

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

C3805

TYPE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

BIRTH NUMBER

DECEASED

1. DECEASED'S NAME FIRST MIDDLE LAST: **Edna Nellie Robinson**

DATE OF DEATH (Mo., Day, Yr.): **2 January 2, 1991**

SEX: **3. Female** AGE - LAST BIRTHDAY (Years): **4a. 85** UNDER 1 YEAR MOS: **4b.** UNDER 1 DAY HRS.: **4c.** DATE OF BIRTH (Mo., Day, Yr.): **5. 6/14/05** COUNTY OF DEATH: **6a. Madison**

FACILITY NAME (If not institution, give street and number): **6b. Winterset Care Center North** CITY, TOWN, OR LOCATION OF DEATH: **6c. Winterset** INSIDE CITY LIMITS (Specify yes or no): **6d. Yes**

6e. PLACE OF DEATH (Check only one)
HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify)

7. NO YES **DECEASED** WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc.

8. **White** RACE - White, Black, American Indian, etc. (Specify)

9. **2** DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5-)

10. **Madison County, IA.** BIRTHPLACE (City & State or Foreign Country) CITIZEN OF WHAT COUNTRY: **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **12a. Widowed** SURVIVING SPOUSE (If wife, give maiden name): **12b. n/a**

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

16a. **Iowa** RESIDENCE - STATE COUNTY: **16b. Madison** CITY, TOWN, OR LOCATION: **16c. Winterset** STREET AND NUMBER OF RESIDENCE: **16d. 411 E. Lane** INSIDE CITY LIMITS (Specify yes or no): **16e. Yes**

PARENTS FATHER'S NAME FIRST MIDDLE LAST: **17. Ruben Kaye** MOTHER'S NAME FIRST MIDDLE MAIDEN: **18. Mary Childers**

INFORMANT INFORMANT'S NAME: **19a. Wayne K. Robinson** MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **19b. 422 W. Green Winterset, IA 50273**

BURIAL 20a. 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, IA 50273**

REGISTRAR REGISTRAR - SIGNATURE: **22a. [Signature]** DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): **22b. 1-16-91**

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

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

To the best of my knowledge, death occurred at the time, date and place due to the cause(s) and manner as stated.

25a. (Signature and title): **[Signature]** DATE SIGNED (Mo., Day, Yr.): **25b. 1/14/91** HOUR OF DEATH: **25c. 6:20 P M**

CERTIFIER NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print): **26.** NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print): **27. Donald G. Flory, M.D., 103 W. 1st Avenue, P.O. Box 238, Indianola, IA 50125**

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

PARENTS

INFORMANT

BURIAL

REGISTRAR

CERTIFIER

CAUSE OF DEATH

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.

Final disease or condition resulting in death → IMMEDIATE CAUSE

(a) **Cerebrovascular Accident**

DUE TO (OR AS A CONSEQUENCE OF):

(b) _____

DUE TO (OR AS A CONSEQUENCE OF):

(c) _____

DUE TO (OR AS A CONSEQUENCE OF):

(d) _____

Approximate Interval Between Onset and Death

PART II.a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I. **Atherosclerotic heart disease**

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

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

CFN-588-0021
Revised - 1/89
(TS)

Lot 1 Block b $\frac{36}{612}$ $\frac{53}{201}$
West



WARRANTY DEED

C 3805

Know All Men by These Presents: That Edna K. Robinson, single,

_____ in consideration
of the sum of --One Dollar and no/100---- (\$1.00)
in hand paid do hereby Convey unto Delmar J. Robinson and Wayne K. Robinson

Grantees' Address: 422 West Green Street, Winterset, Iowa 50273
the following described real estate, situated in Madison County, Iowa, to-wit:

Lot One (1) in Block Six (6) of West Addition
to the Town of Winterset, Madison County, Iowa;
reserving to Grantor the life use thereof for
and during her natural lifetime.

This deed is subject to a Real Estate Contract dated March 29,
1982 and recorded April 1, 1982 at Book 50, Page 437, Madison
County, Iowa Recorder's Office.

CONSIDERATION LESS THAN \$500.00; NO DECLARATION OF VALUE REQUIRED.

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BOOK 53 PAGE 201

1986 AUG 15 AM 11:44

Fee \$5.00
Trans. \$5.00
MARY E. WELTY
RECORDER
MADISON COUNTY, IOWA

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 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 14th day of August, 19 86

STATE OF IOWA
MADISON COUNTY, ss:

Edna K. Robinson
Edna K. Robinson

On this 14th day of August, 19 86, before
me, the undersigned, a Notary Public in and for said State, personally
appeared Edna K. Robinson

Winterset, Iowa 50273
(Grantor's address)

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.

Gordon K. Darling

GORDON K. DARLING Notary Public in and for the State of Iowa

WINTERSET
MADISON COUNTY, IOWA
CHICKERING & DUFFING

4

C3805

Cert. of Death

to

Remove name of

Edna Robinson

File w/certs

1-18-91

* Recorded 8-15-86

326 BK 53-201