

463

# COUNTY COPY

C3831

STATE OF IOWA  
IOWA DEPARTMENT OF PUBLIC HEALTH  
CERTIFICATE OF DEATH 114- 92-014985

TYPE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK	1. DECEDENT'S NAME FIRST: JUDITH MIDDLE: LAST: BRUGIONI	2. DATE OF DEATH (Mo. Day, Yr.) JULY 26, 1992						
	3. SEX: FEMALE	4a. AGE - LAST BIRTHDAY (Years): 48	4b. UNDER 1 YEAR (MOS 4b., DAYS)	4c. UNDER 1 DAY (HRS 4c., MIN)	5. DATE OF BIRTH (Mo. Day, Yr.) June 26, 1944	6a. COUNTY OF DEATH JOHNSON		
USUAL RESIDENCE WHERE DECEDENT LIVED, IF DEATH OCCURRED IN A LONG-TERM CARE INSTITUTION GIVE INSTITUTION ADDRESS AS RESIDENCE	6b. FACILITY NAME (If not institution give street and number) UNIVERSITY HOSPITALS & CLINICS			6c. CITY, TOWN OR LOCATION OF DEATH IOWA CITY		6d. INSIDE CITY LIMITS (Specify yes or no) YES		
	6e. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify):							
7. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify:	7. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below) If yes specify Cuban, Mexican, Puerto Rican, etc.		8. RACE - White, Black, American Indian, etc. (Specify) white		9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5-):			
	10. BIRTHPLACE (City, State, Country) Kirksville, MO.	11. CITIZEN OF WHAT COUNTRY USA	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		12b. SURVIVING SPOUSE (If wife, give maiden name) Henry "Hank" Brugioni			
13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not include office clerk)		14b. KIND OF BUSINESS OR INDUSTRY state government		15. WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no) no			
16a. RESIDENCE - STATE Iowa	16b. COUNTY Madison	16c. CITY, TOWN OR LOCATION Winterset		16d. STREET AND NUMBER OF RESIDENCE RR 1, Box 232		16e. INSIDE CITY LIMITS (Specify yes or no) no		
PARENTS	17. FATHER'S NAME Ollie Miles Weaver			18. MOTHER'S NAME Martha Clere Harding				
	19a. INFORMANT'S NAME Martha "Clere" Weaver			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) R. R. 1, Patterson, Iowa 50273				
BURIAL	20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		20b. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) McGinnis Cemetery		20c. LOCATION (City or Town, State) Patterson, Iowa			
	21a. FUNERAL DIRECTOR'S SIGNATURE <i>John Miller</i>					21b. I.D. LICENSE # 1992		
REGISTRAR	21c. FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Hamilton's Southtown Funeral Home, 5400 SW 9th, Des Moines, Iowa 50315					22a. REGISTRAR'S SIGNATURE <i>Robert F. Stank</i>		
	22b. REGISTRAR'S NUMBER 830					22c. DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) AUG 12 1992		
CERTIFIER	23. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		24a. DATE OF INJURY (Mo. Day, Yr.) 7/22/92		24b. HOUR OF INJURY 4:45 PM		24c. INJURY AT WORK? (Specify yes or no) no	
	24d. DESCRIBE HOW INJURY OCCURRED Poured Gasoline, Ignited by Water Heater		24e. PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.) HOME		24f. LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patterson, Iowa 50218			
25a. (Signature and Title) <i>T.T. Bozek M.D.</i>					25b. DATE SIGNED (Mo. Day, Yr.) JULY 26, 1992		25c. HOUR OF DEATH 9:20 AM	
26. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print) T.T. BOZEK M.D., JOHNSON COUNTY MEDICAL EXAMINER, 321 E. MARKET, IOWA CITY, IOWA 52245								

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.			Approximate Interval Between Onset and Death	
	Final disease or condition resulting in death → IMMEDIATE CAUSE (a) 84% Body Surface Burn.				
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				
	(b) DUE TO (OR AS A CONSEQUENCE OF) (c) DUE TO (OR AS A CONSEQUENCE OF) (d) DUE TO (OR AS A CONSEQUENCE OF)				
PART II - 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. YES	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETE DETERMINATION OF CAUSE OF DEATH? (Specify yes or no) 29b. YES

CFN 588 0021  
Revised - 1/89  
(TS)

911



C3831

# QUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS: That CLERE WEAVER, Single

of Madison County, State of Iowa, in consideration of the sum of

~~\*\*\*\*\*One Dollar and other Good and Valuable Consideration\*\*\*\*\*~~

in hand do hereby Quit Claim unto JUDITH BRUGIONI and HENRY BRUGIONI, husband and wife

~~as joint tenants with full rights of survivorship and not as tenants in common~~

all our right, title, interest, estate, claim and demand in and to the following described real estate situated in Madison County, and State of Iowa to wit:

Commencing as a point of reference at the Northwest corner of the Northeast Quarter of the Southwest Quarter of Section 29, Township 76 North, Range 26 West of the Fifth Principal Meridan, Crawford Township, Madison County, Iowa; thence South 658.9 feet along the West Line of the Northeast Quarter of the Southwest Quarter of Section 29 to a point ( this is an assumed bearing for purposes of this description only); thence South 90° 00' East 130.4 feet to the point of beginning of parcel herein described; thence continuing South 90° 00' East 126.3 feet to a point; thence South 163.4 feet to a point; thence South 90° 00' West 126.3 feet to a point; thence North 163.4 feet to the point of beginning, and subject to easements of record, and containing 0.5 acres more or less.

**Compared**

FILED NO. **1091**  
BOOK 54 PAGE 68

1987 DEC 23 AM 11:25

MARY E. WELTY  
RECORDER  
MADISON COUNTY, IOWA

1. ✓  
2. ✓  
3. ✓

Fee \$5.00

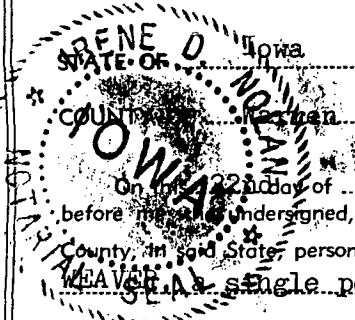
Transfer \$5.00

Each of the undersigned hereby relinquishes all rights of dower, homestead and distributive share in and to the above described premises.

Words and phrases therein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as feminine or masculine gender, according to the context.

Signed this 22nd day of December, 1987

Clere Weaver  
CLERE WEAVER, a single person  
Route 1 Box 222, Winterset, Iowa



On this 22nd day of Dec., A. D. 1987, before me, the undersigned, a Notary Public in and for said County, in said State, personally appeared CLERE WEAVER, a single person

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.

Rene O. Weaver  
# 200691 Notary Public in and for said County.

Health Certificate  
Quelth Burgioni

6/21/94

C3831