Book 6 Page 92.

CERTIFICATE

I, Margaret Wheeler, Clerk of the District Court of the State of Iowa, in and for Madison County, do hereby certify that this is a true and complete copy of the Original Instrument filed in this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Court at my office in Winterset, Iowa this 29 day of March 1983

Margaret Wheeler
Clerk of the District Court

By Ila L. Silverthorn Deputy

Compared

FILED NO. 1526
BOOK 34 PAGE 485

1983 APR -4 AM 9:

MARY E. WELTY
RECORDER
MADISON COUNTY, IOWA

Fee $3.00

STATE OF IOWA
DEPARTMENT OF HEALTH

114-

CERTIFICATE OF DEATH

STATE FILE NUMBER

E, OR PRINT IN RMANENT INK EE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME (FIRST, MIDDLE, LAST)	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Della Lucille Gilbert	2. Female	3. Dec. 7, 1973

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MOS.	UNDER 1 YEAR: DAYS	UNDER 1 DAY: HOURS	UNDER 1 DAY: MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. American White	5a. 84	5b. 5	24	5c.		6. June 13, 1889	7a. Madison

CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. Earlham Iowa	7c. Yes	7d. Maple Linn N. Home Earlham Iowa

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Illinois	9. U. S. A.	Widowed	11. None

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

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

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

FATHER—NAME (FIRST, MIDDLE, LAST)	MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST)
15. Henrr Dunbar	16. Belle Mitchell

INFORMANT—NAME	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. Marlan Gilbert	17b. Earlham Iowa

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive Heart Failure	6 months
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 II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

Diverticulitis

AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. no	19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, NOT BOTH)
20a.	20b.	20c. M.	20d.

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

CERTIFICATION - I ATTENDED THE DECEASED FROM (MONTH DAY YEAR)	TO (MONTH DAY YEAR)	AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR)	I DID/DID NOT VIEW BODY AFTER DEATH	DEATH OCCURRED AT THE (HOUR)	THE DATE ABOVE IS TO THE BEST OF MY KNOWLEDGE AND BELIEF
21a. 10 9 60	21b. 12 7 73	21c. 12 3 73	21d. Did	21e. 5:00 ? M.	STATED.

CERTIFICATION BY: ATTENDING PHYSICIAN (CHECK ONE) [X] MEDICAL EXAMINER [ ] DEPUTY MEDICAL EXAMINER [ ]	THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR)	
22a.	22b.	73 AM PM

CERTIFIER - NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MO. DAY, YEAR)
23a. Dr. T. C. Leuty	23b.	DO	23c. 12 17 73

MAILING ADDRESS - CERTIFIER (STREET OR R.F.D. NO.)	CITY OR TOWN	STATE	ZIP
23d. Dr. T. C. Leuty 1021 Chestnut	Earlham	Iowa	50072

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

DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. 12/10/73	25a. Evans Funeral Home Earlham Iowa

FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25b. [signature]	26b. Ila L. Silverthorn Deputy 153	26c. December 20, 1973

MISC. REC. 34