

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

DECEASED — NAME			SEX	DATE OF DEATH	RACE — (SPECIFY)	AGE — LAST BIRTHDAY (YEARS)
DORIS ARLENE POLLITT			Female	5/24/83	White	45
DATE OF BIRTH	COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE ST. & NUMBER)			
8/30/37	Polk	Des Moines	Iowa Methodist Med. Center			
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			SOCIAL SECURITY NUMBER	RESIDENCE — STATE	COUNTY	
1. Ralph L. Pollitt			12. 484-46-0733	14a. Iowa	14b. Lucas	
CITY, TOWN, OR LOCATION	STREET & NUMBER	FATHER — NAME	FIRST	MIDDLE	LAST	MOTHER — NAME
Lucas	14a.	15. Jess Marker				16. Lena Killen
DEATH WAS CAUSED BY IMMEDIATE CAUSE			DUE TO		DUE TO	
18a. Pulmonary emboli			b. Thrombophlebitis left leg		c. AUTOPSY	
PHYSICIAN'S NAME & TITLE			BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY — NAME	
23. S. Fred Brunk, M.D.			24a. Burial		24b. Norwood Cemetery	
DATE OF BURIAL	FUNERAL DIRECTOR — NAME	REGISTRAR — NAME	LOCATION CITY OR TOWN STATE			
5/27/83	25b. Clark W. Fielding	26a. Connie Renda	24c. Lucas County, Iowa			
DECEASED — NAME			SEX	DATE OF DEATH	RACE — (SPECIFY)	AGE — LAST BIRTHDAY (YEARS)
CLARE COLLINS			Female	6-23-83	white	71
DATE OF BIRTH	COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE ST. & NUMBER)			
8-22-1911	Lucas	Chariton	Lucas County Memorial Hosp.			
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			SOCIAL SECURITY NUMBER	RESIDENCE — STATE	COUNTY	
11. Velma Clanin			12. 478-14-5243	14a. Iowa	14b. Lucas	
CITY, TOWN, OR LOCATION	STREET & NUMBER	FATHER — NAME	FIRST	MIDDLE	LAST	MOTHER — NAME
Chariton	14a. 115 E. Shaw	15. Aaron Collins				16. Claudie Mae Hale
DEATH WAS CAUSED BY IMMEDIATE CAUSE			DUE TO		DUE TO	
18a. Cardiopulmonary Arrest			b. Acute Myocardial Infarction		c. AUTOPSY	
PHYSICIAN'S NAME & TITLE			BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY — NAME	
23. Laurence K. Rasmussen, M.D.			24a. Burial		24b. Russell Cemetery	
DATE OF BURIAL	FUNERAL DIRECTOR — NAME	REGISTRAR — NAME	LOCATION CITY OR TOWN STATE			
6-27-83	25b. Clark W. Fielding	26a. Karen A. Orwig-Deputy	24c. Russell Iowa			
DECEASED — NAME			SEX	DATE OF DEATH	RACE — (SPECIFY)	AGE — LAST BIRTHDAY (YEARS)
J. EDWIN LARSON			Male	July 8, 1983	white	81
DATE OF BIRTH	COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE ST. & NUMBER)			
January 17, 1902	Lucas	Chariton	Lucas County Memorial Hospital			
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			SOCIAL SECURITY NUMBER	RESIDENCE — STATE	COUNTY	
11. ---			12. 483-44-9136	14a. Iowa	14b. Lucas	
CITY, TOWN, OR LOCATION	STREET & NUMBER	FATHER — NAME	FIRST	MIDDLE	LAST	MOTHER — NAME
Chariton	14a. 429 S. Main	15. Nathaniel Larson				16. Emma Englund
DEATH WAS CAUSED BY IMMEDIATE CAUSE			DUE TO		DUE TO	
18a. Cardiopulmonary Arrest			b. CVA		c. Atherosclerosis	
PHYSICIAN'S NAME & TITLE			BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY — NAME	
23. L. K. Rasmussen M.D.			24a. Burial		24b. Chariton Cemetery	
DATE OF BURIAL	FUNERAL DIRECTOR — NAME	REGISTRAR — NAME	LOCATION CITY OR TOWN STATE			
July 11, 1983	25b. Clark W. Fielding	26a. Karen A. Orwig, Deputy	24c. Chariton Iowa			
DECEASED — NAME			SEX	DATE OF DEATH	RACE — (SPECIFY)	AGE — LAST BIRTHDAY (YEARS)
LULA FLORENCE GWINN			Female	May 13, 1983	white	96
DATE OF BIRTH	COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE ST. & NUMBER)			
12-4-1886	Lucas	Chariton	Lucas County Memorial Hospital			
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			SOCIAL SECURITY NUMBER	RESIDENCE — STATE	COUNTY	
11. na			12. 481-64-1838	14a. Iowa	14b. Lucas	
CITY, TOWN, OR LOCATION	STREET & NUMBER	FATHER — NAME	FIRST	MIDDLE	LAST	MOTHER — NAME
Chariton	14a. North 7th St.	15. Barton (nmn) Bengie				16. Celia (nmn) Haworth
DEATH WAS CAUSED BY IMMEDIATE CAUSE			DUE TO		DUE TO	
18a. Acute Cardio/Pulmonary Failure			b. Acute Congestive Heart Failure		c. Coronary Artery Disease	
PHYSICIAN'S NAME & TITLE			BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY — NAME	
23. Wentzy Huang, D.O.			24a. Burial		24b. Gosport Cemetery	
DATE OF BURIAL	FUNERAL DIRECTOR — NAME	REGISTRAR — NAME	LOCATION CITY OR TOWN STATE			
5/16/83	25b. Clark W. Fielding	26a. Karen A. Orwig, Deputy	24c. R.R. Lucas County Iowa			
DECEASED — NAME			SEX	DATE OF DEATH	RACE — (SPECIFY)	AGE — LAST BIRTHDAY (YEARS)
WALTER LEE LAMPKINS			Male	June 13, 1983	white	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)			
12/30/1909	Lucas	Chariton	Lucas County Memorial Hospital			
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			SOCIAL SECURITY NUMBER	RESIDENCE — STATE	COUNTY	
11. Ellen Lavada Lanford			12. 429-12-7147	14a. Iowa	14b. Lucas	
CITY, TOWN, OR LOCATION	STREET & NUMBER	FATHER — NAME	FIRST	MIDDLE	LAST	MOTHER — NAME
Chariton	14a. 201 Smith	15. Thomas Jefferson Lampkins				16. Maude Rice
DEATH WAS CAUSED BY IMMEDIATE CAUSE			DUE TO		DUE TO	
18a. Acute Cardio/Pulmonary Failure			b. Subarachnoid Hemorrhage/		c. Cerebral Vascular Accident	
PHYSICIAN'S NAME & TITLE			BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY — NAME	
23. Wentzy Huang, D.O.			24a. Burial		24b. Gosport Cemetery	
DATE OF BURIAL	FUNERAL DIRECTOR — NAME	REGISTRAR — NAME	LOCATION CITY OR TOWN STATE			
June 16, 1983	25b. Clark W. Fielding	26a. Karen A. Orwig, Deputy	24c. Marion Co. Iowa			
DECEASED — NAME			SEX	DATE OF DEATH	RACE — (SPECIFY)	AGE — LAST BIRTHDAY (YEARS)
HARRY BEATTY REED			Male	July 16, 1983	white	71
DATE OF BIRTH	COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE ST. & NUMBER)			
8/18/1911	Lucas	Chariton	Lucas County Memorial Hospital			
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			SOCIAL SECURITY NUMBER	RESIDENCE — STATE	COUNTY	
11. Hazel Reed Brown			12. 485-07-9838	14a. Iowa	14b. Lucas	
CITY, TOWN, OR LOCATION	STREET & NUMBER	FATHER — NAME	FIRST	MIDDLE	LAST	MOTHER — NAME
Chariton	14a. Box 356	15. David Clausen Reed				16. Lillian Sandum
DEATH WAS CAUSED BY IMMEDIATE CAUSE			DUE TO		DUE TO	
18a. Acute Cardio/Pulmonary Failure			b. Coronary Thrombosis		c. Coronary Arteriosclerosis	
PHYSICIAN'S NAME & TITLE			BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY — NAME	
23. Loren C. Hermann DO			24a. Burial		24b. Russell Cemetery	
DATE OF BURIAL	FUNERAL DIRECTOR — NAME	REGISTRAR — NAME	LOCATION CITY OR TOWN STATE			
July 20, 1983	25b. Clark W. Fielding	26a. Karen A. Orwig	24c. Russell Iowa			
DECEASED — NAME			SEX	DATE OF DEATH	RACE — (SPECIFY)	AGE — LAST BIRTHDAY (YEARS)
LOUISE MILNES RICHARDS			Female	July 15, 1983	white	70
DATE OF BIRTH	COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE ST. & NUMBER)			