STATE OF IOWA C3838

County Record 890-00-09-00-000

STATE OF IOWA

REMOVE LOCETTA

	•		IOWA DEPARTMENT	OF IOWA FOF PUBLIC H	EALTH			KE	MOUE	Wetto
tvas	BIATH NUMBER		CERTIFICAT		11	4-		. , •	•	fot 7 H+K Jub devisio
IN PERMANENT	DECEDENTS	FIRST	MIDDLE		AST			DEATH IMO DI	14. Yr 1	n , 7
BLACK INK	1,	LORETTA	J.		ANGELIS		*	ptember	9, 199/	fat.
FOR INSTRUCTIONS SEE HANDBOOK	SEX	AGE - LAST BIRTHDAY	MOS. DAYS HRS.	1 4444	of Birth i Mo ine 11,	1000		атн I k		NOU'
HANDBOOK.	3. Female FACILITY NAME (If not institut	4a. 04	4b. 4c.	5. 30			ATION OF DEATI	H	INSIDE CITY LIMITS	. /
	66. Des Moines (Specify WY Esta)									114 K
			6e. PLACE	OF DEATH (Chec						17 1
	HOSPITAL Nursing Home Residence Other (Specify)									• • • • • • • • • • • • • • • • • • • •
DECEDENT	WAS DECEDENT OF HISPANI (Specify No or Yes below)		RACE - White, Black, American Indian, etc. (Specify) Elementary/Secondary (0-12) Collection					ghest grade completed)	1 1 Jurisio	
	If yes, specify Cuban, Mexican,	, Puerto Rican, etc ecify:	White 12					''' '	anegritis 0t 51	111/2-00
USUAL RESI- DENCE WHERE DECEDENT	BIRTHPLACE	CITIZEN OF WHA	AT COUNTRY MARRIED, NEVER MARRIED, WIDOWET MARRIED, NEVER MARRIED,					wide, give maide	n names	₩ W
DECEDENT LIVED IF DEATH OCCURRED IN A LONG TERM CARE INSTITU-	Grand Junetion	- 114	12a. Anthony J. De					. De Ang	ells	,
CARE INSTITU- TION, GIVE INSTITUTION	SOCIAL SECURITY NUMBER	USUAL OCCUPA of working life_Da	ATION (Give kind of work done during most KIND OF BUSINESS OF INC. Own Home			SERVICES? (Notify yes of not				
TION GIVE INSTITUTION ADDRESS AS RESIDENCE	13. RESIDENCE - STATE CO	1144.	CITY, TOWN, OR LOCATIO		STREET AND		j 15.		INSIDE CITY LIMITS	
	l l		Sir. Truro		18d. 345				Specifics or not	
PARENTS	FATHER'S FIRST	MIDDLE	LAST	MOTHER	S F	IRST	MIDDLE		MAIDEN	
AU SATO	NAME Lloy	/d	Gray	NAME 18.		lma			Smith	
INFORMANT	INFORMANT S NAME	- 4 11	(n -1 - 4)	1					n State, Zip Code)	
,	198. Anthony J. De Angelis (Husband) 199. 345 McKinley Truro, Ia. 50257 190. METHOD OF DISPOSITION PLACE OF DISPOSITION (Name of Cemelery, Crematory, LCCATION (City of Town, State)									
1	Burial Cremation									
B-01000	Onnation Other (Specify)									
BURIAL	FUNERAL DIRECTOR - SIGNATURE F. D. LICENSE " 2113									
	21s. W. Confus C. D. Confus C.								*****	
,	FUNERAL HOME - NAME AND 21c. Dunn's Funer					5031	2			7
	REGISTRAR - SIGNATURE	ar nome 212.	Jeans Ave.					DATE RECE	IVED BY REGISTRAR	7777
REGISTRAR	22a.	lind	1 A. ISugar) K				226 SEP	1 9 1997	9 *
1	23. MANNER OF DEATH	DATE OF INJURY (Mo Day, Yr.)	ACUR OF INDURY IN	JURY AT WORK? pecify yes or no.)	DESCRIBE HO	YAULAI W	OCCURRED			1
į	Pending Pending 244. 244. 246.								3	
	Suicide Could not	be lactory office building	Specify at home, farm, street, LOCATION (Street and Number or Rural Ros g, etc.)				i naute number, Ci	oute Number, City or Town State Zip Code)		
	To the best of my knowledge, d		ate and pince due to the ca	er as stated DATE SIGNED (Mo., Day V)		Mo., Day Yij	WI HOUR OF DEATH			
	25s. (Signature and title)	D. Asul	بأباب المسورة	/			250. 7/10	191	25c. (1 M	
CERTIFIER	NAME AND TITLE OF ATTEND	ING PHYSICIAN IF OTHER	THAN CERTIFIER (Type:	Print)				. —		***
241113131	26.									
	NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examine) (Type:/Puni) 27. AUND SWIESKO LUSKI N.D. 185 MC: Nes, IA									3
,	AL TO THE COURT DICTURE OF THE THE COURT OF									#
ł	28. PART I Enter the diseases.	injuries, or complications to	hat caused the death. Do no	ol enter the mode	of dying, such a	is cardiac or	respiratory arrest.		Approximate Interval Between	
	Onset and Deatt									
	Final disease or condition IMMEDIATE CAUSE resulting in death (a) MYO (ARDINL IN TAR WWW MINUTES								3	
-Angera	DUE TO JOR AS A CONSEQUENCE OF:									
CAUSE OF DEATH	Sequentially list conditions, if any. (b) (1 RANT) DA 12 R D'S 13 S 15 DE TO ION AS A CONSEQUENCE OF.								3	
	UNDERLYING CAUSE (Di	sease or	Diabetes						475.	
	in death) LAST.	DUE TO (R AS A CONSEQUENCE OF)						į	
1	l	(q)								3
· · · · · · · · · · · · · · · · · · ·	PART II a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I PREGNANCY IN THE PAST 12 (Specify yes or no) INGS AVAILABLE PRIOR									
	underlying cau	ses given in Part I		PREG		PAST 12	(Specify ye	11	O COMPLETION OF	38.6 38.6
CFN-588-0021				(Speci	ly yes or no)	40	30-		AUSE OF DEATH?	
Davised . 1/90				:	,	~	200.	, , *		387€

VBK 0006 PG 289

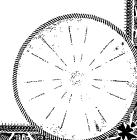
This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.

FORM #588-0328C (1997)

SEP 1 9 1997 DATE ISSUED

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Heath Cotty (3838

Leath Cotty Language

Journal John Droporty

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Jest 9-19-97