

MESSAGE

C3829

TO: AUDITOR'S OFFICE

FROM: JERROLD B. OLIVER

Please change your records to reflect that Edward Callison and Connie Bailey are now the titleholders of certain real estate in Sections 25, 35 and 36 of Lincoln Township to which Helen Callison had a life estate. Enclosed is a copy of her death certificate.

IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH 114

C 3829

TYPE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT'S NAME 1. **Dorothy Helen Callison** **DATE OF DEATH** (Mo., Day, Yr.) 2. **February 1, 1993**

SEX 3. **Female** **AGE - LAST BIRTHDAY** (Years) 4a. **76** **UNDER 1 YEAR** 4b. **MOS. DAYS** **UNDER 1 DAY** 4c. **HRS. MIN.** **DATE OF BIRTH** (Mo., Day, Yr.) 5. **February 2, 1916** **COUNTY OF DEATH** 6a. **Madison**

FACILITY NAME (If not institution, give street and number) 6b. **R.R. # 3** **CITY, TOWN, OR LOCATION OF DEATH** 6c. **Winterset** **INSIDE CITY LIMITS** (Specify yes or no) 6d. **No**

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

DECEDENT

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

RACE - White, Black, American Indian, etc. (Specify) 8. **White** **DECEDENT'S EDUCATION (Specify only highest grade completed)** 9. **-12-** **College (1-4 or 5-)** **-0-**

BIRTHPLACE (City & State or Foreign Country) 10. **Madison County, Iowa** **CITIZEN OF WHAT COUNTRY** 11. **U.S.A.** **MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** 12a. **Widowed** 12b. **N/A**

SOCIAL SECURITY NUMBER 13. _____ **USUAL OCCUPATION** (Give kind of work done during most of working life. Do not use retired.) 14a. **Homemaker** **KIND OF BUSINESS OR INDUSTRY** 14b. **Own Home** **WAS DECEDENT EVER IN U.S. ARMED SERVICES?** (Specify yes or no) 15. **No**

RESIDENCE - STATE 16a. **Iowa** **COUNTY** 16b. **Madison** **CITY, TOWN, OR LOCATION** 16c. **Winterset** **STREET AND NUMBER OF RESIDENCE** 16d. **R.R. #3** **INSIDE CITY LIMITS** (Specify yes or no) 16e. **No**

PARENTS

FATHER'S NAME 17. **Frank Bernard Percy** **MOTHER'S NAME** 18. **Katie Mabel Snapp**

INFORMANT

INFORMANT'S NAME 19a. **Roy Callison** **MAILING ADDRESS** (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. **R.R. # 3 Winterset, Iowa 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**

REGISTRAR

FUNERAL DIRECTOR - SIGNATURE 21a. *[Signature]* **F.D. LICENSE #** 21b. **2440**

FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21c. **Collins Funeral Home 505 East Court Winterset Iowa 50273**

REGISTRAR - SIGNATURE 22a. *[Signature]* **DATE RECEIVED BY REGISTRAR** (Mo., Day, Yr.) 22b. **2-9-93**

CERTIFIER

23. MANNER OF DEATH
 Natural Pending Accident Investigation Suicide Could not be determined Homicide

DATE OF INJURY (Mo., Day, Yr.) 24a. _____ **HOUR OF INJURY** 24b. **M.** **INJURY AT WORK?** (Specify yes or no) 24c. _____ **DESCRIBE HOW INJURY OCCURRED** 24d. _____

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

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. **2-4-93** **HOUR OF DEATH** 25c. **10:00 AM**

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. **Kevin de Regnier DO 60 Court St Winterset IA 50273**

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	Approximate Interval Between Onset and Death
	(a) Atherosclerotic Cardiovascular disease	30 yrs
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	(b) Hypertension	30 yrs
	(c) _____	
	(d) _____	

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) **no**

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

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

4/20/94

Lincoln Twp.
75-28

25 - $W\frac{1}{2} SW\frac{1}{4} SW\frac{1}{4}$

35 $NE\frac{1}{4}$

36 $W\frac{1}{2} NW\frac{1}{4} NW\frac{1}{4}$

Helen Callison
North Certificate
4-20-94
Edward Callison
Cornie Bailey

Helen Callison
North Certificate
4/20/94
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