

25-04-23-44-0000

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

BIRTH NUMBER		FIRST MIDDLE LAST		DATE OF DEATH (Mo., Day, Yr.)	
1. LUCILLE MARIE BOYLE				2. MAY 12, 1995	
SEX	AGE - LAST BIRTHDAY (Years) 72	UNDER 1 YEAR (MOS)	UNDER 1 DAY (DAYS)	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH
3. FEMALE				4. JUNE 20, 1922	5. POLK
FACILITY NAME (If not institution, give street and number)			CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (Specify Yes or No)
6. IOWA METHODIST MEDICAL CLINIC			7. DES MOINES,		8. YES
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)					
DECEDENT		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc.		DECEDENT'S EDUCATION (Specify only highest grade completed)	
7. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		RACE - White, Black, American Indian, etc. (Specify)		Elementary/Secondary (0-12) College (1-4 or 5+)	
8. WHITE		9. 14			
BIRTHPLACE (City & State or Foreign Country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10. DEXTER, IOWA		11. U.S.A.		12. MARRIED	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life)		KIND OF BUSINESS OR INDUSTRY	
		13. COMPTOMETER OPERATOR		14. OFFICE	
RESIDENT - STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER OF RESIDENCE	
15. IOWA		16. MADISON EARLHAM		17. R.R. # 1 P.O. BOX 227	
FATHER'S NAME		MOTHER'S NAME		MAIDEN	
18. BERT		19. JOBST		20. IDA M. CLAUSEN	
INFORMANT'S NAME		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
21. DALE R. BOYLE		22. P.O. BOX 227 EARLHAM, IOWA 50072			
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)		LOCATION (City or Town, State)	
23. <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		24. PENN CENTER CEMETERY		25. RURAL EARLHAM, IOWA	
FUNERAL DIRECTOR SIGNATURE		F.D. LICENSE #			
26. [Signature]		27. 2508			
FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
28. KUHN FUNERAL HOMES, P.O. BOX 57 DEXTER, IOWA 50070					
REGISTRAR SIGNATURE				DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
29. [Signature]				30. MAY 25 1995	
MANNER OF DEATH		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	INJURY AT WORK? (Specify yes or no)	
31. <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		32. 5-18-95	33. M	34. NO	
PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)		LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
35. [Signature]		36. [Signature]			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
37. 5-18-95		38. 5:18 p.m.			
NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)					
39. Thomas R. Burcker, D.O., 411 Laurel Ste. A120, Des Moines, IA 50314					
NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print)					
40. Thomas R. Burcker, D.O., 411 Laurel Ste. A120, Des Moines, IA 50314					
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
Metastatic carcinoma of ovary					Months
(a) DUE TO (OR AS A CONSEQUENCE OF)					
(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: 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) NO					
WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no) NO					

C3834

Death Certificate
 Dale R Boyle
 Lucille Boyle
 10-10-95

DEBBIE

Use this to Remove
Lucille Marie From Books
on attached.

Thanks
JAW

FARM VALUATION REPORT

25-04-23-46-0000

BOYLE, DALE R.
BOYLE, LUCILLE

139-1
PENN
EARL

SW NW 23 77 29 40.

AV. CSE-90

C3834

MAPPING UNIT			GROSS ACRES	SPOT SYMBOL		DEDUCTION	NET ACRES	CROP SUITABILITY RATING	VALUATION	
SOIL TYPE	SLOPE	EROSION		KIND	SIZE				ACTUAL	ASSESSED
368	1	1	9.8	Rd	1.1		8.7	95/16	826	11218
368	3	1	14.4				14.4	90/27	1296	11829
369	1	1	2.1	Rd	.5		1.6	89/20	139	1192
370	3	1	13.7	Rd	.4		13.3	87/20	1159	11590
									1985 -	34220
									1983 -	36190
										21835
									3717	
40.			2.0		38.0 TOTALS →				11820	11830
										21835

FARM VALUATION REPORT

25-04-23-44-0000

BOYLE, DALE R.
BOYLE, LUCILLE
EARLHAM, IA.

139
PENN
EARL

NW NW 23 77 29 40.

AV. CSE-74

MAPPING UNIT			GROSS ACRES	SPOT SYMBOL		DEDUCTION	NET ACRES	CROP SUITABILITY RATING	VALUATION	
SOIL TYPE	SLOPE	EROSION		KIND	SIZE				ACTUAL	ASSESSED
69	7	1	5.6				5.6	50/54	280	302
222	7	1	.4	Rd	.3		.1	30/32	3	3
368	3	1	7.5	Rd	.2		7.3	90/27	657	927
370	1	1	4.5	Rd	.2		4.3	92/32	395	516
370	3	1	10.3	Rd	.3		10.0	87/20	870	1200
370	7	2	9.3	Rd	1.0		8.3	67/77	556	1656
599	11	2	2.4				2.4	22	54	55
									1985 -	26280
									1983 -	28050
										3711
									2815	
40.			2.0		38.0 TOTALS →				993	13920
										26280

FARM VALUATION REPORT

25-04-26-80-0200

BOYLE, DALE R & LUCILLE M. 154
PENN
EARL

Boyle W.D. 3-18-92 B-129 P-649
Boyle W.D. 4/14/95 B-134 P-243

E 35A N 1/2 SE 26 77 29 35

AV-058-06

C3834

MAPPING UNIT			GROSS ACRES	SPOT SYMBOL		DEDUCTION	NET ACRES	CROP SUITABILITY RATING	VALUATION	
SOIL TYPE	SLOPE	EROSION		KIND	SIZE				ACTUAL	ASSESSED
370	8	1	8.4	Rd.	.7		8.4	8720	738	1008
370	7	1	18.6	Rd.	.7		17.9	7288	1289	1575
428	3	0	1.1	Rd.	.2		.9	8823	795	110
593	11	2	6.9	Rd.	.1		6.8	2225	750	150
									1985-20160	
									1985-21680	
									2249	2849
35			1.0		34.0 TOTALS →			4772	710080	2289
									8400	2834

FARM VALUATION REPORT

25-04-26-80-0400

BOYLE, DALE R. & LUCILLE M.

154-1
PENN
EARL

Boyle W.D. 3-18-92 B-129 P-649
Boyle W.D. 4/14/95 B-134 P-243

E 35A S 1/2 SE 26 77 29 35

AV-058-58

MAPPING UNIT			GROSS ACRES	SPOT SYMBOL		DEDUCTION	NET ACRES	CROP SUITABILITY RATING	VALUATION	
SOIL TYPE	SLOPE	EROSION		KIND	SIZE				ACTUAL	ASSESSED
24	15	1	4.2	Rd.	.1		4.1	4043	764	1016
133	7	0	10.1	Rd.	.3		9.8	5255	509	639
370	3	1	2.5	Rd.	.6		1.9	8720	465	228
370	7	1	14.4		.7		13.7	7288	987	1206
593	11	1	3.8	Rd.	.3		3.5	2526	88	91
									1985-15860	
									1985-17050	
									1915	2240
35			2.0		33.0 TOTALS →			6613	8400	1786
									8400	2268