W 60 acres NE¼ 36-74-27

STATE OF IOWA
DEPARTMENT OF HEALTH
114-
CERTIFICATE OF DEATH

OR PRINT IN PERMANENT INK
HANDBOOK FOR INSTRUCTIONS

07 17-2092
BIRTH NUMBER

STATE FILE NUMBER

**DECEDENT**

1. DECEDENT—NAME (First, Middle, Last): Vernon Elmer Daniel
2. SEX: male
3. DATE OF DEATH (Month, Day, Year): Jan 4, 1980
4. RACE (White, Black, American Indian, Etc.): white
5a. AGE—Last Birthday (Years): 67
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): April 2, 1912
7a. COUNTY OF DEATH: Polk
7b. CITY, TOWN, OR LOCATION OF DEATH: Des Moines
7c. INSIDE CITY LIMITS (Specify Yes or No): Yes
7d. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): Des Moines General 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
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
11. SURVIVING SPOUSE (If wife, give maiden name): Alice Watt
12. SOCIAL SECURITY NUMBER: 482-01-7537
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): route supervisor
13b. KIND OF BUSINESS OR INDUSTRY: Flynn Dairy
13c. WAS DECEASED EVER IN U.S. ARMED SERVICES? GIVE DATES OF SERVICE: no
14a. RESIDENCE—STATE: Iowa
14b. COUNTY: Polk
14c. CITY, TOWN, OR LOCATION: Des Moines
14d. INSIDE CITY LIMITS (Specify Yes or No): yes
14e. STREET AND NUMBER: 321 S.E. Dieh1 46

**PARENTS**

15. FATHER—NAME (First, Middle, Last): THomas Elmer Daniel
16. MOTHER—MAIDEN NAME (First, Middle, Last): SArah Annabelle Hoyt
17a. INFORMANT—NAME: Alice Daniel
17b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, ZIP): 321 S.E. Dieh1 Des Moines, Iowa 50315

**CAUSE**

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): Respiratory Failure
DUE TO, OR AS A CONSEQUENCE OF:
(b): Cronic Obstructive Pulmonary Disease
DUE TO, OR AS A CONSEQUENCE OF:
(c):

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Advanced pulmonary emphysema

19a. AUTOPSY (Yes or No): Yes
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: Yes

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)

**CERTIFIER**

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.): January 17, 1980
21c. HOUR OF DEATH: 5:41 am
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER OR CORONER) (Type or Print): James R. Hill, D.O., P.C., Wilden Clinic, 717 Lyon, Des Moines, Iowa 50316

**BURIAL**

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Sunset Memorial
24c. LOCATION (City or Town, State): Des Moines, Iowa
24d. DATE (Month, Day, Year): Jan 7, 1979
25a. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, ZIP): Hamilton's 605 Lyon Des Moines, Iowa 50316
25b. FUNERAL DIRECTOR—SIGNATURE: [signature]
26a. REGISTRAR—SIGNATURE: Violet Winters
26b. DATE RECEIVED BY LOCAL REGISTRAR: 1-21-1980 95

CPC-71277 1/78

IND. V
REC. V
PAGE V

FILED NO. 215
BOOK 37 PAGE 761
1987 AUG -6 PM 1:17
MARY E. WELTY
RECORDER
MADISON COUNTY IOWA
Fee $5.00

L. C.
JAN 22 1980
RK R. RASMUSSEN
erk of Dist. Court

CERTIFICATE

I, Clark R. Rasmussen, Clerk of the District Court of the State of Iowa, in and for Polk County, do hereby certify that this is a true and complete