19459

HAS-0276 REV. JULY 1982

PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE OF SOUTH DAKOTA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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140 STATE FILE NUMBER

LOCAL FILE NUMBER 89-227

Field	Entry
1. DECEDENT'S NAME (First, Middle, Last)	Dewey - DeBoer
2. SEX	M
3. DATE OF DEATH (Month, Day, Year)	Oct.30,1995
4. SOCIAL SECURITY NUMBER	504-07-9390
5a. AGE-Last Birthday (Years)	80
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Month, Day, Year)	April 18,15
7. BIRTHPLACE (City and State or Foreign Country)	Aurora County
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or NO)	no
9a. PLACE OF DEATH (Check only one)	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☒ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	Pleasent View Nursing Home
9c. CITY, TOWN, OR LOCATION OF DEATH	Corsica
9d. COUNTY OF DEATH	Douglas
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced Specify	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Lena VandenHoek
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	Farming
12b. KIND OF BUSINESS/INDUSTRY	Agriculture
13a. RESIDENCE-STATE	So.Dak.
13b. COUNTY	Aurora
13c. CITY, TOWN, OR LOCATION	Stickney,So.Dak.
13d. STREET AND NUMBER	Rt.# 1 Box # 1
13e. INSIDE CITY LIMITS? (Yes or No)	no
13f. ZIP CODE	57375
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes-If yes specify Cuban, Mexican, Puerto Rican, etc.) Specify:	☐ Yes ☒ No
15. RACE-American Indian, Black, White, etc. (Specify)	White
16. FATHER'S NAME (First, Middle, Last)	Dewey H.Deboer
17. MOTHER'S NAME (First, Middle, Maiden Surname)	Paulina - Paauw
18a. INFORMANT'S NAME (Type/Print)	Lena DeBoer
18b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	Rt.# 1 Box # 1
19a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Silver Ridge Cemetery
19c. LOCATION (City, State)	Stickney, So.Dak.
19d. EMBALMED? (Specify)	☒ Yes ☐ No
20a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	R-J Lien
20b. LICENSE NUMBER (of establishment)	61
21. NAME AND ADDRESS OF FACILITY	Lien Funeral Chapel Stickney, So.Dak.

Prepared by R.J.Lien Box # 145 Stickney, So Dak 57375 Tel # 732-4246

22. 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

IMMEDIATE CAUSE (Final disease or condition resulting in death) — a. Diabetic Ketoacidosis

DUE TO (OR AS A CONSEQUENCE OF): b. Infection of feet

DUE TO (OR AS A CONSEQUENCE OF): c. Peripheral vascular disease

DUE TO (OR AS A CONSEQUENCE OF): d. Diabetes Mellitus

Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE: (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: CHF, Cardiac Arrhythmia, Depression

23. WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No

24a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☒ No

25. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined

26a. DATE OF INJURY (Month, Day, Year)
26b. TIME OF INJURY
26c. INJURY AT WORK? (Yes or no)
26d. DESCRIBE HOW INJURY OCCURRED
26e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
26f. LOCATION (Street Add/Rural Route/County, City, State)

27a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN (Physician certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

27b. SIGNATURE AND TITLE OF CERTIFIER: [signature]

27c. PHYSICIAN'S SD LICENSE NUMBER: 1922
27d. DATE SIGNED (Month, Day, Year): 10/2/95
27e. TIME OF DEATH: 6:35 P.M.

28. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 22) (Type/Print)

29. REGISTRAR'S SIGNATURE: Randall Larson
30. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year): NOV. 3. 1995

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96 JUN 10 AM10:47

State of South Dakota, ss.
Douglas County
I hereby certify that the foregoing instrument is a true and correct copy of the original as the same appears on record in my office.
5-14 1996 Randall Larson
Register of Deeds

16827

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Steele & Steele the 10th day of June A.D., 19 96 at 10:47 o'clock AM., and duly recorded in Vol. M96, of Deeds on Page 16826.

Bernetha G. Letsch, County Clerk

FEE $10.00 Return: Steele
P.O. Box 577
Plankinton, SD 57368

By