

STATE OF IOWA DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

114-

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

Form with fields for DECEASED (ELINOR G. CHAPLER), PARENTS (Nold W. Groh, Gertrude Uttley), CAUSE (Cardiac Arrest), and BURIAL (Dexter Cemetery). Includes fields for race, date of birth, residence, and certifier information.

DECEASED VISUAL RECORDS WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

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CAUSE

CERTIFIER

BURIAL

SS-NO. 3 - Rev. 1-68 C-800015 3/68

I HEREBY CERTIFY THAT THE ABOVE INFORMATION WAS TAKEN FROM THE RECORD OF DEATH ON FILE IN THIS OFFICE IN ACCORDANCE WITH THE LAW OF IOWA REQUIRING FILING OF VITAL RECORDS.

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Stamp: MARCH 3, 1995, DISTRICT COURT, MADISON COUNTY

Storia L. Ward, Clerk of District Court, by Marjorie A. Daugherty, T.C.C.F., Deputy

FILED NO. 2287, BOOK 42 PAGE 744, 95 MAR 10 PM 12:11

MICHELLE UTSLER, RECORDER, MADISON COUNTY, IOWA

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

COMPUTER, RECORDED, COMPARED (with checkmarks)