

Auditors Copy

STATE OF IOWA DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

114- C 3772

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

USUAL RESIDENCE WHERE DECEDENT LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

8-539

CAUSE

CERTIFIER

BURIAL

CPC-71277 220-0021 (6/85)

BIRTH NUMBER		DECEDENT-NAME		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
		A. BERNICE DUDNEY		FEMALE	JULY 31, 1987
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
WHITE	92			DEC. 12, 1894	MADISON
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)		IF HOSP. OR INST. Indicate DD, OP/Emr. Rm., Inpatient (Specify)
WINTERSSET		YES	MADISON COUNTY MEMORIAL HOSPITAL		INPATIENT
STATE OF BIRTH (If not in U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (If wife, GIVE MAIDEN NAME)	
IOWA	USA	MARRIED		LOYD C. DUDNEY	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY		WAS DECEASED EVER IN U.S. ARMED SERVICES? GIVE DATES OF SERVICE.	
	HOUSEWIFE	HOMEMAKING		NO	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
IOWA	MADISON	WINTERSSET	NO	BOX 183 RR 3	
FATHER—NAME			MOTHER—MAIDEN NAME		
JACK (NONE) SEWARD			SADIE (NONE) BERRY		
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
LOYD C. DUDNEY			BOX 183 RR 3 WINTERSSET, IOWA 50273		
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) Acute Congestive Heart Failure					8 Hrs.
DUE TO, OR AS A CONSEQUENCE OF:					
(b)					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
PART IIa. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 6 MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		AUTOPSY (YES OR NO) 19a. NO		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	
Signature and Title: Earl G. Rozeboom M.D.			21b. 8-1-87	21c. 3:11 A.M.	
NAME OF ATTENDING PHYSICIAN (If other than certifier, Type or Print)					
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER OR CORONER) (Type or Print)					
23. EARL G. ROZEBOOM 115 W Court Winterset, Iowa 50273					
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION	CITY OR TOWN	STATE
BURIAL	PERU CEMETERY		PERU, IOWA		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
AUGUST 3, 1987	KALE FUNERAL HOMES INC. BOX 536 OSCEOLA, IOWA 50213				
FUNERAL DIRECTOR—SIGNATURE	F.D. LIC. NO.	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		
Earl G. Rozeboom	1770	Debra Amboden, Deputy	8-12-87		

C3772

DEED RECORD, No. 79, MADISON COUNTY, IOWA

INDEX & CHANGE OF RECORDS

Erwin M. Howell & wife

Filed for Record this 23 day of October

A. D. 1943, at 1:15 o'clock P. M.

TO

WARRANTY DEED.

Lloyd & Bernice Dudney

#3584

Fearl F. Shetterly

By Wilma K. Wade

Recorder.

Recording Fee, \$.50

Deputy.

KNOW ALL MEN BY THESE PRESENTS, That Erwin M. Howell and Marie Howell,

husband and wife,

~~of~~ Madison County

~~of~~ State of Iowa

Iowa

in consideration of the sum of

Three Thousand Five Hundred and no/100 - - - - - (\$3500.00)

DOLLARS,

in hand paid by Lloyd Dudney and Bernice Dudney, husband and wife,

of Madison

County, State of Iowa

do hereby sell and convey unto the said

Lloyd Dudney and Bernice Dudney, as joint tenants with right of survivorship and not as tenants in common the following described premises, situated in ~~the County of~~ Madison/~~State of~~ Iowa, to-wit:

The Southwest Quarter (SW $\frac{1}{4}$) of the Southeast Quarter (SE $\frac{1}{4}$) and the Southeast Quarter (SE $\frac{1}{4}$) of the Southwest Quarter (SW $\frac{1}{4}$) of Section Twelve (12) in Township Seventy-four (74) North, Range Twenty-eight (28) West of the 5th P.M.

Subject to easement for highway right-of-way.

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A. Bernice Dudley

Cert of Death

8-12-87

C3772