8135 Lewis J. Toney #15

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STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH 114-
CERTIFICATE OF DEATH

TYPE IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

BIRTH NUMBER

DECEDENT'S NAME — 1. FIRST: Aaron — MIDDLE: Lewis — LAST: TONEY

2. DATE OF DEATH (Mo., Day, Yr.): September 18, 1989

3. SEX: male

4a. AGE - LAST BIRTHDAY (Years): 98

4b. UNDER 1 YEAR: MOS. — 4c. UNDER 1 DAY: DAYS / HRS. / MIN.

5. DATE OF BIRTH (Mo., Day, Yr.): February 3, 1891

5a. COUNTY OF DEATH: Clarke

6a. FACILITY NAME (If not institution, give street and number): Clarke County Hospital

6b. CITY, TOWN, OR LOCATION OF DEATH: Osceola

6c. INSIDE CITY LIMITS (Specify yes or no): yes

6e. PLACE OF DEATH (Check only one): XX Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other (Specify) ☐ Nursing Home ☐ Residence

DECEDENT

7. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc.: No — ☐ NO ☐ YES Specify:

8. RACE - White, Black, American Indian, etc. (Specify): white

9. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 5 — College (1-4 or 5+):

USUAL RESIDENCE WHERE DECEDENT LIVED. IF DEATH OCCURRED IN A LONG-TERM CARE INSTITUTION, GIVE INSTITUTION ADDRESS AS RESIDENCE

10. BIRTHPLACE (City & State or Foreign Country): Decatur Co.IA

11. CITIZEN OF WHAT COUNTRY: U.S.

12a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

12b. SURVIVING SPOUSE (If wife, give maiden name): Katherine (Goforth) Leitzel

13. SOCIAL SECURITY NUMBER: 543-18-9539

14a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Farmer

14b. KIND OF BUSINESS OR INDUSTRY: row crop & dairy

15. WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no): no

16a. RESIDENCE - STATE: Iowa — 16b. COUNTY: Clarke — 16c. CITY, TOWN, OR LOCATION: Osceola

16d. STREET AND NUMBER OF RESIDENCE: Rt. 3, Box 22 ,

16e. INSIDE CITY LIMITS (Specify yes or no): yes

PARENTS

17. FATHER'S NAME — FIRST: Charles — MIDDLE: Alfred — LAST: Toney

18. MOTHER'S NAME — FIRST: Nancy — MIDDLE: Caroline — MAIDEN: Mitchell

INFORMANT

19a. INFORMANT'S NAME — FIRST: Katherine — LAST: Toney

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): Rt. 3, Box 22, Osceola, Iowa 50213

BURIAL

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): Davis City Cemetery

20c. LOCATION (City or Town, State): Davis City, Iowa

21a. FUNERAL DIRECTOR'S SIGNATURE: Harlie Duerr

21b. F.D. LICENSE #: 1945

21c. FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): Slade & Duerr Funeral Home, 103 N.E. Mill St., Leon, Iowa 50144

REGISTRAR

22a. REGISTRAR - SIGNATURE: Marilyn Fluckey

22b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): Sept 25, 1989

23. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined

24a. DATE OF INJURY (Mo., Day, Yr.)

24b. HOUR OF INJURY

24c. INJURY AT WORK? (Specify yes or no)

24d. DESCRIBE HOW INJURY occurred

24e. PLACE OF INJURY (Specify not home, farm, street, factory, office building, etc.)

24f. LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)

To the best of my knowledge, death occurred at the time, date and place due to the cause(s) and manner as stated.

25a. (Signature and title): Thomas J. Lower

25b. DATE SIGNED (Mo., Day, Yr.): 9-22-89

25c. HOUR OF DEATH: 3:45 P.M.

CERTIFIER

26. NAME AND TITLE OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER (Type/Print): THOMAS J. LOWER, D.O.

27. NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print): 127 W. Washington, Ph. 515-342-6568, Osceola, Iowa 50213

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
Final disease or condition resulting in death	IMMEDIATE CAUSE: pneumonia	2 days
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	(a) DUE TO (OR AS A CONSEQUENCE OF): acute respiratory distress	2 days
	(b) DUE TO (OR AS A CONSEQUENCE OF):	
	(c) DUE TO (OR AS A CONSEQUENCE OF):	
	(d)	

PART II. a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.

b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no)

29a. AUTOPSY (Specify yes or no): No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no)

CFN-588-0031
Revised - 1/89
(TS)

CERTIFICATE

I, Marilyn Fluckey, Clerk of the District Court of the State of Iowa in and for Clarke County, do hereby certify that the foregoing is a complete copy of the Original Instrument now on file in this office, IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the seal of said Court at my office in Osceola, Iowa this 25th day of September 19 89

Marilyn Fluckey
Clerk of the District Court

By _____ Deputy

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Katherine Toney the 21st day of Nov. A.D., 19 89 at 11:31 o'clock A M., and duly recorded in Vol. M89 of Deeds on Page 22516.

Evelyn Biehn, County Clerk
By Adeline Mullendore

FEE $8.00

Return: Katherine Toney
Rt. 3, Box 22, Osceola, Iowa 50213

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