10-221

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH
114-

BIRTH NUMBER

DECEDENT'S NAME: 1. BERNICE H | MIDDLE | CASSADY | LAST | HANRAHAN | 2. DATE OF DEATH (Mo. Day. Yr.): August 1, 1991

3. SEX: Female | 4a. AGE - LAST BIRTHDAY (Years): 78 | UNDER 1 YEAR: 4b. MOS. 4c. DAYS | UNDER 1 DAY: 4d. HRS. 4e. MINS. | 5. DATE OF BIRTH (Mo. Day. Yr.): December 18, 1912 | 6a. COUNTY OF DEATH: Marben

6b. FACILITY NAME (If not institution, give street and number): Regency Manor | 6c. CITY, TOWN, OR LOCATION OF DEATH: Norwalk, Iowa | 6d. INSIDE CITY LIMITS (Specify yes or no): Yes

6e. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER ☒ Nursing Home ☐ Residence ☐ Other (Specify)

DECEDENT

7. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc.: 7. ☒ 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+):

10. BIRTHPLACE (City & State or Foreign Country): Norwalk, Iowa

11. CITIZEN OF WHAT COUNTRY: USA

12a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

12b. SURVIVING SPOUSE (If wife, give maiden name): Tom Hanrahan

13. SOCIAL SECURITY NUMBER: [redacted]

14a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker

14b. KIND OF BUSINESS OR INDUSTRY: Same

15. WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no): NO

16a. RESIDENCE - STATE: Iowa | 16b. COUNTY: Madison | 16c. CITY, TOWN, OR LOCATION: Cumming | 16d. STREET AND NUMBER OF RESIDENCE: Rural Route | 16e. INSIDE CITY LIMITS (Specify yes or no): NO

PARENTS

17. FATHER'S NAME: Frank | MIDDLE | Cassady | 18. MOTHER'S NAME: Mary | MIDDLE: Ann | MAIDEN: McNamara

INFORMANT

19a. INFORMANT'S NAME: Tom Hanrahan | 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): R.R. Cumming, Iowa 50061

BURIAL

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

20b. PLACE OF DISPOSITION (Name of Cemetery, Crematory or other place): St. Patrick's Irish Settlement

20c. LOCATION (City or Town, State): Cumming, Iowa

21a. FUNERAL DIRECTOR - SIGNATURE: James A Reddatz | 21b. F D LICENSE #: 2154

21c. FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): Caldwell-Brien-Robbins Funeral Home 2100 University Avenue Des Moines, Iowa 50311

REGISTRAR

22a. REGISTRAR - SIGNATURE: Barbara Sprater | 22b. DATE RECEIVED BY REGISTRAR (Mo. Day. Yr.): 8-26-91

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 | 25. INJURY AT WORK? (Specify yes or no) | 26. DESCRIBE HOW INJURY OCCURRED

27. PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.) | 28. LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)

29a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Signature and title): [signature] | 29b. DATE SIGNED (Mo. Day. Yr.): 08/19/91 | 29c. HOUR OF DEATH: 9:30 AM

PHYSICIAN

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

31. NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type or Print): Dr James Egley, D.O, Medical Services Southridge 1111 East ARmyPost Road Des Moines, IA 50315

CAUSE OF DEATH

32. 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: Onset and Death

Final disease or condition resulting in death: IMMEDIATE CAUSE (a) Cerebral vascular accident | 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)
(c) DUE TO (OR AS A CONSEQUENCE OF)
(d)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Diabetes, Seizure Disorder

33. IF FEMALE: WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no): No

34. AUTOPSY (Specify yes or no): No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? (Specify yes or no):

CFN-608-0001 Revised - 1/89

446-0687

CERTIFICATE

I, Deborah M. Lockwood, Clerk of the District Court of the State of Iowa in and for Warren County, do hereby certify that this is a true and complete copy of the Original Instrument filed in this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Court at my office in Indianola, Iowa this 13 day of June 1995

Deborah M. Lockwood
Clerk of the District Court
By: Linda Flint Deputy

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

FILED NO. 1896
BOOK 42 PAGE 659
95 JAN 25 AM 9:41
MICHELLE UTSLER
RECORDER
MADISON COUNTY, IOWA
COMPUTER ✓
RECORDED ✓
COMPARED ✓