Record of Deaths, No. 6, Lucas County, Iowa

DECEASED — NAME FIRST								
	MIDDLE LAS	T		DATE OF DEATH		CE — (SPECIFY)	AGE - LAST BIRTH	DAY
1. Charles Aller DATE OF BIRTH	COUNTY OF DEATH	CITY, TOWN,	OR LOCATION OF	3 1/19/80 DEATH	HOSPITAL OR	White	N — NAME (IF NOT II	N FITHER
6. 1/28/57 SURVIVING SPOUSE (IF WIFE, GIVE MA	7a. Lucas	76. Cha	riton	RESIDENCE — STATE	7d. Luca	S Co. Memo	rial Hosp.	
11. Mary Phillips CITY, TOWN, OR LOCATION		12. 478-76-6 FATHER — NAME	782	148. Iowa		14b.	Lucas	
14c. Chariton	14e,813 12th St.	15.		MIDDLE LAST Les A. Hillia		Marie Control	A. C.	ayre
DEATH WAS CAUSED BY IMMEDIATE CAUSE 18a. Gun Shot Wound of	The Early of Control o	DUE TO		50	DUE TO	Billa	AU	TOPSY
PHYSICIAN'S NAME & TITLE	or nead	BURIAL, CREM	ATION, REMOVAL	CEMETERY OF CREMA	TORY - NAME	LOCATION	CITY OR TOWN	STATE
23. R. E. Anderson, M. DATE OF BURIAL FUNERA	M.D. AL DIRECTOR — NAME	24a. Bur		24b. Charite	nC .	24c.	Chariton RECEIVED BY LOCAL	Iowa
24d, 1-24-80 25b.	M.E. Mosher			lames D. Pirtle		9-10 REGIS	January 29.	1980
DECEASED — NAME FIRST	MIDDLE LAS DIE MORRISON	ī		DATE OF DEATH		CE — (SPECIFY)	AGE - LAST BIRTH	DAY
DATE OF BIRTH	COUNTY OF DEATH	CITY, TOWN,	OR LOCATION OF	3. January 10,	HOSPITAL OR	White	5a. 63 N — NAME (IF NOT I	N EITHER.
6. May 11, 1916 SURVIVING SPOUSE (IF WIFE, GIVE MA	7a. Lucas	7b. Chari	lton		7d. Lucas	Co. Memor	rial Hospita	1
Lonnie W. Morri		social security NI 12 479-52-52		RESIDENCE — STATE		COUNTY 14b. Lt	1020	
CITY, TOWN, OR LOCATION	STREET & NUMBER	FATHER - NAME	FIRST	MIDDLE LAST	MOTHER —			LAST
14c. Chariton DEATH WAS CAUSED BY	14e. 1121 Brookdale	15. Albert	R. Sand		DUE TO	E. Goben	1 11	TOPSY
18a. Respiratory failu	re	b. Card	iac failu	re	Due to Hepatic	Bacterial and rena	Toxemia failure 19	no
PHYSICIAN'S NAME & TITLE 23. Eugene C. Honeywe	11 DO PC	BURIAL, CREM	ATION, REMOVAL		TORY - NAME	LOCATION	CITY OR TOWN	STATE
	AL DIRECTOR — NAME	24a. DUT	LAL REGISTRAR	- NAME	11	DATE	RECEIVED BY LOCAL	
24d. Jan. 14, 1980 25b.		7		ctoria K. Blac		A	2/1/80	
1. ELLEN G. L		1	2.Female	DATE OF DEATH 3. January 15.		CE — (SPECIFY) White	AGE — LAST BIRTH (YEARS) 85	DAY
DATE OF BIRTH	COUNTY OF DEATH		OR LOCATION OF	F DEATH	HOSPITAL OR	OTHER INSTITUTIO	N — NAME (IF NOT I	N EITHER,
6. Sep. 5, 1894 SURVIVING SPOUSE (IF WIFE, GIVE MA	7a. Lucas	76. Char SOCIAL SECURITY N		RESIDENCE - STATE			rial Hospit	
11. NA		12.480-58-23	L47-J1	14a. Iowa		14b. I	Lucas	
city, town, or Location	STREET & NUMBER	FATHER — NAME		MIDDLE LAST			T MIDDLE	LAST
DEATH WAS CAUSED BY IMMEDIATE CAUSE	14eN.7th St	DUE TO	Larson	1	DUE TO	Emma S.	, AU	TOPSY
18a. Respiratory fail	ure		c Arrest		c. Septicem		19	no l
23. Eugene C. Honeyw	ell. D.O P.C.	24a. Buri	ATION, REMOVAL	CEMETERY OR CREMA		LOCATION	city or town Lton, Iowa	STATE 50049
DATE OF BURIAL FUNERA	AL DIRECTOR - NAME	, a.16. DULL	REGISTRAR		•	DATE REGIS	RECEIVED BY LOCAL	20047
24d. Jan. 18, 1980 25b. DECEASED — NAME FIRST	C. Craig Fielding MIDDLE LAS	T	26a. Vi	ctoria K. Blac		-12 · ≥6b.	2/1/80	
1. EVERETTE	E ROGER McK		2-Male	3. January 22,	1980	CE — (SPECIFY) White	AGE — LAST BIRTH (YEARS) 39	
DATE OF BIRTH	COUNTY OF DEATH	CI.	OR LOCATION OF	F DEATH	HOSPITAL OR GIVE ST. & N	OTHER INSTITUTION	N - NAME (IF NOT I	N EITHER,
6. Dec. 6, 1940 SURVIVING SPOUSE (IF WIFE, GIVE MA	7a. Lucas	SOCIAL SECURITY N	ariton UMBER	RESIDENCE - STATE	7d. RR	2 COUNTY		
11. Virginia Clarke CITY, TOWN, OR LOCATION	STREET & NUMBER	12. 483-48-		14a. Iowa MIDDLE LAST			Lucas	
14c. RR 2 Chariton	14e. RR 2	15.	Evere			NAME FIRS		olfe
DEATH WAS CAUSED BY IMMEDIATE CAUSE		DUE TO	2,02,0		DUE TO	narre		TOPSY
18a. 91% Third Degree PHYSICIAN'S NAME & TITLE	Burns, Smoke Inhala	tion BURIAL, CREN	IATION, REMOVAL	L CEMETERY OR CREM	c. ATORY — NAME	LOCATION	CITY OR TOWN	a. yes
23. R. E. Anderson		24a. Bu	rial	24b. Russel	1	24c.	Russell	Iowa
DATE OF BURIAL FUNERAL 24d. Jan. 25, 1980 25b.	AL DIRECTOR - NAME	No.		R — NAME James D. Pirtle	59-1	DATE REGI	RECEIVED BY LOCAL STRAR, February 7,	1980
DECEASED - NAME FIRST	MIDDLE LAS	ST	SEX	DATE OF DEATH	R	ACE — (SPECIFY)	AGE - LAST BIRTH	
1. Bonald DATE OF BIRTH	Sherman McG		2.Male	3. January 23,		White	(YEARS) 73	N FITHER
5. July 20, 1906	1 - SALLE AL MINISTER		riton		MUSTIAL UK	MINDED!	- MAME (IF NOT	IN EILINER, II
0,,	7a. Lucas	/ 0.			7d. Char	iton Mano	ON - NAME (IF NOT	
SURVIVING SPOUSE (IF WIFE, GIVE MA		SOCIAL SECURITY N	UMBER	RESIDENCE - STATE	7d. Char	COUNTY		
SURVIVING SPOUSE (IF WIFE, GIVE MA 11. Merna Irvine CITY, TOWN, OR LOCATION		/ 0.	UMBER 1097 A	RESIDENCE — STATE 14a. Iowa MIDDLE LAS		COUNTY 14b.	Lucas	LAST
SURVIVING SPOUSE (IF WIFE, GIVE MA 11. Merna Irvine CITY, TOWN, OR LOCATION 14. Russell	AIDEN NAME)	SOCIAL SECURITY N 12. 479-30- FATHER — NAME 15.	UMBER 1097 A	14s. Iowa MIDDLE LAS	T MOTHER	COUNTY 14b.	Lucas ST MIDDLE	last NA
SURVIVING SPOUSE (IF WIFE, GIVE MADE) 11. Merna Irvine CITY, TOWN, OR LOCATION 14c. RUSSell DEATH WAS CAUSED BY IMMEDIATE CAUSE	AIDEN NAME) STREET & NUMBER	SOCIAL SECURITY N 12. 479-30- FATHER — NAME 15. DUE TO	UMBER 1097 A FIRST James	MIDDLE LAS	T MOTHER -	COUNTY 14b. NAME FIR	Lucas ST MIDDLE	LAST NA ITOPSY
SURVIVING SPOUSE (IF WIFE, GIVE MA 11. Merna Irvine CITY, TOWN, OR LOCATION 14. RUSSell	AIDEN NAME) STREET & NUMBER	SOCIAL SECURITY N 12. 479-30- FATHER — NAME 15. DUE TO b. HVD	UMBER 1097 A FIRST	MIDDLE LAS	T MOTHER — 1 16. DUE TO	COUNTY 14b. NAME FIR	Lucas ST MIDDLE	last NA
SURVIVING SPOUSE (IF WIFE, GIVE MA 11. Merna Irvine CITY, TOWN, OR LOCATION 14c. RUSSEll DEATH WAS CAUSED BY IMMEDIATE CAUSE 18s. CVA PHYSICIAN'S NAME & TITLE 23. D. W. Cunningha	STREET & NUMBER 14e. NA	SOCIAL SECURITY N 12. 479-30- FATHER — NAME 15. DUE TO b. HVD	UMBER 1097 A FIRST James ertension HATION, REMOVAL	MIDDLE LAS F. McGil CEMETERY OR CREM 24b. RUSSEll	T MOTHER — 1 16. DUE TO C. ATORY — NAME	COUNTY 14b. NAME FIR Lisa Location 24c.	Lucas ST MIDDLE AL CITY OR TOWN Russel1	LAST NA ITOPSY a. DO
SURVIVING SPOUSE (IF WIFE, GIVE MA 1. Merna Irvine CITY, TOWN. OR LOCATION 14c. RUSSEll DEATH WAS CAUSED BY IMMEDIATE CAUSE 18s. CVA PHYSICIAN'S NAME & TITLE 23. D. W. Cunningha DATE OF BURIAL FUNER.	STREET & NUMBER 14e. NA am, D.O. ALL DIRECTOR — NAME	SOCIAL SECURITY N 12. 479-30- FATHER — NAME 15. DUE TO BURIAL, CREM	UMBER 1097 A FIRST James ertension tation, removal ia1 REGISTRAF	MIDDLE LAS S F. McGil CEMETERY OR CREM	T MOTHER — 1 16. DUE TO C. ATORY — NAME	COUNTY 14b. NAME FIR Lisa LOCATION 24c. DATE REG	Lucas ST MIDDLE AL LITY OR TOWN	LAST NA ITOPSY a. ITO STATE TOWA
SURVIVING SPOUSE (IF WIFE, GIVE MO 11. Merna Irvine CITY, TOWN, OR LOCATION 14c. RUSSE11 DEATH WAS CAUSED BY IMMEDIATE CAUSE 18s. CVA PHYSICIAN'S NAME & TITLE 23. D. W. Cunningha DATE OF BURIAL 24d. Jan. 26, 1980 DECEASED — NAME FUNER 25b.	am, D.O. AL DIRECTOR — NAME C. Craig Fielding MIDDLE LA:	10. 10.	UMBER 1097 A FIRST James ertension tation, removal ia1 REGISTRAF 25a. J	MIDDLE LAS F. McGil CEMETERY'OR CREM 24b. RUSSell R — NAME James D. Pirtle Date of Death	T MOTHER — 1 16. DUE TO C. ATORY — NAME	COUNTY 14b. NAME	Lucas ST MIDDLE ALL 19 CITY OR TOWN RUSSel1 RECEIVED BY LOCAL STRAR Feb. 12,	NA ITOPSY a. no STATE IOWA
SURVIVING SPOUSE (IF WIFE, GIVE MA 11. Merna Irvine CITY, TOWN, OR LOCATION 14c. RUSSEll DEATH WAS CAUSED BY IMMEDIATE CAUSE 18s. CVA PHYSICIAN'S NAME & TITLE 23. D. W. Cunningha DATE OF BURIAL 24d. Jan. 26, 1980 25b.	am, D.O. AL DIRECTOR — NAME C. Craig Fielding MIDDLE LA:	SOCIAL SECURITY N 12. 479-30- FATHER — NAME 15. DUE TO b. Hyp BURIAL, CREM 24a. Rur	UMBER 1097 A FIRST James ertensior iation, REMOVAL ia1 REGISTRAF 268. Male	MIDDLE LAS F. McGil CEMETERY OF CREM 24b. Russell R — NAME James D. Pirtle Date of Death 3 January 13.	T MOTHER — 1 16. DUE TO 6. ATORY — NAME	NAME FIR Lisa LOCATION 24c. DATE REGION 269-14 To 26b. ACE — (SPECIFY) White	Lucas ST MIDDLE AL CITY OR TOWN Russell RECEIVED BY LOCAL STRAR Feb. 12, AGE — LAST BIRTI (YEARS) 52	LAST NA HOPSY a. no STATE LOWA 1980
SURVIVING SPOUSE (IF WIFE, GIVE MA 11. Merna Irvine CITY, TOWN. OR LOCATION 14c. RUSSE11 14c. RUSSE11 14c. RUSSE11 15a. CVA PHYSICIAN'S NAME & TITLE 23. D. W. Cunningha DATE OF BURIAL 24d. Jan. 26, 1980 1266. DECEASED — NAME FIRST 1 BERNARD RAY CO DATE OF BIRTH 6 April 11, 1927	STREET & NUMBER 14e. NA au, D.O. LAL DIRECTOR — NAME C. Craig Fielding Middle LA: COUNTY OF DEATH 7a. Marion	12. 479-30- FATHER	UMBER 1097 A FIRST James ertension iail REGISTRAF 26a. SEX Male OR LOCATION O UMBLIA, I	MIDDLE LAS MIDDLE LAS F. McGil CEMETERY OF CREM 24b. Russell R — NAME James D. Pirtle DATE OF DEATH 2_January 13, F DEATH OWA TO WISHIP	T MOTHER — 1 16. DUE TO 6. ATORY — NAME 1980 HOSPITAL OR GIVE ST. & 7	COUNTY 14b. NAME FIR Lisa LOCATION 24c. DATE REGI 25b. ACE CSPECIFY White OTHER INSTITUTE UNMER! OTHER INSTITUTE OTHER	Lucas ST MIDDLE AL CITY OR TOWN Russell RECEIVED BY LOCAL STRAR Feb. 12, AGE — LAST BIRTI (YEARS) 52 ON — NAME (IF NOT	LAST NA HOPSY a. no STATE LOWA 1980
SURVIVING SPOUSE (IF WIFE, GIVE MA 11. Merna Irvine CITY. TOWN. OR LOCATION 14c. RUSSE11 DEATH WAS CAUSED BY IMMEDIATE CAUSE 18a. CVA PHYSICIAN'S NAME & TITLE 23. D. W. Cunningha DATE OF BURIAL 24d. Jan. 26, 1980 DECEASED — NAME FIRST 1 BERNARD RAY CO DATE OF BIRTH 5 April 11, 1927 SURVIVING SPOUSE (IF WIFE, GIVE MA 11. Merna Irvine Market Mark	STREET & NUMBER 14e. NA au, D.O. LAL DIRECTOR — NAME C. Craig Fielding Middle LA: COUNTY OF DEATH 7a. Marion	SOCIAL SECURITY N 12. 479-30- FATHER — NAME 15. DUE TO b. Hyp BURIAL, CREM 24a. Rur COO 7b. Was SOCIAL SECURITY N	UMBER 1097 A FIRST James ertension MATION, REMOVAL ia1 REGISTRAF 25a. Male OR LOCATION O UMD 1a, I shington	MIDDLE LAS MIDDLE LAS F. McGil CEMETERY OF CREM 24b. Russell R — NAME James D. Pirtle James D. Pirtle Jate of Death 2 January 13, F DEATH OWA TOWNShip RESIDENCE — STATE	T MOTHER — 1 16. DUE TO 6. ATORY — NAME 1980 HOSPITAL OR GIVE ST. & 7	NAME FIR Lisa LOCATION 24c. DATE REGISTANCE - (SPECIFY) White OTHER INSTITUTION COUNTY COUNTY	Lucas ST MIDDLE ALL CITY OR TOWN RUSSell RECEIVED BY LOCAL Feb. 12, AGE LAST BIRT (YEARS) 52 ON — NAME (IF NOT 7, IOWa	LAST NA HOPSY a. no STATE LOWA 1980
SURVIVING SPOUSE (IF WIFE, GIVE MA 1. Merna Irvine CITY, TOWN. OR LOCATION 14c. RUSSE11 DEATH WAS CAUSED BY IMMEDIATE CAUSE 18s. CVA PHYSICIAN'S NAME & TITLE 23. D. W. Cunningha DATE OF BURIAL 24d. Jan. 26, 1980 DECEASED — NAME FIRST 1. BERNARD RAY CO DATE OF BIRTH 5. April 11, 1927	STREET & NUMBER 14e. NA au, D.O. LAL DIRECTOR — NAME C. Craig Fielding Middle LA: COUNTY OF DEATH 7a. Marion	12. 479-30- FATHER	UMBER 1097 A FIRST James ertension tantion, REMOVAM ia1 REGISTRAF 26a. J SEX Male or Location of Lumbia, I shington HUMBER 1976	MIDDLE LAS MIDDLE LAS F. McGil CEMETERY OF CREM 24b. Russell R — NAME James D. Pirtle DATE OF DEATH 2_January 13, F DEATH OWA TO WISHIP	T MOTHER — 1 16. DUE TO 6. ATORY — NAME 1980 HOSPITAL OR GIVE ST. & 7 7d. Mar	COUNTY 14b. NAME	Lucas T MIDDLE AL CITY OR TOWN RUSSel1 RECEIVED BY LOCAL STRAR Feb. 12, AGE — LAST BIRTI (YEARS) 52 ON — NAME (IF NOT 7, IOWa Lucas	LAST NA HOPSY a. no STATE LOWA 1980
SURVIVING SPOUSE (IF WIFE, GIVE MA 11. Merna Irvine CITY, TOWN, OR LOCATION 14c. RUSSE11 DEATH WAS CAUSED BY IMMEDIATE CAUSE 18s. CVA PHYSICIAN'S NAME & TITLE 23. D. W. Cunningha DATE OF BURIAL 24d. Jan. 26, 1980 25b. DECEASED — NAME FIRST 1. BERNARD RAY CO DATE OF BIRTH 6. April 11, 1927 SURVIVING SPOUSE (IF WIFE, GIVE M. 11. Donna Shore CITY, TOWN, OR LOCATION 14c. Chariton	am, D.O. All Director — NAME C. Craig Fielding MIDDLE COFFMAN COUNTY OF DEATH 72. Marion MARION NAME	15. 15.	UMBER 1097 A FIRST James ertension tation, REMOVA ia1 REGISTRAF 26a. J SEX Male or Location of Lumbia, I shington HUMBER 1976 FIRST	MIDDLE LAS F. McGil CEMETERY'OR CREM 24b. RUSSell R - NAME James D. Pirtle DATE OF DEATH 2 January 13, F DEATH OWA TOWNShip RESIDENCE — STATE 14a. IOWA	T MOTHER — 1 16. DUE TO 6. ATORY — NAME 1980 HOSPITAL OR GIVE ST. & F. 7d. Mar T MOTHER — 16. Jes	COUNTY 14b. NAME	Lucas ST MIDDLE AL CITY OR TOWN Russel1 RECEIVED BY LOCAL STRARR Feb. 12, AGE — LAST BIRTI (YEARS) 52 DN — NAME (IF NOT 7, IOWa Lucas ST MIDDLE	LAST NA NTOPSY a. Ino STATE TOWA 1980 HDAY IN EITHER,
SURVIVING SPOUSE (IF WIFE, GIVE MA 11. Merna Irvine CITY, TOWN, OR LOCATION 14c. RUSSE11 DEATH WAS CAUSED BY IMMEDIATE CAUSE 18s. CVA PHYSICIAN'S NAME & TITLE 23. D. W. Cunningha DATE OF BURIAL 24d. Jan. 26, 1980 DECEASED — NAME FIRST 1. BERNARD RAY CO DATE OF BIRTH 6. April 11, 1927 SURVIVING SPOUSE (IF WIFE, GIVE M 11. Donna Shore CITY, TOWN, OR LOCATION	am, D.O. am, D.O. ALC DIRECTOR — NAME C. Craig Fielding MIDDLE LACOUNTY OF DEATH 78. Marion LACOUNTY OF DEATH AND DEATH AND DEATH LACOUNTY OF DEATH AND	SOCIAL SECURITY N 12. 479-30- FATHER — NAME 15. DUE TO BURIAL, CREM 24a. BUT CITY, TOWN, CO 7b. Was SOCIAL SECURITY N 12. 485-44- FATHER — NAME	UMBER 1097 A FIRST James ertension tation, REMOVA ia1 REGISTRAF 26a. J SEX Male or Location of Lumbia, I shington HUMBER 1976 FIRST	MIDDLE LAS F. McGil CEMETERY'OR CREM 24b. RUSSell R - NAME James D. Pirtle DATE OF DEATH 2 January 13, F DEATH OWA TOWNShip RESIDENCE — STATE 14a. IOWA	T MOTHER — 1 16. DUE TO 6. ATORY — NAME 1980 R HOSPITAL OR GIVE ST. & 7 7d. Mar	NAME FIR Lisa LOCATION 24c. 59-14 71 26b. ACE — (SPECIFY) White OTHER INSTITUTION LUMBER) COUNTY 14b. NAME FIR	Lucas ST MIDDLE AL CITY OR TOWN RUSSel1 RECEIVED BY LOCAL STRAR Feb. 12, AGE — LAST BIRTI (YEARS) 52 DN — NAME (IF NOT 7, IOWa Lucas ST MIDDLE	LAST NA TOPSY 9, NO STATE IOWA 1980 HDAY IN EITHER,
SURVIVING SPOUSE (IF WIFE, GIVE MA 11. Merna Irvine CITY, TOWN, OR LOCATION 14c. RUSSE11 DEATH WAS CAUSED BY IMMEDIATE CAUSE 18a. CVA PHYSICIAN'S NAME & TITLE 23. D. W. Cunningha DATE OF BURIAL 24d. Jan. 26, 1980 DECEASED — NAME FIRST 1 BERNARD RAY C DATE OF BIRTH 5 April 11, 1927 SURVIVING SPOUSE (IF WIFE, GIVE M 11. Donna Shore CITY, TOWN, OR LOCATION 14c. Chariton DEATH WAS CAUSED BY IMMEDIATE CAUSE BY IMMEDIATE BY IMEDIATE BY IMMEDIATE BY	AIDEN NAME) STREET & NUMBER 14e. NA AM, D.O. ALL DIRECTOR — NAME C. Craig Fielding MIDDLE COFFMAN COUNTY OF DEATH 7a. Marion IAIDEN NAME) STREET & NUMBER 14e. R. R. 3	SOCIAL SECURITY N 12. 479-30- FATHER — NAME 15. DUE TO BURIAL, CREM 24a. Rur CO2 Th. Was SOCIAL SECURITY N 12. 485-444- FATHER — NAME 15. Boyd DUE TO BURIAL, CREM BURIAL, CREM DUE TO BURIAL, CREM	UMBER 1097 A FIRST James ertension tation, REMOVAN ia1 REGISTRAN 25a. Male OR LOCATION O CUMB La, 1 shington HUMBER 1976 E FIRST Coffman	MIDDLE LAS MIDDLE LAS F. McGil CEMETERY OF CREM A CONTROL OF DEATH A January 13, F DEATH OWA TOWNShip RESIDENCE — STATE 14a. IOWA MIDDLE LAS	T MOTHER — 1 16. DUE TO C. ATORY — NAME 1980 HOSPITAL OR GIVE ST. & P. 7d. Mar T MOTHER — 16. Jes DUE TO C. IATORY — NAME	NAME FIR Lisa LOCATION 24c. DATE REGISTED ACE - (SPECIFY) White OTHER INSTITUTION COUNTY 14b. NAME FIR SIE Kenney	Lucas ST MIDDLE ALI CITY OR TOWN RUSSel1 RECEIVED BY LOCAL STRAR Feb. 12, AGE LAST SITT (YEARS) 52 ON — NAME (IF NOT J. IOWa Lucas ST MIDDLE CITY OR TOWN	LAST NA TOPSY 9, NO STATE IOWA 1980 HOAY IN EITHER, LAST
SURVIVING SPOUSE (IF WIFE, GIVE MA 11. Merna Irvine CITY, TOWN. OR LOCATION 14c. RUSSE11 DEATH WAS CAUSED BY IMMEDIATE CAUSE 18s. CVA PHYSICIAN'S NAME & TITLE 23. D. W. Cunningha DATE OF BURIAL 24d. Jan. 26, 1980 25b. DECEASED — NAME FIRST 1. BERNARD RAY C DATE OF BIRTH 6. April 11, 1927 SURVIVING SPOUSE (IF WIFE, GIVE M 11. Donna Shore CITY, TOWN, OR LOCATION 14c. Chariton DEATH WAS CAUSED BY IMMEDIATE CAUSE 18s. Carbon Monoxide P PHYSICIAN'S NAME & TITLE 23. Earl J. McKeev	AIDEN NAME) STREET & NUMBER 14e. NA AM, D.O. ALL DIRECTOR — NAME C. Craig Fielding MIDDLE COFFMAN COUNTY OF DEATH 7a. Marion IAIDEN NAME) STREET & NUMBER 14e. R. R. 3	SOCIAL SECURITY N 12. 479-30- FATHER — NAME 15. DUE TO b. Hyp BURIAL, CREM 24a. Rur ST CITY, TOWN COL 7b. Was SOCIAL SECURITY N 12. 485-44- FATHER — NAMI 15. Boyd DUE TO b.	UMBER 1097 A FIRST James ertension tation, Removal ia1 REGISTRAF 26a. J SEX Male OR LOCATION 0 LUMbia, I hington LUMBER 1976 FIRST Coffman	MIDDLE LAS MIDDLE LAS F. McGil CEMETERY OF CREM 24b. RUSSell R — NAME James D. Pirtle DATE OF DEATH 2 January 13, F DEATH OWA TOWNShip RESIDENCE — STATE 14a. IOWA MIDDLE LAS	T MOTHER — 1 16. DUE TO C. ATORY — NAME 1980 HOSPITAL OR GIVE ST. & P. 7d. Mar T MOTHER — 16. Jes DUE TO C. IATORY — NAME	COUNTY 14b.	Lucas T MIDDLE AL CITY OR TOWN Russel1 RECEIVED BY LOCAL STRAR Feb. 12, AGE — LAST BIRTI (YEARS) 52 ON — NAME (IF NOT 7, IOWa Lucas ST MIDDLE CITY OR TOWN Dia. Towa	LAST NA TTOPSY a. no STATE TOWA 1980 HDAY IN EITHER, LAST UTOPSY IA.
SURVIVING SPOUSE (IF WIFE, GIVE MA 11. Merna Irvine CITY, TOWN, OR LOCATION 14c. RUSSE11 DEATH WAS CAUSED BY IMMEDIATE CAUSE 18s. CVA PHYSICIAN'S NAME & TITLE 23. D. W. Cunningha DATE OF BURIAL 24d. Jan. 26, 1980 25b. DECEASED — NAME FIRST 1. BERNARD RAY C DATE OF BIRTH APPI1 11, 1927 SURVIVING SPOUSE (IF WIFE, GIVE M 11. Donna Shore CITY, TOWN, OR LOCATION 14c. Chariton DEATH WAS CAUSED BY IMMEDIATE CAUSE 18s. Carbon Monoxide P PHYSICIAN'S NAME & TITLE 23. Earl J. McKeev DATE OF BURIAL 24d. Jan. 16, 1980 25b.	STREET & NUMBER 14e. NA am, D.O. ALL DIRECTOR — NAME C. Craig Fielding MIDDLE COFFMAN COUNTY OF DEATH 72. Marion IAIDEN NAME) STREET & NUMBER 14e. R. R. 3 Poisoning Ver, M.D. RAL DIRECTOR — NAME Clark W. Fielding	SOCIAL SECURITY N 12. 479-30- FATHER — NAME 15. DUE TO BURIAL, CREM 24a. Bur COLL FATHER — NAME 15. CITY, TOWN, COL 7b. WAS SOCIAL SECURITY N 12. 485-44- FATHER — NAME 15. BOYD DUE TO B. BURIAL, CREM 24a. Bur 24a. Bur	UMBER 1097 A FIRST James ertension tation, Removal ia1 REGISTRAF 26a. J SEX Male or Location of Limbia, I shington UMBER 1976 FIRST Coffman MATION, REMOVAL ia1 REGISTRAF 26a. J	MIDDLE LAS F. McGil CEMETERY'OR CREM 24b. RUSSell CATE OF DEATH 2 January 13, F DEATH OWA TOWNShip RESIDENCE — STATE 143. IOWA MIDDLE LAS L CEMETERY OR CREM 24b. Columbi R — NAME an Noftsger	T MOTHER — 16. DUE TO 6. ATORY — NAME 1980 HOSPITAL OR GIVE ST. & 7 7d. Mar T MOTHER — 16. Jes De. 6. Latory — NAME	COUNTY 14b. FIR	Lucas TOTAL OF TOWN Russell RECEIVED BY LOCAL STRAR Feb. 12, AGE — LAST BIRTI (YEARS) 52 ON — NAME (IF NOT 7, IOWa Lucas ST MIDDLE CITY OR TOWN OIA, IOWa E RECEIVED BY LOCAL STRAR AI AI AI AI AI AI AI AI AI	LAST NA TOPSY 9, TO STATE IOWA 1980 HOAY IN EITHER, LAST UTOPSY Ha. STATE
SURVIVING SPOUSE (IF WIFE, GIVE MA 11. Merna Irvine CITY, TOWN, OR LOCATION 14c. RUSSE11 16a. RUSSE11 16a. RUSSE11 16a. RUSSE11 16a. CVA PHYSICIAN'S NAME & TITLE 23. D. W. Cunningha DATE OF BURIAL 1. BERNARD RAY C DATE OF BIRTH 2. April 11, 1927 SURVIVING SPOUSE (IF WIFE, GIVE MA 11. Donna Shore CITY, TOWN, OR LOCATION 14c. Chariton 14c. Chariton DEATH WAS CAUSE BY MINEDIATE CAUSE 18a. Carbon Monoxide P PHYSICIAN'S NAME & TITLE 23. Earl J. McKeev DATE OF BURIAL 24d. Jan. 16, 1980 25b. DECEASED — NAME FIRST	am, D.O. am, D.O. ALC DIRECTOR — NAME C. Craig Fielding MIDDLE COFFMAN COUNTY OF DEATH 72. Marion MARION NAME STREET & NUMBER 14e. R. R. 3 POISONING Ver, M.D. RAL DIRECTOR — NAME Clark W. Fielding MIDDLE LA	SOCIAL SECURITY N 12. 479-30- FATHER — NAME 15. DUE TO BURIAL, CREM 24a. Bur COLL FATHER — NAME 15. CITY, TOWN, COL 7b. WAS SOCIAL SECURITY N 12. 485-44- FATHER — NAME 15. BOYD DUE TO B. BURIAL, CREM 24a. Bur 24a. Bur	UMBER 1097 A FIRST James ertension MATION, REMOVAN ia1 REGISTRAN 25a. J SEX Male OR LOCATION OR LOCATIO	MIDDLE LAS F. McGil CEMETERY OR CREM 24b. RUSSell R — NAME James D. Pirtle DATE OF DEATH 3.January 13, F DEATH OWA TOWNShip RESIDENCE — STATE 142. IOWA MIDDLE LAS L CEMETERY OR CREM 24b. Columbi R — NAME an Noftsger DATE OF DEATH	T MOTHER — 1 16. DUE TO 6. ATORY — NAME 1980 HOSPITAL OR GIVE ST. & F. 7d. Mar T MOTHER — 16. Jes DUE TO 6. ATORY — NAME	NAME FIR Lisa LOCATION 24c. DAYE REGISTED FOR THE PROPERTY OF	Lucas ST MIDDLE AL IST AND AL CITY OR TOWN Russell RECEIVED BY LOCAL STRAR Feb. 12, AGE — LAST BIRTI (YEARS) AND AL Lucas ST MIDDLE CITY OR TOWN DIA, IOWA E RECEIVED BY LOCAL STRAR 1/23/1980 AGE — LAST BIRTI AGE AGE AGE AGE AGE AGE AGE AG	LAST NA TOPSY 9, TO STATE IOWA 1980 HOAY IN EITHER, LAST UTOPSY Ha. STATE
SURVIVING SPOUSE (IF WIFE, GIVE MA 11. Merna Irvine CITY, TOWN, OR LOCATION 14c. RUSSE11 DEATH WAS CAUSED BY IMMEDIATE CAUSE 18a. CVA PHYSICIAN'S NAME & TITLE 23. D. W. Cunningha DATE OF BURIAL 24d. Jan. 26, 1980 25b. DECEASED — NAME FIRST 1. BERNARD RAY C DATE OF BIRTH 6. April 11, 1927 SURVIVING SPOUSE (IF WIFE, GIVE M 11. Donna Shore CITY, TOWN, OR LOCATION 14c. Chariton DEATH WAS CAUSED BY IMMEDIATE CAUSE 18a. Carbon Monoxide P PHYSICIAN'S NAME & TITLE 23. Earl J. McKeev DATE OF BURIAL 24d. Jan. 16, 1980 25b.	am, D.O. am, D.O. ALC DIRECTOR — NAME C. Craig Fielding MIDDLE COFFMAN COUNTY OF DEATH 72. Marion MARION NAME STREET & NUMBER 14e. R. R. 3 POISONING Ver, M.D. RAL DIRECTOR — NAME Clark W. Fielding MIDDLE LA	CITY, TOWN, COD	UMBER 1097 A FIRST James ertension tation, Removal ia1 REGISTRAF 26a. J SEX Male or Location of Limbia, I shington UMBER 1976 FIRST Coffman MATION, REMOVAL ia1 REGISTRAF 26a. J	MIDDLE LAS MIDDLE LAS MIDDLE LAS F. McGil Committee	T MOTHER — 1 16. DUE TO 6. ATORY — NAME 1980 HOSPITAL OR GIVE ST. & 7 7d. Mar T MOTHER — 15. Jes DUE TO 6. LATORY — NAME	NAME FIR Lisa LOCATION 24c. DATE REGISTANCE (SPECIFY) NAME FIR STITUTION LOCATION 24c. DATE NAME INSTITUTION COUNTY 14b. NAME FIR SIE KENNES LOCATION 24cColumb DATE AND	Lucas TOTAL OF TOWN Russell RECEIVED BY LOCAL STRAR Feb. 12, AGE — LAST BIRTI (YEARS) 52 ON — NAME (IF NOT 7, IOWa Lucas ST MIDDLE CITY OR TOWN OIA, IOWa E RECEIVED BY LOCAL STRAR AI AI AI AI AI AI AI AI AI	LAST NA TTOPSY a, no STATE TOWA 1980 HDAY IN EITHER, JTOPSY JA. STATE