

68058

ATC #01040459 Vol. 93 Page 23629

STATE OF IOWA

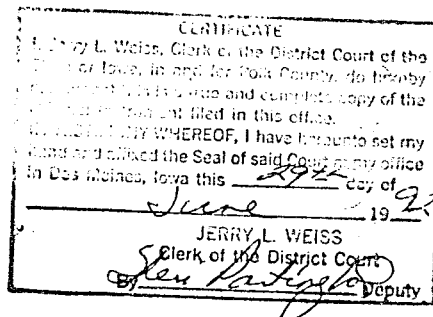
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH 114-

TYPE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK	BIRTH NUMBER		FIRST		MIDDLE		LAST		DATE OF BIRTH	
	1.		MARY		ELIZABETH		FRIEDMAN		June 20, 1992	
SEX	AGE - LAST BIRTHDAY (Years)		MONTH		DAY		YEAR		DATE OF DEATH	
	2. Female		80		Dec. 3, 1911		Polk		June 20, 1992	
6a. Facility Name (if not institution, give street and number)										6b. Des Moines
6c. Place of Death (if not institution, give street and number)										6d. YES
HOSPITAL										6e. YES
7. <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER-Outpatient <input type="checkbox"/> DGA <input type="checkbox"/> OTHER										6f. YES
DECEASED: WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes below)										6g. YES
If yes, specify Cuban, Mexican, Puerto Rican, etc.										6h. YES
7. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify										6i. YES
BIRTHPLACE (City & State or Foreign Country)										6j. YES
10. Sidney, Iowa										6k. YES
CITIZEN OF WHAT COUNTRY										6l. YES
11. U.S.A.										6m. YES
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)										6n. YES
12a. Widowed										6o. YES
SOCIAL SECURITY NUMBER										6p. YES
13. 265-10-2284										6q. YES
RESIDENCE - STATE										6r. YES
16a. Iowa										6s. YES
COUNTY										6t. YES
16b. Polk										6u. YES
CITY, TOWN OR LOCATION										6v. YES
16c. Urbandale										6w. YES
STREET AND NUMBER OF RESIDENCE										6x. YES
16d. 4016 75th Street										6y. YES
FATHER'S NAME										6z. YES
17. Joseph E. Lankton										6aa. YES
MOTHER'S NAME										6ab. YES
18. Nora V. Young										6ac. YES
INFORMANT'S NAME										6ad. YES
19a. Marlene Kay Kavan										6ae. YES
MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										6af. YES
19b. 4016 75th St. Urbandale, Iowa 50322										6ag. YES
20a. METHOD OF DISPOSITION										6ah. YES
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State										6ai. YES
<input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)										6aj. YES
20b. Bikur Cholim Cemetery										6ak. YES
20c. Council Bluffs, Iowa										6al. YES
FUNDAL DIRECTOR - SIGNATURE										6am. YES
21a. Timothy Hughes										6an. YES
FUNDAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										6ao. YES
21c. Dunn's Funeral Home 2121 Grand Ave., Des Moines, Iowa 50312										6ap. YES
REGISTRAR - SIGNATURE										6aq. YES
22a. Jerry L. Weiss										6ar. YES
23. MANNER OF DEATH										6as. YES
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation										6at. YES
<input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide										6au. YES
DATE OF INJURY (Mo., Day, Yr.)										6av. YES
24a. 6-24-92										6aw. YES
HOUR OF INJURY										6ax. YES
24b. M										6ay. YES
INJURY AT WORK? (Specify yes or no)										6az. YES
24c. No										6ba. YES
DESCRIBE HOW INJURY OCCURRED										6bb. YES
24d. Colon Cancer										6bc. YES
PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)										6bd. YES
24e. Home										6be. YES
LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)										6bf. YES
24f. 4016 75th St. Urbandale, Iowa 50322										6bg. YES
To the best of my knowledge, death occurred at the time, date and place due to the cause(s) and manner as stated										6bh. YES
25a. (Signature and title)										6bi. YES
25b. 6-24-92										6bj. YES
25c. 1:43 A.M.										6bk. YES
NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type Print)										6bl. YES
26. Roscoe F. Morton, M.D. 411 Laurel St., Ste. A120 Des Moines, IA 50314										6bm. YES
NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type Print)										6bn. YES
27. Roscoe F. Morton, M.D. 411 Laurel St., Ste. A120 Des Moines, IA 50314										6bo. YES
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.										6bp. YES
Final disease or condition resulting in death										6bq. YES
IMMEDIATE CAUSE										6br. YES
(a) Colon Cancer										6bs. YES
DUE TO (OR AS A CONSEQUENCE OF)										6bt. YES
(b) DUE TO (OR AS A CONSEQUENCE OF)										6bu. YES
(c) DUE TO (OR AS A CONSEQUENCE OF)										6bv. YES
(d) DUE TO (OR AS A CONSEQUENCE OF)										6bw. YES
PART II: a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.										6bx. YES
b. IF FEMALE WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no)										6by. YES
29a. NO										6bz. YES
AUTOPSY (Specify yes or no)										6ca. YES
29b. NO										6cb. YES
WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no)										6cc. YES
29c. NO										6cd. YES

CFN-588-0021
Revised - 1/89
(TS)

After recording return to:
Marlene K. Kavan
4016 75th St.
Des Moines, Iowa 50322

00020369



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title co the 14th day
of Sept. A.D., 19 93 at 11:16 o'clock AM., and duly recorded in Vol. M93,
of Deeds on Page 23629.

FEE \$15.00

Evelyn Biehn - County Clerk

By *[Signature]*