

00-15-0611

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

114- C3775

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT
EVIDENCE HERE DECEDENT VED. IF DEATH OCCURRED IN INSTITUTION, EVIDENCE BEFORE EMISSION.

PARENTS

FILE

JAN 19 1988

JERRY L. WEISS
Clerk of Dis

CAUSE

CERTIFIER

BURIAL

3PC-71277
188-0021 (7/86)

1. DECEDENT—NAME RICHARD EUGENE JOHNSON			2. SEX MALE	3. DATE OF DEATH (MONTH, DAY, YEAR) JANUARY 5, 1988		
4. RACE WHITE	5a. AGE—LAST BIRTHDAY (YEARS) 63	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) JANUARY 29, 1924		7. COUNTY OF DEATH POLK
8. CITY, TOWN, OR LOCATION OF DEATH DES MOINES		9. INSIDE CITY LIMITS (SPECIFY YES OR NO) YES	10. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) MERCY MEDICAL CENTER		11. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify) INPATIENT	
12. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) IOWA		13. CITIZEN OF WHAT COUNTRY USA		14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		15. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) NAOMI BRAMMER
16. SOCIAL SECURITY NUMBER		17. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) FARMER		18. KIND OF BUSINESS OR INDUSTRY ARGICULTURE		19. WAS DECEASED EVER IN U.S. ARMED SERVICES? GIVE DATES OF SERVICE. 1-25-42 2-14-47
20. RESIDENCE—STATE IOWA	21. COUNTY MADISON	22. CITY, TOWN, OR LOCATION TRURO		23. INSIDE CITY LIMITS (SPECIFY YES OR NO) NO	24. STREET AND NUMBER RR	
15. FATHER—NAME CARL R. JOHNSON			16. MOTHER—MAIDEN NAME BLANCHE HOOVER			
17a. INFORMANT—NAME NAOMI JOHNSON			17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) RR TRURO, IOWA 50257			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) Left Cerebral Infarct (Stroke)						Hours
(b)						
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) Lung Cancer & Tobacco Abuse History				b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 6 MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	19a. AUTOPSY (YES OR NO) NO	19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
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	20h. (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. (Signature and Title) <i>Roscoe F. Morton</i>			21b. DATE SIGNED (Mo., Day, Yr.) 1-15-88	21c. HOUR OF DEATH 10:30 a.m.		
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER OR CORONER) (Type or Print) Roscoe F. Morton, M.D. 1212 Pleasant St., Des Moines, Iowa 50309						
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		24b. CEMETERY OR CREMATORY—NAME BONDURANT CEMETERY		24c. LOCATION BONDURANT, IOWA		
24d. DATE (MONTH, DAY, YEAR) JAN. 8, 1988		24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) KALE FUNERAL HOMES INC BOX 536 OSCEOLA, IOWA 50213				
25a. FUNERAL DIRECTOR—SIGNATURE <i>Kevin L. Kale</i>		25b. F.D. LIC. NO. 1770	25c. REGISTRAR—SIGNATURE <i>Gregory Z. Weiss</i>		25d. DATE RECEIVED BY LOCAL REGISTRAR 1-19-88	

CERTIFICATE

I, Jerry L. Weiss, 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 at my office in Des Moines, Iowa this 19th day of January 1988

JERRY L. WEISS
Clerk of the District Court
By *Gaila [Signature]* Deputy

TAXES LEVIED IN 1987
(BASED ON 1986 ASSESSMENT)
COLLECTIBLE FISCAL YEAR 1987-88

MAKE CHECKS PAYABLE TO:
MADISON COUNTY TREASURER'S OFFICE
WINTERSSET, IOWA 50273

RECEIPT NO.
5278

INDEX TO SPECIAL ASSESSMENTS
TAXING DISTRICT

ASSESS TO
**JOHNSON, RICHARD E. &
NAOMI B.**

237
OHIO
19 35

PAVING: YEAR: SEWER: WATER:
YEAR: ITEM NO:
YEAR: ITEM NO:

BADGER CREEK: \$ _____ ROAD ROCK \$ _____
DEL. AFTER SEPT. 30 DEL. AFTER MARCH 31
19 DELINQUENT TAX: \$ _____
19 DELINQUENT TAX: \$ _____
SOLD IN 19 _____ FOR DELINQUENT TAXES REDEMPTION
MUST BE MADE IN OFFICE OF COUNTY TREASURER

RECEIVED AMOUNT SHOWN FOR
FIRST PAYMENT **10.7** 19**87**

TO REDUCE COSTS, STATEMENTS WILL BE MAILED TO PROPERTY OWNERS LIVING OUT OF COUNTY ONLY. THE RESPONSIBILITY FOR PAYMENT OF TAXES REMAINS WITH THE PROPERTY OWNER ACCORDING TO THE LAW.

PLEASE EXAMINE THIS RECEIPT CAREFULLY AND SEE THAT ALL YOUR TAXABLE PROPERTY IS INCLUDED. THE COUNTY WILL NOT BE RESPONSIBLE FOR ANY OMISSIONS.

DESCRIPTION	SEC LOT	TWP BIK	RNG	ACRES
SE NW	36	74	26	40
NE NW	36	74	26	40
NE SW	36	74	26	40

RECEIPT NO.	LEVY	NET VALUE	CONSOLIDATED	H. S. CREDIT	AG LAND CREDIT	MSC.
05278	.024,853,85	\$1,998	1,292.35	120.54	92.72	1,080.00

AVOID PENALTY. STATUTORY DATES TO PAY WITHOUT PENALTY ARE:
1ST PAYMENT, SEPT. 30 AND 2ND PAYMENT, MARCH 31.

PENALTY OF 1% PER MONTH (ROUNDED)
5% ADDED TO PERSONAL TAX ON JUNE 1, 1988
DELINQUENT TAX ADVERTISED IN MAY, 1988
TAX SALE 3rd MONDAY IN JUNE, 1988

THIS RECEIPT DOES NOT INCLUDE
DELINQUENT and/or SPECIAL TAXES

If the owner of this property is 65 years of age or over, or is totally disabled, or is an unmarried surviving spouse 55 years of age or older, with an annual income under \$12,000 you may be eligible for property tax relief.

PAID BY
CHECK
CASH
M.O.
DEP.

BY **Carita A. Kelleher**
COUNTY TREASURER

RECEIVED AMOUNT SHOWN FOR
SECOND PAYMENT 19

INTEREST	COST	TOTAL	NET TAX	2ND PAYMENT DEL. AFTER MAR 31	1ST PAYMENT DEL. AFTER SEPT 30
			1,080.00	540.00	540.00

PAYABLE FISCAL YEAR JULY 1, 1987
THROUGH JUNE 30, 1988
STATEMENT

C3775

3

C3775

Richard Eugene
Johnson

to

Naomi B. Johnson

Auditors office received
copy of Certificate of
Death for Richard E.
on 3-9-88

*COT Recorded 8-4-89 @ 11:15AM

#203 BK 125-756