STATE OF IOWA

114-DEPARTMENT OF HEALTH CERTIFICATE OF DEATH STATE FILE NUMBER DATE OF DEATH (MONTH, DAY, YEAR) SEE HANDROOK FOR INSTRUCTIONS Ray Vernon 1. Male 1. April 25, 1981 Trumbauer RACE WHITE, BLACK, AMERICAN AGE—LAST INDIAN, ETC. (SPECIFY)
4. White-American 50. 66 DATE OF BIRTH (MONTH, DAY, UNDER I YEAR COUNTY OF DEATH MOS. DAY _{[5a.} 66 Dec. 25, 1914 1. 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/Empr, Rm., Inpatient (Specify) Des Moines n. Yes 11. Iowa Methodist Medical Center 1. Inpatient DECEDENT STATE OF BIRTH LIF NOT IN U.S.A., HAME CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, SURVIVING SPOUSE LIF WIFE, GIVE MAIDEN NAME ! WIDOWED, DIVORCED (SPECIFY) Iowa u.s.A. n. Bernita Woods CEDENT VED. IP CURRED INSTITUTION, SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)
134. RETITED State Employee KIND OF BUSINESS OR INDUSTRY WAS DECEASED EVER IN U. SAMED SERVICES? GIVE DATES OF SERVICES? GIVE DATES 13b. Liquot Commission No SIDENCE FORE MISSION. INSIDE CITY LIMITS STREET AND NUMBER RESIDENCE -- STATE CITY, TOWN, OR LOCATION COUNTY 261 14a. Towa Madîson 14. Winterset 14d. Yes 419 South 4th Street 166 FATHER-NAME MOTHER --- MAIDEN NAME MIDDLE PARENTS La Verne Trumbauer Elizabeth Cushina INFORMANT-NAME (STREET OR R.F.D. NO., CITY OR TOWN, STATE, EIP) MAILING ADDRESS Mrs. Larry Huff 17 R.R. 1 PMT I. Winterset, Iowa APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] MMEDIATE CANSI MAY 4 - 1881 LARK & RASMI SSENEONDITIONS, IF ANY, Clerk of Dist. Court Immediate Cause (a), 11 Court Institute The Under-11 CAUSE LAST DUE TO OR AS A CONSEQUENCE OF CAUSE IF YES WERE PINDINGS CON-SIDERED IN DETERMINING CAUSE OF DEATH AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G) 1745 SY "D" 199. DATE OF INJURY (MONTH, DAY, YEAR) ACCIDENT, SUICIDE, HOMICIDE, THOUR HOW INJURY OCCURRED I ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 181 OR UNDETERMINED (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) HOUR OF DEATH 218. To the best of my kn DATE SIGNED IM .. Dev. Y (Signature and Title) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER () Dat or Prints CERTIFIER NAME AND ADDRESS OF CERTIFIER IPHYSICIAN OR MEDICAL EXAMINER OR CORONER) (Type or Print)

> 1200 Pleasant St, 50308 IMMC David Lemon, M. D. DM, Ia

BURIAL

CEMETERY OR CREMATORY-NAME LOCATION BURIAL, CREMATION, REMOVAL CITY OF TOWN Burial Winterset Cemetery Winterset. Iowa 24h. 24c.

FUNERAL HOME-NAME AND ADDRESS R.F.D. HO., CITY OR TOWN, STATE, ZIP April 28, 505 E. Court - Winterset, Collins 1981. Funeral

Iowa 50273 FUNERAL BIRECTOR-SIGNATURE

CPC-71277 1/78

STATE

STATE OF IOWA DEPARTMENT OF HEALTH

114-

Barget,

TYPE	BIRTH NUMBER	CERTIFICATE OF DEATH							TATE FILE NU		901 m
OR PRINT	DECEDENT-NAME	FIRST		MIDDLE		LAST	SEX	DATE OF DEATH	(MONTH,	DAY, YEAR)	
PERMANENT BLACK INK FOR	1.	Blanc		Bernet		mbauer		1		19, 19	83
INSTRUCTIONS	RACE WHITE, BLAC		GE-LAST	MOS. DAYS	HOURS MI	N. YEAR I	BIRTH (MONTH, DAY,	COUNTY OF DEA			
SEE HANDBOOK	. White	50		Sb.	St.	1.0	9-1915	1/0.	ison		
	CITY, TOWN, OR LOCATI	ION OF DEATH		NSIDE CITY LIMITS PECIFY YES OR NO I			UTION-Name (If not in e		101	P/Emer, Rm., tr	npatient (Specify)
ROECEDENT!	n. Winter		7c.				rty Memoria				<u>itient</u>
USUAL RESIDENCE WHERE	STATE OF BIRTH (IF NOT	IN U.S.A., NAME C		COUNTRY	WIDOWED	VER MARRIED,	CIFY)	POUSE (IF WIFE, GI	VE MAIDEN I	HAME)	
WHERE	. Iowa	9.	u.S.A.		10. widowed 11. None					F.S.S.A.S.S.	
DEATH OCCURRED IN INSTITUTION.	SOCIAL SECURITY NUMBER	VORKING LIFE, EVEN	JAL OCCUPATION (GIVE KIND OF RKING LIFE, EYEN IF RETIRED)		IRING MOST OF	KIND OF BUSINESS	DOMESTIC WAS DECEA ARMED SERVICE OF SERVICE.			CES? GIVE DATES	
WHERE DECEDENT LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.	RESIDENCE-STATE COUNTY			Homemaker Tolly, town, or			13b. Vomes 2				
ADMISSION.				4.1.4			I SPECIFY YES OR NO)		0.4	24
, ,	14a. Iowa				erset	I arriva	14d. yes	14e. 419 S			
PARENTS TO	FATHER-NAME	FIRST	MID		LAST	MOTHER-M			HDDLE		.451
	13.	lames	Lero	y	Wood	16.		, , , , , , , , , , , , , , , , , , , ,	rie	Ke	<u>-y</u>
	INFORMANT—NAME				MAILING AD			D., CITY OR TOWN, S			
	PART I. DEATH WAS CAUSED BY:				176. R.R. Winterset, Iowa 50273						IMATE INTERVAL
ſ	PART I. DEA	[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						ONSET AND DEATH			
	(0) Respiratory failure OUR TO, OR AS A CONSEQUENCE OF:							hrs.			
		DUE TO, OR A	SDI TATO	y iai iui	<u>.e</u>						
	CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE UNDER-LYING CAUSE LAST	(b)								}	
	IMMEDIATE CAUSE (O), STATING THE UNDER-	DUE TO, OR A	S A CONSEQUENCE	OF:							_
CAUSE PAGE		(c)				······································					
PCAUSE W.S.	PART IIa. OTHER SIGNIF RELATED TO CAUSE GIVEN	ICANT CONDITION I IN PART I (a)	NS: CONDITIONS	CONTRIBUTING TO	DEATH BUT N		FEMALE, WAS THER NCY IN THE PAST 6	MONTHS? LYES O	R NO1 5	IDERED IN DE	FINDINGS CON- TERMINING CAUSE
ا	COPD and	d CHF		·	·		YES O NO O	19a I		OF DEATH 9b.	
189	ACCIDENT, SUICIDE, HO	MICIDE, DATE	OF INJURY (M	ONTH, DAY, YEAR I	HOUR	HOW I	INJURY OCCURRED	LENTER NATURE OF I	NJURY IN P.	ART I OR PART	II, ITEM 181
1/00/	20a.			20c. M. 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)						
. (200.	201.			20g.						
{	21a. To the best of my kno cause(s) stated.	Ildine, death occurre	ed at the time, de	and place and due to	the	100	ATE SIGNED (MU , Das). 1/31/83	Ye. j	HOUR OF I	1:42	٨
	(Signature and Title) NAME OF ATTENDING PR	YSICIAN IF OTHER	THAN CERTIFIE	B (Type r Print)	on	21	b. 1/31/03		21c.	1.42	
CERTIFIER M	21d.			•							
	NAME AND ADDRESS OF	CERTIFIER (PHYSIC	CIAN OR MEDICA	L EXAMINER OR C	ORONER) (Type	or Print)					
Į	73. Thomas E. Rergstrom M.D. 115 West Court Winterset, Towa 50273										
,	BURIAL, CREMATION, RE	CEMETERY OR CREMATORY—NAM							STATE		
	useciri Burial	Winterset Cor		motory		ω.	Winterset		I awa		
}	DATE (MONTH	246. Winterset Cemetery 246. Winterset FUNERAL HOME—NAME AND ADDRESS (STREET OR R.T.D. NO., CITY OR TOWN, STATE, ZIF)									
BURIAL SO	24d. 1-21-19	•	Call	Pins Fund	Hal Ha	no - 50	5 E. Court	- Winter	iset.	I owa	50273
	FUNERAL DIRECTOR - SI		100. COL	F.D. L	IC. NO.		RAR-SIGNAJURE	1		DATE	RECEIVED BY
	() 74	10	1:	. 25c.	2072	260	0, 4 %	with	1 /1.1	1 10CA	. REGISIKAR . 21/20:
SH0-011-3/79	25b. / 1000	na Wil	IMA.	1230.	LUIL	1,000	na o · uu	verice qu	- sven	CPE-	521. 77/73. -71277 11/79

REAL ESTATE TRANSFER
TAX PAID
STAMP #

\$ 25 30

MEMO TOURS
HECORDER
1-20 90 Madrios

DATE COUNTY

O#434/1000.

FILED NO. 1686 BOOK 126 PAGE 387

90 FEB 20 PM 3: 51

IND. REG. PAGE MARY E.WELTY RECORDER MADISON COUNTY, IOWA

Fee \$5.00 Transfer \$10.00

WARRANTY DEED

SPACE ABOVE THIS LINE FOR RECORDER

For the consideration Dollar(s) and other value	on of \underline{TWEN} able consider	TY-THRE	E THOUSAN HARON HUF	D FIVE F and	HUND LARRY	RED(\$23,50 wife	00.00 and	husband
do hereby Convey to	WILLIAM	FREEMAN	and SHIR	LEY D.	FREE	MAN			
the fellowing described	roal actato in		Madison			Count	· lower		

The South Half of the Southwest Quarter of the Southeast Quarter of Section Nine (9) and the North 38 acres of the Northwest Quarter of the Northeast Quarter and a tract described as commencing 22 rods and 6 feet South of the Northwest corner of the Northeast Quarter of the Northeast Quarter of the Northeast Quarter and running thence East 40 feet, thence South 53.53 rods, thence West 40 feet, thence North 53.53 rods to the place of beginning, in Section Sixteen (16), all in Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa.

This Deed is given in fulfillment of the Real Estate Contract recorded in Book 104, Page 788.

Sharon Huff is the sole and only child of Roy V. Trumbauer and Bernita T. Trumbauer, both of whom are deceased, there being no other predeceased children leaving children surviving.

Grantors do Hereby Covenant with grantees, and successors in interest, that grantors hold the real estate by title in fee simple; that they have good and lawful authority to sell and convey the real estate; that the real estate is Free and Clear of all Liens and Encumbrances except as may be above stated; and grantors Covenant to Warrant and Defend the real estate against the lawful claims of all persons except as may be above stated. Each of the undersigned hereby relinquishes all rights of dower, homestead and distributive share in and to the real estate.

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.

STATE OF, ss:, ss:	Dated: 2-16-90	
On this //e day of February, 1990, before me, the undersigned, a Notary Public in and for said State, personally appeared Sharon Huff and Larry Huff	Sharon Huff	(Grantor)
to me known to be the identical persons named in and who executed the foregoing instrument and acknowledged	Larry Ruff R. R. #3 - Box 169	(Grantor)
that they executed the same as their voluntary act and deed.		(Grantor)
(Chis form of acknowledgment for individual grantor(s) only)	Winterset, IA 50273	(Grantor)

KIM MATHES

Cert of Death

For C3792

Ray U. Trumbauer

Banche Bernete Trumbauer

Tiled with

Cott

2-23-90

1686 BK 126-387