

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

TYPE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK	BIRTH NUMBER		DECEDENT'S NAME			DATE OF DEATH (Mo., Day, Yr.)	
			FIRST <b>James</b>	MIDDLE <b>Leroy</b>	LAST <b>Harger</b>	<b>September 16, 1990</b>	
SEX	3. <b>male</b>	AGE - LAST BIRTHDAY (Years) 4a. <b>51</b>	UNDER 1 YEAR MOS. 4b.	UNDER 1 DAY DAYS 4c.	UNDER 1 DAY HRS. 4d.	MIN. 4e.	DATE OF BIRTH (Mo., Day, Yr.) 5. <b>Oct. 27, 1938</b>
	FACILITY NAME (If not institution, give street and number) 6a. <b>Iowa Methodist Medical Center</b>					CITY, TOWN, OR LOCATION OF DEATH 6c. <b>Des Moines, Iowa</b>	
HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
DECEDENT	7. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify:			8. <b>white</b>		9. <b>12</b>	
	WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc.			RACE - White, Black, American Indian, etc. (Specify)		DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	
USUAL RESIDENCE WHERE DECEDENT LIVED, IF DEATH OCCURRED IN A LONG-TERM CARE INSTITUTION, GIVE INSTITUTION ADDRESS AS RESIDENCE	10. <b>Des Moines, IA</b>		11. <b>USA</b>		12a. <b>married</b>		12b. <b>Phoebe Diane Cook</b>
	13. [REDACTED]		14. <b>Realestate Mortgage/Broker</b>		14b. <b>Realestate</b>		15. <b>yes</b>
PARENTS	16a. <b>Iowa</b>		16b. <b>Union</b>		16c. <b>Lorimor</b>		16d. <b>RR 1 Box 58</b>
	FATHER'S NAME 17. <b>Luke Arlene Harger</b>		MOTHER'S NAME 18. <b>Emma Louanna Griffin</b>				
INFORMANT	19a. <b>Diane Harger</b>			19b. <b>RR 1 Box 58 Lorimor, IA 50149</b>			
	20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. <b>Resthaven Cemetery</b>		20c. <b>West Des Moines, Iowa</b>		
BURIAL	21a. <i>[Signature]</i>			21b. <b>2405</b>			
	21c. <b>Westover Funeral Home 6337 Hickman Rd. Des Moines, Iowa 50322</b>						
REGISTRAR	22a. <i>[Signature]</i>			22b. <b>10-3-90</b>			
	23. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24a. <b>Arteriosclerotic Cardiovascular Disease</b>		24b. <b>M.</b>		
CAUSE OF DEATH	25a. (Signature and title) <i>[Signature]</i>		25b. <b>9-28-90</b>		25c. <b>10:00 P.M.</b>		
	26. <b>Lorn W. Matthews, D.O., Deputy Medical Examiner, 4900 Franklin, Des Moines, IA 50310</b>						
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 → IMMEDIATE CAUSE <b>Arteriosclerotic Cardiovascular Disease</b>						
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)
							29a. <b>NO</b>
							29b. <b>NO</b>

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

FILED NO: **2596**  
BOOK **40** PAGE **325**  
91 JUN 18 PH 1:31  
MICHELLE UTSLER  
RECORDER  
MADISON COUNTY, IOWA  
Fee \$5.00

COMPARED

00691234

CERTIFICATE  
I, Jerry L. Wells, 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 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 in Des Moines, Iowa this **3rd** day of **October**, 1990.  
JERRY L. WELLS  
Clerk of the District Court

