

8135

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

Vol. M89 Page 22516

TYPE IN PERMANENT BLACK INK - FOR INSTRUCTIONS SEE HANDBOOK		BIRTH NUMBER		FIRST		MIDDLE		LAST		DATE OF DEATH (Mo., Day, Yr.)	
1. DECEASED'S NAME		2. Aaron		3. Lewis		4. Toney		5. Toney		6. September 18, 1989	
7. SEX		8. male		9. AGE - LAST BIRTHDAY (Years)		10. 98		11. UNDER 1 YEAR		12. UNDER 1 DAY	
13. MOS.		14. DAYS		15. HRS.		16. MIN.		17. DATE OF BIRTH (Mo., Day, Yr.)		18. February 3, 1891	
19. COUNTY OF DEATH		20. Clarke		21. CITY, TOWN, OR LOCATION OF DEATH		22. Osceola		23. INSIDE CITY LIMITS (Specify yes or no)		24. yes	
25. FACILITY NAME (If not institution, give street and number)		26. Clarke County Hospital		27. PLACE OF DEATH (Check only one)		28. HOSPITAL		29. XX Inpatient		30. ER/Outpatient	
31. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc.		32. No		33. RACE - White, Black, American Indian, etc. (Specify)		34. white		35. DECEASED'S EDUCATION (Specify only highest grade completed)		36. 5	
37. 7. NO ☐ YES ☐ Specify:		38. BIRTHPLACE (City & State or Foreign Country)		39. 10. Decatur Co. IA		40. CITIZEN OF WHAT COUNTRY		41. 11. U.S.		42. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
43. 12a. Married		44. SURVIVING SPOUSE (If wife, give maiden name)		45. 12b. Katherine (Goforth) Leitzel		46. SOCIAL SECURITY NUMBER		47. 13. 543-18-9539		48. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	
49. 14a. Farmer		50. RESIDENCE - STATE		51. 15a. Iowa		52. COUNTY		53. 15b. Clarke		54. CITY, TOWN, OR LOCATION	
55. 15c. Osceola		56. STREET AND NUMBER OF RESIDENCE		57. 15d. Rt. 3, Box 22		58. INSIDE CITY LIMITS (Specify yes or no)		59. 15e. yes		60. 16a. yes	
61. 16b. Charles		62. 16c. Alfred		63. 16d. Toney		64. MOTHER'S NAME		65. 16e. Nancy		66. 16f. Caroline	
67. 16g. Mitchell		68. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		69. 16h. Rt. 3, Box 22, Osceola, Iowa 50213		70. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)		71. 20a. Davis City Cemetery		72. LOCATION (City or Town, State)	
73. 20b. Davis City, Iowa		74. F.D. LICENSE #		75. 21b. 1945		76. FUNERAL DIRECTOR'S SIGNATURE		77. 21a. Slade & Duerr		78. FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
79. 21c. Slade & Duerr Funeral Home, 103 N.E. Mill St., Leon, Iowa 50144		80. REGISTRAR - SIGNATURE		81. 22a. Marilyn Schuckert		82. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		83. 22b. 22d 25, 1989		84. 23. MANNER OF DEATH	
85. 23a. Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending ☐ Investigation ☐ Could not be determined ☐		86. DATE OF INJURY (Mo., Day, Yr.)		87. 24a. 9-22-89		88. HOUR OF INJURY		89. 24b. 3:45 P.M.		90. INJURY AT WORK? (Specify yes or no)	
91. 24c. No		92. DESCRIBE HOW INJURY OCCURRED		93. 24d. To the best of my knowledge, death occurred at the time, date and place due to pneumonia and manner as stated.		94. DATE SIGNED (Mo., Day, Yr.)		95. 25b. 9-22-89		96. 25c. 3:45 P.M.	
97. 25a. (Signature and title)		98. NAME AND TITLE OF ATTENDING PHYSICIAN		99. 25d. Thomas J. Lower, D.O.		100. 127 W. Washington		101. Ph. 515-342-6568		102. Osceola, Iowa 50213	
103. NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print)		104. 26. Thomas J. Lower, D.O.		105. 127 W. Washington		106. Ph. 515-342-6568		107. Osceola, Iowa 50213		108. 27. 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.	
109. 28a. Final disease or condition resulting in death		110. IMMEDIATE CAUSE		111. pneumonia		112. DUE TO (OR AS A CONSEQUENCE OF):		113. acute respiratory distress		114. 2 days	
115. 28b. Sequentially list conditions, if any, tending to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.		116. DUE TO (OR AS A CONSEQUENCE OF):		117. DUE TO (OR AS A CONSEQUENCE OF):		118. DUE TO (OR AS A CONSEQUENCE OF):		119. 2 days		20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874. 875. 876. 877. 878. 879. 880. 881. 882. 883. 884. 885. 886. 887. 888. 889. 890. 891. 892. 893. 894. 895. 896. 897. 898. 899. 900. 901. 902. 903. 904. 905. 906. 907. 908. 909. 910. 911. 912. 913. 914. 915. 916. 917. 918. 919. 920. 921. 922. 923. 924. 925. 926. 927. 928. 929. 930. 931. 932. 933. 934. 935. 936. 937. 938. 939. 940. 941. 942. 943. 944. 945. 946. 947. 948. 949. 950. 951. 952. 953. 954. 955. 956. 957. 958. 959. 960. 961. 962. 963. 964. 965. 966. 967. 968. 969. 970. 971. 972. 973. 974. 975. 976. 977. 978. 979. 980. 981. 982. 983. 984. 985. 986. 987. 988. 989. 990. 991. 992. 993. 994. 995. 996. 997. 998. 999. 1000.	

 CFN-588-0031
 Revised - 1/89
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I, Marilyn Fluckey, Clerk of the District Court of the State of Iowa, do hereby certify that this is a true and correct copy of the Original Instrument hereunto set my hand and affixed the seal of the Court at my office in Osceola, Iowa this 25th day of September, 1989.

 of Marilyn Schuckert
 Clerk of the District Court

By _____

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Katherine Toney the 21st day of Nov. A.D. 1989 at 11:31 o'clock A.M., and duly recorded in Vol. M89 on Page 22516 of Deeds Evelyn Biehn County Clerk By _____

FEE \$8.00

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