RELEASE OR SATISFACTION OF MORTGAGE — (Real Estate or Chattel) Form 268-C

(556.26, 556.17, Code of Iowa) Klipto Mason City, Iowa

KNOW ALL MEN BY THESE PRESENTS:

That I, Katherine Palmer, of Polk County, State of Iowa, do hereby acknowledge that a certain mortgage, bearing date the 14 day of January A. D. 19 54, made and executed by Carl Edward Goldsworth to said Gorham Palmer, Deceased July 6, 1970, and Katherine Palmer

Real Estate: and recorded in the office of the Recorder of the County of Madison, State of Iowa, in Book 102 of R. E. Mortgages page 362 is redeemed, paid off, satisfied, and discharged in full.

Chattel: ~~encumbering personal property described as~~ and filed in the office of the Recorder of the County of Madison, State of Iowa, on the 15 day of January, 19 54, as document or file No. 375 is redeemed, paid off, satisfied and discharged in full.

Signed the 28th day of May, 19 75

I Katherine Palmer
Katherine Palmer

CERTIFICATE OF ACKNOWLEDGMENT—Individual

STATE OF IOWA, County of Madison ss.

On this 28th day of May A. D. 19 75, before me, Margaret Wheeler a ~~Notary Public~~ Clerk of Court in and for the County of Madison, State of Iowa, personally appeared Katherine Palmer

to me known to be the identical person named in and who executed the foregoing instrument and acknowledged that she executed the same as her voluntary act and deed.

SEAL

IN WITNESS WHEREOF, I have hereunto signed my name and affixed my Notarial Seal the day and year last above written.

Margaret Wheeler
~~Notary Public~~ Clerk of Court in and for Madison County, State of Iowa

CERTIFICATE OF ACKNOWLEDGMENT—Corporation

STATE OF IOWA, County of ..... ss.

On this ..... day of ....., A. D. 19....., before me, ...

a Notary Public in and for the County of ....., State of Iowa, personally appeared

....., President, and .....

Secretary or Cashier, of ....., the Corporation which executed the above and foregoing instrument, who being to me known as the identical persons who signed the foregoing instrument, and by me duly sworn, each for himself, did say that they are respectively the ..... President and ..... of said Corporation; that (the seal affixed to said instrument is the seal of said Corporation)—(no seal has been procured by said Corporation) and that said instrument was by them signed and sealed on behalf of the said Corporation, by authority of its board of directors, and each of them acknowledged the execution of said instrument to be the voluntary act and deed of said corporation, by it and each of them voluntarily executed.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed my Notarial Seal the day and year last above written.

.....
Notary Public in and for ..... County, State of Iowa

Compared 681

RELEASE OR SATISFACTION OF MORTGAGE

FROM .....

TO .....

STATE OF IOWA, Madison County } ss.

Filed for Record this 28 day of May A. D. 19 75 at 10:15 o'clock A. M., and recorded in Book 122, Page 690, of the Records of Mortgages

Mary E. Twilley
Recorder.

..... Deputy.

Fees, $ 4.50 Paid.

REC. 4.50
FICE

MRS WESLEY TAYLOR
705 E. EUCLID
INDIANOLA

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY MADE OF THE ORIGINAL CERTIFICATE ON FILE IN THIS OFFICE IN ACCORDANCE WITH THE LAW OF IOWA REQUIRING FILING OF VITAL RECORDS. THIS RECORD IS NOT VALID IF THIS PHOTO-COPY HAS BEEN ALTERED OR IF IT DOES NOT BEAR THE RAISED SEAL OF THE DEPARTMENT OF HEALTH.

Carson E. Whitlow

CARSON E. WHITLOW, CHIEF
DIVISION OF RECORDS & STATISTICS

Norman L. Pawlewski
NORMAN L. PAWLEWSKI
STATE REGISTRAR

DATE MAY 28 75

BOOK 29 PAGE 797

STATE OF IOWA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

114-70-16363
STATE FILE NUMBER

DECEASED—NAME (FIRST, MIDDLE, LAST)			SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Gorham		Palmer	2. Male	3. July 6, 1970

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5a. 69	5b.	5c.	6. Jan. 5, 1901	7a. Polk

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. Des Moines-	7c. Yes	7d. D.O.A. Broadlawns Hospital

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. North Dakota	9. U.S.	10. Married	11. Katherine Evans

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.
12. [redacted]	13a. Laborer X	13b. Hawkeye Palate	13c. No

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Iowa	14b. Polk	14c. Des Moines	14d. ~~Yes~~ NO	14e. 4800 N.W. 52nd Street 104

FATHER—NAME (FIRST, MIDDLE, LAST)			MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST)		
15. Gorham		Palmer	16. Ida		Whited

INFORMANT—NAME	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. Mrs. Katherine Palmer (Wife)	17b. 4800 N.W. 52nd Street, Des Moines, Iowa 50313

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
4109 — CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(a) Acute circulatory failure
DUE TO, OR AS A CONSEQUENCE OF:
(b) Coronary occlusion
DUE TO, OR AS A CONSEQUENCE OF:
(c) Arteriosclerotic cardiovascular disease

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

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, ITEM 18)
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 PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSE(S) STATED. (HOUR)
21A.	21B.	21C.	21D.	21E. 9:05 A. M.

CERTIFICATION BY: ATTENDING PHYSICIAN ☐ MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ (CHECK ONE) — 22A.

THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) — 22B.

CERTIFIER - NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MO. DAY, YEAR)
23A. R.C.Wooters, M.D., Dep.M.E.	23B. R.C. Wooters	M.D. Dep.M.E.	23C. July 10, 1970

MAILING ADDRESS - CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
23D.	1234 W. 66th Street	Des Moines	Iowa	50311

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION (CITY OR TOWN, STATE)
24a. Burial	24b. Chapel Hill Gardens	24c. Des Moines, Iowa

DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. July 9, 1970	25a. Westover Funeral Home, 6337 Hickman Rd., Des Moines, Iowa 50322

FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25b. Harold K. Hamilton	26a. Violet Hinton	26b. 7/14/70 1613