Hustid, Frace 1992
To 7.7.92
Chambers, Anthony
Sauce

	~ B		STATE OF IOWA IOWA DEPARTMENT OF PUBLIC HEALTH							C 2021			
	SO SERTH NUMBER		CERTIFICATE OF DEATH							C3826			
TYPE 'IN PERMANENT	DECEDENT'S	FIRST		MIDDLE	CAIL OF D	LAST		DATE	OF DE	ATH 'M	o. Day. Yr	,	
BLACK INK	1. Gra	cie	May								1991		
INSTRUCTIONS SEE HANDBOOK	sex s. Female	AGE - LAST BIRTH	MC	OS. DAYS	HRS. MIN. C	of Birth 100 t. 26.		O YTAUO		н			
HANDBOOK	FACILITY NAME (II not institut		4b.		4c. SE		WN. OR LOCA	Madis			INS	DE CITY	LIMITS
	ъ. Madison Coun	ty Memoria	1 Hospi				terset				rSpe 6d.	Yés	r na i
ė	HOSPITAL XX Inpatient		. 5	C	PLACE OF DEATH ICH								
DECEDENT	MAS DECEDENT OF MISERIAL	☐ ER/Outpaties C ORIGIN?	<u>nt D</u> (DOA [RACE - White, Black	 -	DECEDENT	S EDUCAT		ecily or	ily highes	t grade cr	importes:
	If yes, specify Cuban, Mexican,	Puerto Rican, etc.				l I						je (1-4 or	
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USUAL RESI- DENCE WHERE DECEDENT LIVED, IF DEATH OCCURRED IN A	Barney IA	" JUSA	, mai 000	W	IDOWED DIVORCED IS	pecily)	125.NOT		E (ti Will	:, give m	aloen nan	·e)	
LONG-TERM CARE INSTITU- TION, GIVE INSTITUTION	SOCIAL SECURITY NUMBER	USUAL OC	CCUPATION (Give kind at	work done during most	KIND OF BUS	INESS OF INC	USTRY	WAS	DECEDE	NT EVER	NUS AH	MED
ADDRESS AS RESIDENCE	13.	14a.COO	K LCITY T	OWN, OR LC	OCA TION		System			000-10	pecity yes		
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PARENTS	FATHER'S FIRST NAME 17. William Reel	MIDE		LAS	NAME		FIRST		DOLE			AAIDEN	
INFORMANT					18.	Hester S			M	. C.t	. 7 51		
MICHARINI	NAME 198. Mary Louise Alles			191210 W. Washington				Rural Route Number, City or Town State, Zip Coder Winterset, IA 50273					
)	ON METHOD OF DISPOSITIO	N		LACE OF DIS	SPOSITION (Name of C			TION (Cit					
•	Burial ☐ Cremation ☐ ☐ Donation ☐ Other (Spec				n Cemetery		Ma	disor	Cou	inty	IA		
BURIAL	FUNERAL DIRECTOR - SIGNA		<u>, , , , , , , , , , , , , , , , , , , </u>								- 1770		
a 164	200 / 50	XJ	<u> </u>							21b.	1//0		
9-20	FUNERACHOME - NAME AND Kale Funeral	Home Box	⁻¹ 536, 0	Sceo la	`, TA 50213**`	State, Zip Code							
REGISTRAR	REGISTRAR - SIGNATURE		52							DATE	RECEIVED	BY REC	ISTRAH
MAGERIA	223.	<u></u>	<u>حم</u>							1Mo., D 22b.	6-11	1-91	
	23. WANNER OF BEATH	DATE OF INJU (Mo., Day, Yr.) 24a,	1	UR OF INJŲI	(Specify yes or no) .	O YRULMI WO	CCURRED					
	Accident Investigate	PLACE OF INJ	URY (Specify		M, 24c. m, street. LOGAT	ON (Street and N	lumber or Rurat	Route Numb	er. City o	r Town	State Zip (Code)	
	☐ Homicide determine	ed 24e.	<u>つ</u>		241.								
	To the best of my knowledge, d	The state of	Tyne. date and	prace ove to	o the cause(s) and man	er as stated.		SE. A -	ED1Mo. ≥ C	. Day. Yı "J		J:05	
	NAME AND TITLE OF ATTEND	ING PHYSICIAN IF	OTHER THAN	CERTIFIER	(Type/Print)			30.	/-ر	<i>!</i>	2366	2.00	
CERTIFIER	26. NAME AYD ADDRESS OF CER	Title on an											
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	7.0					<u> </u>		3047				·	
	28, PART I. Enter the diseases, shock, or heart fails	mjuries, or complica are. List only one cau	ilions that caus	sed the death	. Do not enter the mod	of dying, such	as cardiac or re	spiralory a	rrest.			Appro Interv	emate d Between
	Final disease or condition ————————————————————————————————————										and Deat		
	resulting in death (a) Secretallar Tumor Unknown type DUE TO IOR AS A CONSEQUENCE OF:											2,	month
CAUSE OF	Sequentially list conditions, if any,												
	leading to immediate caus UNDERLYING CAUSE (Di injury that initiated events	A CONSEQU	JENGE OF).							i			
	in death) LAST.	resulting (c)	E TO (OR AS	A CONSEQU	JENGE OF):		· · · · · · · · · · · · · · · · · · ·					 	
		(10) —	<u> </u>									1	
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	l .	ses given in Fan I.			PREC	SNANCY IN THE THS?	THERE A		PSY ly yes o	r no)	TOCO	AVAIL ABI	E PRIOF
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