

C3802

0036-0911

STATE OF IOWA DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

114-

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

PARENTS

CAUSE

CERTIFIER

BURIAL

10-11-3/79

1. DECEDENT—NAME FIRST MIDDLE LAST Albert Hiram Heath			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) December 5, 1986	
2. RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White		3. AGE—LAST BIRTHDAY (YEARS) 5a. 75	4. UNDER 1 YEAR 5b. MOS. DAYS	5. UNDER 1 DAY 6. HOURS MIN.	7. DATE OF BIRTH (MONTH, DAY, YEAR) 11/20/11
8. COUNTY OF DEATH Polk			9. CITY, TOWN, OR LOCATION OF DEATH Des Moines, Iowa		
10. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		11. HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and number) Iowa Methodist Medical Center		12. IF HOSP. OR INST. indicate DOB OP/Emer. Rm., Inpatient (Specify) Emer. Room	
13. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Iowa		14. CITIZEN OF WHAT COUNTRY USA		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
16. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Manera Opal Robinett			17. SOCIAL SECURITY NUMBER		
18. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Retired Farmer		19. KIND OF BUSINESS OR INDUSTRY Agriculture		20. WAS DECEASED EVER IN U.S. ARMED SERVICES? GIVE DATES OF SERVICE. no	
21. RESIDENCE—STATE Iowa		22. COUNTY Madison		23. CITY, TOWN, OR LOCATION Winterset	
24. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		25. STREET AND NUMBER 1122 W. Washington			
26. FATHER—NAME FIRST MIDDLE LAST John Hiram Heath			27. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Ethelyn Belle Donham		
28. INFORMANT—NAME Robert E. Heath			29. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 1281 Center St. NE Cedar Rapids, IA 52402		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
IMMEDIATE CAUSE (a) Myocardial Infarction					
DUE TO, OR AS A CONSEQUENCE OF: (b)					
DUE TO, OR AS A CONSEQUENCE OF: (c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
30. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		31. DATE OF INJURY (MONTH, DAY, YEAR)		32. HOUR	
33. INJURY AT WORK (SPECIFY YES OR NO)		34. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		35. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)	
36. DATE (MONTH, DAY, YEAR) December 9, 1986		37. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Collins Funeral Home 505 E. Court Winterset, IA 50273		38. DATE RECEIVED BY LOCAL REGISTRAR 12/24/86	
39. FUNERAL DIRECTOR—SIGNATURE J. Thomas Collins		40. F.D. LIC. NO. 2072		41. REGISTRAR—SIGNATURE Blair J. ...	

Lot 42 Honor 2nd-Wint
USE to remove Albert's name

83-00-53-00-4200

GIVE
to
Becky
to

4p C3802

Remove name of

Albert H. Heath

by Cert. of Death.

Died 12-5-86

Filed w/ cert's 9-21-90

Lot 42 Honor's 2nd ADDN