facts herein stated.

W. F. Craig

Subscribed and Sworn to before me by above named affiant this 2d day of May, A.D. 1921.

NOTARIAL SEAL

Harry F. Anderson Notary Public in and for Madison County, Iowa.

J. H. Kersey To The Public

#2111

Fee $1.00 V.15

Filed for record the 27 day of April A. D. 1961 at 4:36 o'clock P. M.

Mary E. Welty, Recorder

AFFIDAVIT

State of Iowa Guthrie Co.) ss

I, J. H. Kersey on oath depose and say that I was acquainted with Samuel C. Stanley who on the 6th day of Nov. 1863 conveyed the N.W.¼ of 9-77-29 Madison Co. Iowa to Isaac Hadley and know that he is the same person to whom the same land was conveyed by Aseneth H. Stanley & hus. Sept. 3d 1862 in the name of Samuel Stanley. That therefore Samuel Stanley and Samuel C. Stanley in the abst of title to this land mean one & the same person.

J. H. Kersey

NOTARIAL SEAL

Subscribed and Sworn to before me this 5th day of Mch. 1887 at Stuart Iowa.

J. R. Desh - -

Iowa State Registrar To Lucy Marie Clausen

#2112

Fee $1.20 V.15

Filed for record the 27 day of April A. D. 1961 at 4:39 o'clock P. M.

Mary E. Welty, Recorder

CERTIFICATE OF DEATH

State of Iowa State File No. 114 60-17368

1. Place of Death
   a. County Dallas
   b. City, Town or Location Dexter, Iowa
   c. Name of Hospital or Institution Chapler & Osborn Clinic Dexter, Ia.
   d. Is place of death inside city limits - Yes
   e. Length of stay in 1b. 2 days

2. Usual Residence
   a. State Iowa b. County Dallas
   c. City Town or Location Dexter, Iowa
   d. Street Address Dexter, Iowa
   e. Is residence inside city limits - Yes
   f. Is residence on a farm - No.

3. Name Of Deceased. First Middle Last: LUCY MARIE CLAUSEN

4. Date of Death: Month Aug. Day 5 Year 1960

5. Sex Female 6. Color or Race White 7. Widowed 8. Date of Birth Sept 8, 1874

9. Age: Years 85 Months 11 Days 27

10a. Usual Occupation: Housewife

10b. Kind of Business or Industry: Housekeeper

11. Birthplace: Germany

12. Citizen of What Country: U.S.A.

13. Father's Name: Nicholos Clausen

14. Mother's Maiden Name: Tomosine Diedrichsen

15. Was deceased ever in U.S. Armed Forces: No.

16. Social Security No.: None

17. Informant's Signature: Anna Clausen, Dexter, Ia.

18. Cause of Death

		Interval Between Onset and Death
Part I Death was caused by Immediate cause (a)	Carcinoma of Colon &	Unknown
Due to (b)	Secondary hemorrhage	72 hrs.

Part II Other significant conditions contributing to death but not related to the terminal disease condition given - Senility

19. Was autopsy performed: No

20a. - 20b - 20c - 20d - 20e - 20f -

21. I attended the deceased from Aug. 3, 1960 to Aug. 5, 1960 and last saw her alive on Aug. 5, 1960. Death occured at 5 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. Signature: Keith M. Chapler, M.D.

22b. Address: Dexter, Iowa

22c. Date Signed: 8/6/60

23a. Burial

23b. Date: Aug 7,1960

23c. Name of Cemetery or Crematory: Dexter Cemetery

23d. Location: Dexter,Iowa

24. Funeral Directors Signature: Roy E. Evans

Address: Dexter, Ia

F.D. License Number: 273

25. Date Rec'd by Local Registrar 8-11-60

Registrar's Signature: Leland Goodrich

File Number 50

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.

Edmund S. Zimmer M.D.
IOWA STATE REGISTRAR
L. E. Chancellor
Director, Division of Vital Statistics

(STATE DEPARTMENT OF HEALTH SEAL)

COMPARED Date Apr 26 1961