

C3783

# Know All Men by These Presents:

That James R. Johnston and Shirley A. Johnston, husband and wife

of Union

County and State of Iowa in consideration of the sum of

Sixty-two thousand five hundred and No/100 - - - - - DOLLARS

in hand paid by Robert R. Neal and Donnabelle Neal, husband and wife

of Madison County and State of Iowa do hereby SELL and CONVEY

unto the said Robert R. Neal and Donnabelle Neal, husband and wife as Joint Tennants with

~~full right of survivorship,~~ and not as Tennants in Common the following described premises, situated in the County of Madison and the State of Iowa to-wit:

The East one half of the Southwest quarter (E 1/2 SW 1/4) and the West one half of the Southeast quarter (W 1/2 SE 1/4) and the Southwest quarter of the Northeast quarter (SW 1/4 NE 1/4 of Section 19, Township 75 North Range 29 West of the 5th P.M.

306

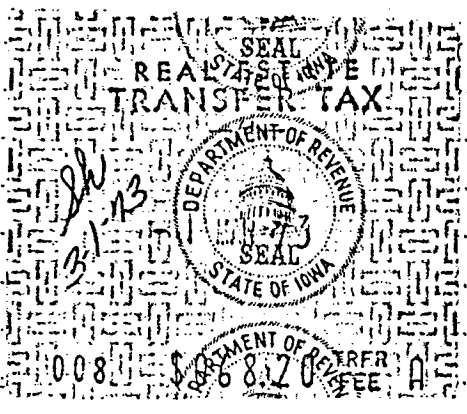
FILED NO. BOOK 102 PAGE 779

1973 MAR - 1 P.M. 4:45

MARY E. WELTY  
RECORDER  
MADISON COUNTY, IOWA

Fee # 45

D. H.



COT Recorded 12-14-89 @ 10:58 AM  
# 1241 BK 126 - 228

35  
C3783  
Robert R. Neal  
Cert. of Death  
6-15-89

0023-0648

STATE OF IOWA DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

114-

C3783

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

FILE IN 5 1985

CAUSE

CERTIFIER

BURIAL

SHD-011-3/79

BIRTH NUMBER		DECEASED-NAME				SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. ROBERT RAWSON NEAL		2. Male		3. 5/24/1985				
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
4. Wh		5a. 56	5b. 7	5c. 9	6. 10/15/1928	7a. Polk		
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 DOA, OP/Emer. Rm., Inpatient (Specify)		
7b. Des Moines, Iowa			7c. Yes	7d. Mercy Hospital		7e. Emer. Rm.		
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)		
8. Iowa		9. USA		10. Married		11. Donnabelle Sandusky		
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.	
12. [Redacted]		13a. Farmer			13b. Farming		13c. Korean War	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. Iowa		14b. Madison	14c. Rural Dexter		14d. No	14e. Rural Rt #1		
FATHER—NAME				MOTHER—MAIDEN NAME				
15. Maurice M. Neal				16. Zedonna Rawson				
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Donnabelle Neal				17b. RR 1, Dexter, Iowa 50070				
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) Myocardial Infarction							Hours	
DUE TO, OR AS A CONSEQUENCE OF:								
(b) Coronary artery Disease							Year	
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 type="checkbox"/>	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)							AUTOPSY (YES OR NO) 19a. NO	
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a.		20c.		20d.				
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)				
20e.		20f.		20g.				
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	
21b. [Signature]					21b. 5/29/85		21c. 3:10 P.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. BURIAL, CREMATION, REMOVAL (SPECIFY)								
24a. Burial			24b. Dexter Cemetery			24c. Dexter, Iowa		
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. 5/26/85			25a. McKee Funeral Home, Box 56, Dexter, Iowa 50070					
FUNERAL DIRECTOR—SIGNATURE			F.D. LIC. NO.		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25b. [Signature]			25c. 01980		26a. [Signature]		26b. 5/28	

CDC-71277-11-79