

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

DECEASED — NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	RACE — (SPECIFY)	AGE — LAST BIRTHDAY (YEARS)	
1. Charles Allen Hilliard					2 Male	3 1/19/80	4 White	5a 22	
DATE OF BIRTH		COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE ST. & NUMBER)			
6. 1/28/57		7a. Lucas		7b. Chariton		7d. Lucas Co. Memorial Hosp.			
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		SOCIAL SECURITY NUMBER		RESIDENCE — STATE		COUNTY			
11. Mary Phillips		12. 478-76-6782		14a. Iowa		14b. Lucas			
CITY, TOWN, OR LOCATION		STREET & NUMBER		FATHER — NAME		MOTHER — NAME		LAST	
14c. Chariton		14e. 813 12th St.		15. Charles A. Hilliard		16. Elizabeth A. Sayre		19a. NO	
DEATH WAS CAUSED BY IMMEDIATE CAUSE		DUE TO		DUE TO		DUE TO		AUTOPSY	
18a. Gun Shot Wound of Head		b. Cardiac failure		c. Due to Bacterial Toxemia		Hepatic and renal failure		19a. no	
PHYSICIAN'S NAME & TITLE		BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY — NAME		LOCATION		CITY OR TOWN STATE	
23. R. E. Anderson, M.D.		24a. Burial		24b. Chariton		24c. Chariton, Iowa			
DATE OF BURIAL		FUNERAL DIRECTOR — NAME		REGISTRAR — NAME		DATE RECEIVED BY LOCAL REGISTRAR			
24d. 1-24-80		25b. M.E. Mosher		26a. James D. Pirtle		59-10		26b. January 29, 1980	
DECEASED — NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	RACE — (SPECIFY)	AGE — LAST BIRTHDAY (YEARS)	
1. HAZEL AUDIE MORRISON					2 Female	3 January 10, 1980	4 White	5a 63	
DATE OF BIRTH		COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE ST. & NUMBER)			
6. May 11, 1916		7a. Lucas		7b. Chariton		7d. Lucas Co. Memorial Hospital			
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		SOCIAL SECURITY NUMBER		RESIDENCE — STATE		COUNTY			
11. Lonnie W. Morrison		12. 479-52-5292		14a. Iowa		14b. Lucas			
CITY, TOWN, OR LOCATION		STREET & NUMBER		FATHER — NAME		MOTHER — NAME		LAST	
14c. Chariton		14e. 1121 Brookdale		15. Albert R. Sanders		16. Faye E. Gobon			
DEATH WAS CAUSED BY IMMEDIATE CAUSE		DUE TO		DUE TO		DUE TO		AUTOPSY	
18a. Respiratory failure		b. Cardiac failure		c. Due to Bacterial Toxemia		Hepatic and renal failure		19a. no	
PHYSICIAN'S NAME & TITLE		BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY — NAME		LOCATION		CITY OR TOWN STATE	
23. Eugene C. Honeywell, D.O., P.C.		24a. Burial		24b. Chariton		24c. Chariton, Iowa			
DATE OF BURIAL		FUNERAL DIRECTOR — NAME		REGISTRAR — NAME		DATE RECEIVED BY LOCAL REGISTRAR			
24d. Jan. 14, 1980		25b. Clark W. Fielding		26a. Victoria K. Black, Dep. 59-11		26b. 2/1/80			
DECEASED — NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	RACE — (SPECIFY)	AGE — LAST BIRTHDAY (YEARS)	
1. ELLEN G. LARSON					2 Female	3 January 15, 1980	4 White	5a 85	
DATE OF BIRTH		COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE ST. & NUMBER)			
6. Sep. 5, 1894		7a. Lucas		7b. Chariton		7d. Lucas Co. Memorial Hospital			
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		SOCIAL SECURITY NUMBER		RESIDENCE — STATE		COUNTY			
11. NA		12. 480-58-2147-J1		14a. Iowa		14b. Lucas			
CITY, TOWN, OR LOCATION		STREET & NUMBER		FATHER — NAME		MOTHER — NAME		LAST	
14c. Chariton		14e. N.7th St		15. G. N. Larson		16. Emma S.			
DEATH WAS CAUSED BY IMMEDIATE CAUSE		DUE TO		DUE TO		DUE TO		AUTOPSY	
18a. Respiratory failure		b. Cardiac Arrest		c. Septicemia				19a. no	
PHYSICIAN'S NAME & TITLE		BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY — NAME		LOCATION		CITY OR TOWN STATE	
23. Eugene C. Honeywell, D.O., P.C.		24a. Burial		24b. Chariton		24c. Chariton, Iowa		50049	
DATE OF BURIAL		FUNERAL DIRECTOR — NAME		REGISTRAR — NAME		DATE RECEIVED BY LOCAL REGISTRAR			
24d. Jan. 18, 1980		25b. C. Craig Fielding		26a. Victoria K. Black, Dep. 59-12		26b. 2/1/80			
DECEASED — NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	RACE — (SPECIFY)	AGE — LAST BIRTHDAY (YEARS)	
1. EVERETTE ROGER McKAY					2 Male	3 January 22, 1980	4 White	5a 39	
DATE OF BIRTH		COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE ST. & NUMBER)			
6. Dec. 6, 1940		7a. Lucas		7b. Chariton		7d. RR 2			
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		SOCIAL SECURITY NUMBER		RESIDENCE — STATE		COUNTY			
11. Virginia Clarke		12. 483-48-8888		14a. Iowa		14b. Lucas			
CITY, TOWN, OR LOCATION		STREET & NUMBER		FATHER — NAME		MOTHER — NAME		LAST	
14c. RR 2 Chariton		14e. RR 2		15. Everette McKay		16. Hallee DeWolfe			
DEATH WAS CAUSED BY IMMEDIATE CAUSE		DUE TO		DUE TO		DUE TO		AUTOPSY	
18a. 91% Third Degree Burns, Smoke Inhalation		b. Hypertension		c. Septicemia				19a. yes	
PHYSICIAN'S NAME & TITLE		BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY — NAME		LOCATION		CITY OR TOWN STATE	
23. R. E. Anderson M.D.		24a. Burial		24b. Russell		24c. Russell, Iowa			
DATE OF BURIAL		FUNERAL DIRECTOR — NAME		REGISTRAR — NAME		DATE RECEIVED BY LOCAL REGISTRAR			
24d. Jan. 25, 1980		25b. C. Craig Fielding, Jr.		26a. James D. Pirtle		59-13		26b. February 7, 1980	
DECEASED — NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	RACE — (SPECIFY)	AGE — LAST BIRTHDAY (YEARS)	
1. Donald Sherman McGill					2 Male	3 January 23, 1980	4 White	5a 73	
DATE OF BIRTH		COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE ST. & NUMBER)			
6. July 20, 1906		7a. Lucas		7b. Chariton		7d. Chariton Manor			
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		SOCIAL SECURITY NUMBER		RESIDENCE — STATE		COUNTY			
11. Merna Irvine		12. 479-30-1097 A		14a. Iowa		14b. Lucas			
CITY, TOWN, OR LOCATION		STREET & NUMBER		FATHER — NAME		MOTHER — NAME		LAST	
14c. Russell		14e. NA		15. James F. McGill		16. Lisa NA			
DEATH WAS CAUSED BY IMMEDIATE CAUSE		DUE TO		DUE TO		DUE TO		AUTOPSY	
18a. CVA		b. Hypertension		c. Septicemia				19a. no	
PHYSICIAN'S NAME & TITLE		BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY — NAME		LOCATION		CITY OR TOWN STATE	
23. D. W. Cunningham, D.O.		24a. Burial		24b. Russell		24c. Russell, Iowa			
DATE OF BURIAL		FUNERAL DIRECTOR — NAME		REGISTRAR — NAME		DATE RECEIVED BY LOCAL REGISTRAR			
24d. Jan. 26, 1980		25b. C. Craig Fielding		26a. James D. Pirtle		59-14		26b. Feb. 12, 1980	
DECEASED — NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	RACE — (SPECIFY)	AGE — LAST BIRTHDAY (YEARS)	
1. BERNARD RAY COFFMAN					2 Male	3 January 13, 1980	4 White	5a 52	
DATE OF BIRTH		COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE ST. & NUMBER)			
6. April 11, 1927		7a. Marion		7b. Washington Township		7d. Marion County, Iowa			
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		SOCIAL SECURITY NUMBER		RESIDENCE — STATE		COUNTY			
11. Donna Shore		12. 485-44-1976		14a. Iowa		14b. Lucas			
CITY, TOWN, OR LOCATION		STREET & NUMBER		FATHER — NAME		MOTHER — NAME		LAST	
14c. Chariton		14e. R. R. 3		15. Boyd Coffman		16. Jessie Kenney			
DEATH WAS CAUSED BY IMMEDIATE CAUSE		DUE TO		DUE TO		DUE TO		AUTOPSY	
18a. Carbon Monoxide Poisoning		b. Hypertension		c. Septicemia				19a. no	
PHYSICIAN'S NAME & TITLE		BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY — NAME		LOCATION		CITY OR TOWN STATE	
23. Earl J. McKeever, M.D.		24a. Burial		24b. Columbia		24c. Columbia, Iowa			
DATE OF BURIAL		FUNERAL DIRECTOR — NAME		REGISTRAR — NAME		DATE RECEIVED BY LOCAL REGISTRAR			
24d. Jan. 16, 1980		25b. Clark W. Fielding		26a. Joan Noftsgar		59-14		26b. 1/23/1980	
DECEASED — NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	RACE — (SPECIFY)	AGE — LAST BIRTHDAY (YEARS)	
1. JOHN DOUGLAS ROUSE					2 Male	3 January 14, 1980	4 White	5a 19	
DATE OF BIRTH		COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE ST. & NUMBER)			
6. Sept. 7, 1960		7a. Monroe		7b. Monroe County		7d. 8 miles SW of Albia			