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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)
Alma Alzora WHITE	Female	Jan. 23, 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
Caucasian	98			Apr. 19, 1885	Scott

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)
Davenport	Yes	2023 Carey Ave.	

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)
Iowa	USA	Widowed	None

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

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]	Home Maker	Own Home	No

14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)	14e. STREET AND NUMBER
Iowa	Scott	Davenport	Yes	2023 Carey Avenue

PARENTS

15. FATHER—NAME (FIRST / MIDDLE / LAST)	16. MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST)
James Madison Robbins	Thankful Alma James

17a. INFORMANT—NAME	17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
Patricia Barry	12742 Highwood Los Angeles Calif.

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)	CONGESTIVE CARDIAC FAILURE	1 Week
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF: (b)	ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE	1 YEAR
DUE TO, OR AS A CONSEQUENCE OF: (c)		

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 ☐ X

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)
N/A		A.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)
No		

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) ▶ C. B. Fesenmeyer MD

21b. DATE SIGNED (Mo., Day, Yr.): Jan 23 1984

21c. HOUR OF DEATH: 4:15 A.M.

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

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER OR CORONER) (Type or Print)

23. Dr. C.B. Fesenmeyer 3319 Spring Street, Davenport, Ia. 52807

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION (CITY OR TOWN / STATE)
Burial	Winterset Cemetery	Winterset, Iowa

24d. DATE (MONTH, DAY, YEAR)	25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
Jan. 27, 1984	Weerts/Hill & Fredericks P. O. Box 398 Davenport Iowa 52805

25b. FUNERAL DIRECTOR—SIGNATURE	25c. F.D. LIC. NO.	26a. REGISTRAR—SIGNATURE	26b. DATE RECEIVED BY LOCAL REGISTRAR
Lamont F. Weerts	1622	Cindy Bauer	JAN 30 1984

SHD-011-3/79

CPC-71277 11/

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN THIS OFFICE

RECORDED IN BOOK 34 ON PAGE — DATED THIS 2nd DAY OF February 1984.

DAVID H. DAHLIN
CLERK OF DISTRICT COURT, SCOTT COUNTY, IOWA

Jodie Lehenbauer
DEPUTY CLERK

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REC
PAGE ✓

STATE OF IOWA,
MADISON COUNTY, ss.

Inst. No. 728 Filed for Record this 11 day of October 1985 at 11:00 AM
Book 35 Page 615 Recording Fee $5.00 Mary E. Welty, Recorder, By Shirley A. Henry Deputy

Compared

MISC. REC. 35

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