n 661 x 132' W12 tot 19 Pak

83-00-05-19-0300

03800

	·		DEPARTMENT OF HEALTH			114-		
		CERTIFI			-H	STATE BUS ANNUASSA		
TYPE OR PRINT	DECEDENT-NAME FIRST		MIDDLE				STATE FILE NUMBER H (MONTH, DAY, YEAR)	
IN PERMANENT BLACK INK	- DC0000111 11111111		narles	Cornick	,Male	, May 3	, 1984	
FOR INSTRUCTIONS	RACE WHITE, BLACK, AMERICAN	AGE-LAST UNDER	1 YEAR UNDER		BIRTH (MONTH, DAY,	COUNTY OF DEATH		
SEE HANDBOOK	White	50. 70 Ss.	St.		<i>23</i> -1913	. Madis	on	
	CITY, TOWN, OR LOCATION OF DEATH	INSIDE ESPECIFY	CITY LIMITS HOSPI	TAL OR OTHER INSTIT	UTION-Name (If not in e	ither, give street and num	ber) IF HOSP, OR INST, Indicate DO OP/Emer, Rm., Inpatient (Specif.	
DECEDENT	n. Winterset	71.	yes Ma	dison Co	. Mem. Ho		/n Inpatient	
	STATE OF BIRTH (IF NOT IN U.S.A., NAM			ED, NEVER MARRIED, WED, DIVORCED LIFE		POUSE LIF WIFE, GIVE	MAIDEN HAME }	
USUAL RESIDENCE WHERE DECEDENT	. Iowa	U.S.A.	10.	married	11. NC	orma Stra		
WHERE DECEDENT LIVED, IF DEATH OCCURRED	SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KI WORKING LIFE, EVEN IF RETIRED)			NORK DONE DURING MOST OF KIND OF BUSINESS OR INDUSTRY WAS DECEASED EVER IN U.S. ARMS DECEASED EVER IN				
GIVE BESIDENCE			ired		136. Banker	· Ix.Y	'es' Army	
BEFORE ADMISSION,	RESIDENCE—STATE COUNTY	CITY,	TOWN, OR LOCAT	ION	INSIDE CITY LIMITS	STREET AND NUME	SER	
	14e. Iowa 14b. Me	adison 14c	Winter	set	14d. yes	14.124 W.	Lane	
	FATHER—NAME FIRST	MIDDLE		LAST MOTHER-A	MAIDEN NAME FI	RST MIDO	LE LAST	
PARENTS	B Pearl	C.	Cornic	k 16.	Emr	na .	Bolon	
	INFORMANT-NAME		MAILIN	G ADDRESS	(STREET OR R.F.D. NO	D., CITY OR TOWN, STATE		
	Norma Cornick 124 W. Lane - Winterset, Iowa 502						Iowa 50273	
_ (PART I. DEATH WAS CAUS	[ENTER	NTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVA					
641	18. IMMEDIATE	CAUSE	lame to me	stastatic (Carcinome r	ancreas	months	
101	Jaundice secondary to metastatic Carcinoma pancreas						1110110:13	
7	(K AS A CONSEQUENCE OF:						
,	CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (d), DUE TO. C	R AS A CONSEQUENCE OF:						
	STATING THE UNDER-							
CAUSE	PART IIa. OTHER SIGNIFICANT CONDIT	IONS: CONDITIONS CONT	RIBUTING TO DEATH		F FEMALE, WAS THER	E A AUTOPSY		
	RELATED TO CAUSE GIVEN IN PART I (a)		PF		ANCY IN THE PAST 6	OF DEATH		
	ACCIDENT, SUICIDE, HOMICIDE, DA	TE OF INJURY (MONTH,	DAY, YEAR 1 HOUR	How	INJURY OCCURRED	1170.	RY IN PART I OR PART IS, ITEM 18 1	
	OR UNDETERMINED (SPECIFY)							
	INJURY AT WORK PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, LOCATION (STREET OR D. F. D. NO. CLTY OR TOWN COUNTY						COUNTY, STATE)	
	(SPECIFY YES OR NO) OFFICE BLDG., ETC. (SPECIFY) 20e. 20f.							
	21a. To the best of my keep leage, death occurrence cause(s) stated.	surred at the time, day and pla		MINO 0	ATE SIGNED (Mo., Day,	Yr.) HC	UR OF DEATH	
	(Signature and Title)	ux De	ne	2	_{њ.} 5/23/84	21	10:30 P.	
	NAME OF ATTENDING PHYSICIAN IF OT	HER THAN CERTIFIER (TY	e Oprint)					
CERTIFIER								
	name and address of certifier (Physician on medical examiner or cononent (Type of Phint) 23. Thomas E. Bergstrom M.D. 115 West Court Winterset, Iowa 50273							
	(SPECIFY)		ATORY—NAME	i i	OCATION	STATE		
•	24. Burial 24b. Winfield							
	DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS I STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIF)							
BURIAL	_{24.} 5-7-1984	Collins				rt-Winter	set, Ia. 50273	
ı	FUNERAL DIRECTOR—SIGNATURE	11 .	F.D. LIC. NO.	REGUE	RAR - SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
	250. Komas Co	llena	25c. 20°	72 260	Heranent	, Tomas	246. 5-29-2	
SHD-011-3/79	7				1-7-		CPC-71277 11/	

Removed
GC Coinch with
the death cert.
Mayne

Getald Charles Corrected C

Dred 5-384 Filed w/ cots 9-17-90

N66'x 132' Wa Block 19

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