

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

TYPE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK	BIRTH NUMBER				DATE OF DEATH (Mo., Day, Yr.)		
	DECEDENT'S NAME	FIRST	MIDDLE	LAST	2. 2/1/1990		
1. Elsie May Bunnell							
3. Female	AGE - LAST BIRTHDAY (Years)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH		
	4a. 86	4b. 3	4c. 27	5. 5/2/1903	6a. Madison		
FACILITY NAME (If not institution, give street and number)				CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (Specify yes or no)	
6b. 520 Cherry St.				6c. Earlham		6d. Yes	
6e. PLACE OF DEATH (Check only one)							
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)							
7. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify:			8. White		9. 12		
10. Adair County, Ia.			11. USA		12b. -----		
13. -----			14a. Homemaker		15. NO		
16a. Iowa		16b. Madison		16c. Earlham		16e. Yes	
17. Arthur Hill			18. Sarah A. Sheild				
19a. John Bunnell				19b. RR I, Dexter, Iowa 50070			
20a. <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			20b. Dexter Cemetery		20c. Dexter, Iowa		
21a. Eugene A. Coughlin					21b. 019 80		
21c. McKee Funeral Home, Box 56, Dexter, Iowa 50070							
22a. Suzanne Pull Deputy					22b. 2-12-90		
23. Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>		24a. 2		24b. M.		24c. (Specify yes or no)	
24d. Describe how injury occurred			24e. PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)				
25a. (Signature and title) [Signature]					25b. 2-6-90		
25c. 12:40 P.M.							
26. Name and address of certifier (Physician or Medical Examiner) (Type/Print)							
27. Ken de Regnier MD 600 Court Winterset IA 50773							
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) Acute myocardial infarction						20 min	
(b) DUE TO (OR AS A CONSEQUENCE OF):							
(c) DUE TO (OR AS A CONSEQUENCE OF):							
(d) DUE TO (OR AS A CONSEQUENCE OF):							
PART II.a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.				b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no)	
				NO		29a. No	

USUAL RESIDENCE WHERE DECEDENT LIVED, IF DEATH OCCURRED IN A LONG-TERM CARE INSTITUTION, GIVE INSTITUTION ADDRESS AS RESIDENCE

PARENTS

INFORMANT

BURIAL

REGISTRAR

CERTIFIER

CAUSE OF DEATH

CFN-588-0031 Revised - 1/89 (TS)

Lot 2 Block 1-Orig Earl

85-00-01-01-0200

removed 7-10-90

Becky - use this to remove Elsie's name from prop.



Dean Moore - (Stuart)

C3797

WARRANTY DEED - JOINT TENANCY

KNOW ALL MEN BY THESE PRESENTS: That BEULAH IRENE OSBORN, a single person,

_____ In consideration of the sum of
----Fifty-three Thousand and no/100 Dollars (\$53,000.00)-----

in hand paid do hereby Convey unto Elsie M. Bunnell and John A. Bunnell

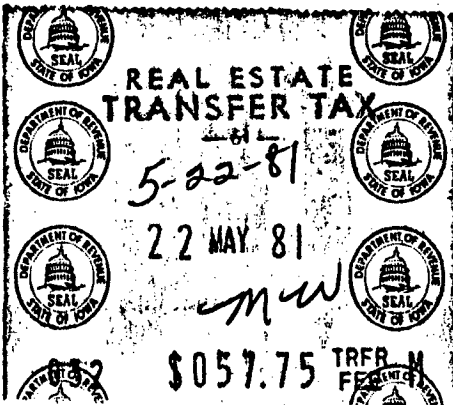
(mother) *(son)*

Address of Grantees: Dexter, Iowa 50070

As Joint Tenants with Full Rights of Survivorship, and not as Tenants in Common, the following described real estate, situated in Madison County, Iowa, to-wit:

Lot Two (2) in Block One (1) of the Original Town ✓
of Earlham, Madison County, Iowa.

Compared



FILED NO. 1744
BOOK 50 PAGE 101

1981 MAY 22 AM 9:47

MARY E. WELTY
RECORDER
MADISON COUNTY, IOWA
Fee \$3.00

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 Warrant 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 above described premises.

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

Signed this 14th day of May, 1981.

STATE OF IOWA
COUNTY OF MADISON

Beulah Irene Osborn
(Beulah Irene Osborn)

On this 14th day of May, A. D. 1981, before me the undersigned, a Notary Public in and for said

County and said State, personally appeared Beulah Irene Osborn

to me 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.

Earlham, Iowa 50072

Address of Grantors

William W. Hunter
William W. Hunter

Notary Public in and for said County and said State.

26 C3797
E/Ste M. Bunnell

Remove Name
by Death Cert.

Filed with COT's

7-10-90

* Recorded 5-22-81

1744 BK 50-101