

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

C3789

TYPE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

BIRTH NUMBER

DECEDENT'S NAME: FIRST **Dean** MIDDLE **Berry** LAST **Berry** DATE OF DEATH (Mo., Day, Yr.) **2. February 18, 1989**

SEX **3. Male** AGE - LAST BIRTHDAY (Years) **4a. 51** UNDER 1 YEAR MOS. **4b.** UNDER 1 DAY HRS. **4c.** MIN. **4d.** DATE OF BIRTH (Mo., Day, Yr.) **5. 11/21/37** COUNTY OF DEATH **6a. Madison**

FACILITY NAME (If not institution, give street and number) **6b. 317 N. 3rd Ave.** CITY, TOWN, OR LOCATION OF DEATH **6c. Winterset** INSIDE CITY LIMITS (Specify yes or no) **6d. Yes**

HOSPITAL  Inpatient  ER/Outpatient  DOA  OTHER  Nursing Home  Residence  Other (Specify)

DECEDENT WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc. **7. X NO** RACE - White, Black, American Indian, etc. (Specify) **8. White** DECEDENT'S EDUCATION (Specify only highest grade completed) **9. 11**

BIRTHPLACE (City & State or Foreign Country) **10. Winterset, IA** CITIZEN OF WHAT COUNTRY **11. USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **12a. Married** SURVIVING SPOUSE (If wife, give maiden name) **12b. Betty Lehman**

SOCIAL SECURITY NUMBER **13. [REDACTED]** USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **14a. Truck Driver** KIND OF BUSINESS OR INDUSTRY **14b. Transportation** WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no) **15. Yes**

RESIDENCE - STATE **16a. Iowa** COUNTY **16b. Madison** CITY, TOWN, OR LOCATION **16c. Winterset** STREET AND NUMBER OF RESIDENCE **16d. 317 N. 3rd Ave.** INSIDE CITY LIMITS (Specify yes or no) **16e. Yes**

PARENTS FATHER'S NAME FIRST **17. Lyle** MIDDLE **Berry** LAST **Berry** MOTHER'S NAME FIRST **18. Laura** MIDDLE **Snow** MAIDEN **Snow**

INFORMANT NAME **19a. Betty Berry** MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **19b. 317 N. 3rd Ave. Winterset, IA 50273**

BURIAL METHOD OF DISPOSITION  Burial  Cremation  Removal from State  Donation  Other (Specify) PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) **20b. Winterset Cemetery** LOCATION (City or Town, State) **20c. Winterset, Iowa**

FUNERAL DIRECTOR - SIGNATURE **21a. [Signature]** F.D. LICENSE # **21b. 2072**

FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **21c. Collins Funeral Home 505 E. Court Winterset, Iowa 50273**

REGISTRAR SIGNATURE **22a. [Signature]** DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **22b. 2-28-89**

23. MANNER OF DEATH  Natural  Pending  Accident  Investigation  Suicide  Could not be determined  Homicide DATE OF INJURY (Mo., Day, Yr.) **24a.** HOUR OF INJURY **24b. M.** INJURY AT WORK? (Specify yes or no) **24c.** DESCRIBE HOW INJURY OCCURRED **24d.**

PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.) **24e.** LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code) **24f.**

To the best of my knowledge, death occurred at the time, date and place due to the cause(s) and manner as stated. DATE SIGNED (Mo., Day, Yr.) **25b. 2/23/89** HOUR OF DEATH **25c. approx 1:00AM**

CERTIFIER NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print) **26. Kevin V. de Regnier, D.O.** NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print) **27. PAUL T. McCAUGHEY, D.O.**

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

(a) **Cardiac Arrhythmia**

DUE TO (OR AS A CONSEQUENCE OF):

(b) **Coronary Artery Disease**

DUE TO (OR AS A CONSEQUENCE OF):

(c) \_\_\_\_\_

DUE TO (OR AS A CONSEQUENCE OF):

(d) \_\_\_\_\_

PART II.a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I. **Hypertension**  
**Nicotine Addiction**

b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no)

AUTOPSY (Specify yes or no) **29a. no**

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no) **29b.**

CERTIFICATE

I, Janice Weeks, Clerk of the District Court of the State of Iowa, in and for Madison 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 the Seal of the District Court at my Office in Winterset, Iowa, this 23rd day of November, 1989.

By Janice Weeks  
Clerk of the District Court

By [Signature]  
Deputy

\* If the consideration is \$1,000 or less, the following statement should appear on the face of the deed: This deed and transfer is exempt from transfer tax because the consideration is \$1,000 or less. (Code Sections 428A.1 and 428A.4)

\* If the Grantor or Grantee is a federal or state unit or agency thereof, read subparagraph 6 of Section 428A.3 Exceptions.

C3789



# WARRANTY DEED

Know All Men by These Presents: That Richard E. Rinard and Doris A. Rinard, husband and wife

\_\_\_\_\_ in consideration\* of the sum of Nine thousand five hundred dollars (\$9,500) in hand paid do hereby Convey unto Larry E. Berry and Betty J. Berry, as joint tenants with full rights of survivorship and not as tenants in common

Grantees' Address: Winterset, Iowa  
the following described real estate, situated in Madison County, Iowa, to-wit:

Lots Two (2), Three (3) and Four (4) in Block Six (6) of the Original Town of Winterset, Iowa, except the North 40 feet thereof,

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1971 FEB 10 PM 4:52

MARY E. WELTY  
RECORDER  
MADISON COUNTY, IOWA

Fee 1.50

REAL ESTATE  
TRANSFER TAX

DEPT. OF REVENUE  
STATE OF IOWA  
FEB 10 1971

2-10-71  
015 \$010.45 TRFR FEE II

And the grantors do Hereby Covenant with the said grantees, and successors in interest, that said grantors hold said real estate by title in fee simple; that they have good and lawful authority to sell and convey the same; that said premises are Free and Clear of all Liens and Encumbrances Whatsoever except as may be above stated; and said grantors Covenant to Warranty and Defend the said premises against the lawful claims of all persons whomsoever, except as may be above stated.

Each of the undersigned hereby relinquishes all rights of dower, homestead and distributive share in and to the described premises.

Words and phrases herein including acknowledgment hereof shall be construed as in the singular or plural number, and as masculine or feminine gender, according to the context.

Signed this 10th day of February, 19 71

STATE OF IOWA  
COUNTY OF MADISON } ss.  
On this 10th day of February, 19 71 before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared Richard E. Rinard and Doris A. Rinard

Richard E. Rinard  
Richard E. Rinard  
Doris A. Rinard  
Doris A. Rinard

Winterset, Iowa  
(Grantors' address)

to be known to be the identical persons named in and who executed the foregoing instrument, and acknowledged that they executed the same as their voluntary act and deed.

C. R. Bentz  
Notary Public in and for the State of Iowa

75

C 3789

Larry R. Brady

10-11-89

Death Cert.

\* Recorded 2-10-71

# 166 BK 44-186