITAL RECORDS COUNTY

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