Prece # 45-15-27-154-000 -014

STATE OF IOWA

County Record

IOWA DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH

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PART II a Other significant conditions contributing to death but not resulting in the underlying causes given in Part I b IF FEMALE WAS THERE A PROBLEM TO COMPLETION OF CAUSE OF DEATH? Specify yes of TO COMPLETION OF CAUSE OF DEATH? Specify yes of no; 29a. Yes WERE AUTOPSY FIND-INGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Specify yes of no; 29b. Yes	Natural Pending Accident Suicide Could no octermine To the best of my knowledge of Sa. (Signature and Intle) NAME AND TITLE OF ATTENT 26. NAME AND ADDRESS OF CELESTAME OF THE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF	Iton Iton PLACE OF INJURY interest of the place of the	24b Specify at home tangete) one and place are interested to the deal each line ATE CAUSE den Cardiac IOR AS A CONSECTION A	M 24c. In Street To the cause(see Point) Addical E th Do not enter death DENCE OF: CARDION.	LOCATION 241 LOCAT	stated Number Street and Number Stated 2250 S. Ar	DATE SIGNE 25b. 7/12	D/Mo Day Yr , 2008 Dikenv IA 5	HOUR OF DEATH 25c 1118 AM CO23-9093 Approximate Interval Between Onset and Death
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