TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

MAC 133 PG 1457

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED

1. DECEASED—NAME (FIRST / MIDDLE / LAST)	2. SEX	3. DATE OF DEATH (MONTH, DAY, YEAR)
Frank Joseph Wells	male	May 8, 1972

4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.)	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	81			May 4, 1891	Polk

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)
Des Moines	yes	Des Moines General Hospital

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)
Kansas	U.S.A.	married	Theresa (Jennings) Wells

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]	Farmer	Farming	no

USUAL RESIDENCE WHERE DECEASED 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	Polk	Des Moines	yes	2825 S.E. 14th St.

PARENTS

15. FATHER—NAME (FIRST / MIDDLE / LAST)	16. MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST)
George William Wells	Mary Jane Fanbous

17a. INFORMANT—NAME	17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
Mrs. Theresa Wells, wife	2825 S.E. 14th St., Des Moines, Iowa 5032

FILED

MAY 26 1972

FRANK W. LEONHARDT
Clerk of Dist. Court

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)	Ventricular arrythmia	
DUE TO, OR AS A CONSEQUENCE OF: (b)	Myocardial hypoxia	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST: DUE TO, OR AS A CONSEQUENCE OF: (c)	Arteriosclerotic heart disease	

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

Lymphocytic leukemia; cerebrovascular insufficiency

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

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. CERTIFICATION: I ATTENDED THE DECEASED FROM (MONTH DAY YEAR)	TO (MONTH DAY YEAR)	21c. AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR)	21d. I DID / DID NOT VIEW BODY AFTER DEATH	21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSE(S) STATED (HOUR)
7 70	21b. 5 8 72	5 8 72	not	8:45P M

22a. CERTIFICATION BY: ATTENDING PHYSICIAN (CHECK ONE) / MEDICAL EXAMINER / DEPUTY MEDICAL EXAMINER	22b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR)
	5 8 72 M

23a. CERTIFIER - NAME (TYPE OR PRINT)	23b. SIGNATURE	DEGREE OR TITLE	23c. DATE SIGNED (MO. DAY, YEAR)
James R. Hill, D.O.			5/25/72

23d. MAILING ADDRESS - CERTIFIER (STREET OR R.F.D. NO. / CITY OR TOWN / STATE / ZIP)
717 Lyon Des Moines, Iowa

BURIAL/REMOVAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION (CITY OR TOWN / STATE)
Burial	Oak Hill	Estherville, Iowa 50316

24d. DATE (MONTH, DAY, YEAR)	25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
May 11, 1972	Hamilton's Funeral Home, 605 Lyon, Des Moines, Iowa

25b. FUNERAL DIRECTOR—SIGNATURE	26a. REGISTRAR—SIGNATURE	26b. DATE RECEIVED BY LOCAL REGISTRAR
W Hutchings	Violet Winters	5/26/72 1196

R.S.-No.3 - Rev. 1/68 CP50015 3/68

FILED NO. 41
BOOK 30 PAGE 78
1973 JAN -5 PM 2:14
MARY E. WELTY
RECORDER
MADISON COUNTY, IOWA
1 pg
Fee 2.50

CERTIFICATE

I, Frank W. Leonhardt, Clerk of the Distri Court of the State of Iowa, in and for Polk Count do hereby certify that this is a true and complet copy of the Original instrument filed in this offic

IN TESTIMONY WHEREOF, I have hereunto s my hand and affixed the Seal of said Court at m office in Des Moines, Iowa this 26 day

May, 1972

FRANK W. LEONHARDT
Clerk of the District Court

By Lucille Nelson Deput