

CERTIFICATE OF DEATH

TYPE IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

BIRTH NUMBER: 590

DECEASED'S NAME: **Harold Donovan Patterson**

DATE OF DEATH (Mo., Day, Yr.): **2 November 25, 1992**

SEX: **Male** AGE - LAST BIRTHDAY (Years): **4a. 69**

UNDER 1 YEAR: **MOS. 4b.** DAYS: **4c.** UNDER 1 DAY: **HRS. 4c.** MIN.: **4c.**

DATE OF BIRTH (Mo., Day, Yr.): **5 Jan. 13, 1923** COUNTY OF DEATH: **6a. Madison**

FACILITY NAME (If not institution, give street and number): **6b. Rural Route #2**

CITY, TOWN, OR LOCATION OF DEATH: **6c. Lorimor** INSIDE CITY LIMIT (Specify yes or no): **6d. No**

HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify) _____

DECEASED'S EDUCATION (Specify only highest grade completed): **9. 0-12**

WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes below) **7. NO YES** Specify: _____

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

BIRTHPLACE (City & State or Foreign Country): **10. Orient, Iowa** CITIZEN OF WHAT COUNTRY: **11. U.S.**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **12a. Married** SURVIVING SPOUSE (If wife, give maiden name): **12b. Marjorie Palmer**

SOCIAL SECURITY NUMBER: **13. [REDACTED]** USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): **14a. Farmer & insurance**

KIND OF BUSINESS OR INDUSTRY: **14b. Agriculture** WAS DECEASED EVER IN U.S. ARMED SERVICES? (Specify yes or no): **15. Yes**

RESIDENCE - STATE: **16a. Iowa** COUNTY: **16b. Madison** CITY, TOWN, OR LOCATION: **16c. Lorimor**

STREET AND NUMBER OF RESIDENCE: **16d. R. R. #2** INSIDE CITY LIMIT (Specify yes or no): **16e. No**

FATHER'S NAME: **17. Arthur Patterson** MOTHER'S NAME: **18. Alice Johnson**

INFORMANT'S NAME: **19a. Marjorie Patterson** MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **19b. R.R. #2, Lorimor, Iowa 50149**

METHOD OF DISPOSITION: Burial Cremation Removal from State Donation Other (Specify) _____

PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): **20b. Rosehill Cemetery** LOCATION (City or Town, State): **20c. Nevinville, Iowa**

FUNERAL DIRECTOR - SIGNATURE: **21a. [Signature]** F.D. LICENSE #: **21b. 1930**

FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **21c. Lindsay Funeral Homes, 601 New York Avenue, Creston, Iowa 50801**

REGISTRAR - SIGNATURE: **22a. [Signature]** DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): **22b. 12-14-92**

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

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.

(Signature and title): **25a. [Signature]** DATE SIGNED (Mo., Day, Yr.): **25b. 12-4-92** HOUR OF DEATH: **25c. 4:00 P**

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 Regnerdo 60 Court St Winterset IA 50273**

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

PARENTS

INFORMANT

BURIAL

REGISTRAR

CAUSE OF DEATH

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

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) **Atherosclerotic Cardiovascular disease** Approximate Interval Between Onset and Death: **30yr**

(b) DUE TO (OR AS A CONSEQUENCE OF): _____

(c) DUE TO (OR AS A CONSEQUENCE OF): _____

(d) DUE TO (OR AS A CONSEQUENCE OF): _____

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

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)

AUTOPSY (Specify yes or no): **29a. no**

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

Get copy of death cert. to remove Harold's name & give to Betty

ALSO
LOES
10+11
Bk 3
1/85

CERTIFICATE

I, Janice Weeks, Clerk of the District Court of the State of Iowa, in and for Madison County, do hereby certify that this is a true and complete copy of the Original Instrument filed in this office.

IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the Seal of said Court at my office in Winterset, Iowa this **14th** day of **December** 19**92**

By **[Signature]** Deputy Clerk of the District Court

Death Certificate

Harold Patterson

6/20/94

C3830



WARRANTY DEED

Know All Men by These Presents: That Robert Glen Akin a/k/a Glen Akin
and Anna O. Akin, husband and wife,

_____ in consideration
of the sum of -Six Thousand Nine Hundred Seventy-five Dollars and no/100--
in hand paid do hereby Convey unto Harold D. Patterson, a/k/a Don Patterson, and
Marjorie V. Patterson, husband and wife, as joint tenants,

Grantees' Address: Lorimor, Iowa 50149
the following described real estate, situated in Madison County, Iowa, to-wit:

Lots Twelve (12), Thirteen (13), Fourteen (14), Fifteen
(15), Sixteen (16), Seventeen (17), and Eighteen (18)
in Block Three (3) of Barker's Second Addition to Macksburg,
Madison County, Iowa.

REAL ESTATE TRANSFER
TAX PAID 6
STAMP #
\$ 7.15
Shirley H. Henry
RECORDER
12-4-85
DATE COUNTY

Compared
FILED NO. 1146
BOOK 52 PAGE 643
1985 DEC -4 PM 3:00
MARY E. WELTY
RECORDER
MADISON COUNTY, IOWA
Fee \$5.00
Transfer \$5.00

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 sufficient 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 24 day of OCTOBER, 1985.

STATE OF IOWA
MADISON COUNTY,

ss:

X Robert Glen Akin
Robert Glen Akin, a/k/a Glen Akin

X Anna O. Akin
Anna O. Akin

On this 24 day of Oct, 1985, before
me, the undersigned, a Notary Public in and for said State, personally
appeared Robert Glen Akin a/k/a Glen Akin
and Anna O. Akin, husband and wife,

Winterset, Iowa 50273

(Grantor's address)