

C3827

0281-0680

STATE OF IOWA DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

114-

STATE FILE NUMBER

PRINT IN PERMANENT INK HANDBOOK FOR INSTRUCTIONS

5 DECEASED

RESIDENCE DECEASED IF DEATH OCCURRED IN IOWA, GIVE ADDRESS BEFORE DEATH.

67

PARENTS

ED

1974

CONHARDT St. Court

CAUSE

1-2-75

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Herman Harger					2. male	3. November 14, 1974	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOB.	UNDER 1 DAY DAYS	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. white	5a. 61	5b.	5c.	5d.	6. July 27, 1913	7. Polk County	
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)			
7b. Des Moines, Iowa		7c. yes		7d. Mercy Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Decatur County	9. USA		10. married		11. Mrs. Ada Harger (Houghton)		
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		WAS DECEASED EVER IN U.S. ARMED SERVICES? GIVE DATES OF SERVICE.		
12. [REDACTED]	13a. Trucker		13b. Livestock		13c. no		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. Iowa	14b. Madison	14c. Truro, Iowa		14d. yes	14e. -- 261		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Leroy Harger					16. Carrie Elizabeth Johnson		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Ada Harger				17b. Truro, Iowa 50257			
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) Brain tumor due to carcinoma of the lung.					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (G), STATING THE UNDERLYING CAUSE LAST		(b)					
		(c)					
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)					AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
					19. no	19a.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	20a.	20b.	20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20a.	20b.	20c.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)		
CERTIFICATION—MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW BODY AFTER DEATH	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSE(S) STATED.		
21a. 6-27-74	21b. 11-14-74	21c. 11-14-74		21d.	21e. 9:55 p. M.		
CERTIFICATION BY: ATTENDING PHYSICIAN <input checked="" type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		THE DECEDENT WAS PRONOUNCED DEAD			
22a.				22b. November 14, 1974 at 9:55 p. M.			
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MO. DAY, YEAR)	
23a. Robert C. Jones, M. D.		23b. [Signature]				23c. 11-22-74	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP	
23d. 1034 Fourth Street Des Moines, Iowa 50314							
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE		
24a. buried	24b. Van Wert Cemetery		24c. Van Wert, Iowa				
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP				
24d. Nov. 18, 1974	24e. Webster-Kale Funeral Home, 301 S Main, Osceola, Iowa 50213						
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. [Signature]		25b. [Signature]		25c. 12/2/74			

Death Certificate 17
Herman Harger

to

Ada Harger
C.O.T.

C3827

6-14-93