STATE OF IOWA
DEPARTMENT OF HEALTH

114-

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

BIRTH NUMBER

STATE FILE NUMBER

DECEDENT

1. DECEDENT—NAME (FIRST / MIDDLE / LAST)	2. SEX	3. DATE OF DEATH (MONTH, DAY, YEAR)
Betty / FISHER	Female	March 3, 1984

4. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	5a. AGE—LAST BIRTHDAY (YEARS)	5b. UNDER 1 YEAR: MOS. / DAYS	5c. UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR)	7a. COUNTY OF DEATH
White	46			12-20-37	Johnson

7b. CITY, TOWN, OR LOCATION OF DEATH	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	7d. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)	7e. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)
Iowa City	Yes	University Hospital	Inpatient

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
Oklahoma	U.S.A.	Married	Alvin Wade Fisher

12. SOCIAL SECURITY NUMBER	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	13b. KIND OF BUSINESS OR INDUSTRY	13c. WAS DECEASED EVER IN U.S. ARMED SERVICES? GIVE DATES OF SERVICE
[redacted]	House Wife	-	No

USUAL RESIDENCE WHERE DECEDENT LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)	14e. STREET AND NUMBER
Iowa	Union	Lorimor	No	R.R. 1

PARENTS

15. FATHER—NAME (FIRST / MIDDLE / LAST)	16. MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST)
George Bell	Edna Roofinger

17a. INFORMANT—NAME	17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
Alvin Wade Fisher	R.R. 1, Lorimor, Iowa

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE
(a) Metastatic Small Cell Carcinoma of the Lung
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART IIa. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 6 MONTHS? YES ☐ NO ☒

19a. AUTOPSY (YES OR NO): No

19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
		M.	

20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)

CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title) ▶ Cheryl Emmons MD

21b. DATE SIGNED (Mo., Day, Yr.): March 3, 1984

21c. HOUR OF DEATH: 1:22 P.M. M

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER OR CORONER) (Type or Print)
Cheryl Emmons MD University Hospoital Iowa City, Iowa 52242

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION: CITY OR TOWN / STATE
Cremation	Merle Hay Crematory	Des Moines, Iowa 50310

24d. DATE (MONTH, DAY, YEAR)	25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
March 6, 1984	Merle Hay Crematory, 4400 Merle Hay Road

25b. FUNERAL DIRECTOR—SIGNATURE	25c. F.D. LIC. NO.	26. REGISTRAR—SIGNATURE	24e. DATE RECEIVED BY LOCAL REGISTRAR
James D Radda	2154	Mary A. Conklin	MAR 12 1984

SHD-011-3/79

CPC-71277 11/79

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BOOK 35 PAGE 49
1984 MAR 23 AM 10:06
MARY E. WELTY
RECORDER
MADISON COUNTY, IOWA
Fee $3.00 paid

CERTIFICATE

I, Mary A. Conklin, Clerk of the District Court of the State of Iowa, in and for Johnson County, do hereby certify that this is a true and complete copy of the Original instrument(s) filed in this office consisting of One pages.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Court at my office in Iowa City, Iowa, this 12th day of March 1984.

MARY A. CONKLIN
Clerk of District Court
By Edward F. Hendrick