

Birth No.

STATE OF IOWA

State File No. 114-

1. PLACE OF DEATH a. COUNTY Monona				2. USUAL RESIDENCE (Where deceased lived) II Institution Residence before admission) a. STATE Iowa b. COUNTY Monona			
b. CITY, TOWN OR LOCATION Onawa		d. IS PLACE OF DEATH INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		c. CITY, TOWN OR LOCATION Onawa		e. IS RESIDENCE INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Burgess Memorial Hospital				d. STREET ADDRESS 1401 9th St.		f. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
3. NAME OF DECEASED (Type or print) First Middle Last George A. Stueland				4. DATE OF DEATH Month Day Year Sept. 9, 1964			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 2, 1899	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Manufacturing		9. AGE (In years last birthday) 65	
11. BIRTHPLACE (State or foreign country) Algona, Iowa				12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME Sven Stueland				14. MOTHER'S MAIDEN NAME Thruuda			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I		16. SOCIAL SECURITY NO. +81-12-8493		17. INFORMANT'S SIGNATURE Address Eleanor Stueland Onawa, Iowa			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary Emphysema						INTERVAL BETWEEN ONSET AND DEATH 20 yr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN OR LOCATION COUNTY STATE	
21. I attended the deceased from Aug. 25-64 to Sept 9-64 and last saw him/her alive on Sept 9-64 Death occurred at 10:05 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Leo A. Gauker, M.D.				22b. ADDRESS Onawa, Iowa		22c. DATE SIGNED 9-11-64	
23a. Burial, Cremation Removal (Specify) burial		23b. Date 9/11/1964		23c. Name of Cemetery or Crematory Onawa cemetery		23d. Location (City, town or county) (State) Onawa, Iowa	
24. FUNERAL DIRECTOR'S SIGNATURE Russell Pearson				Address Onawa, Iowa		F. D. License Number 149	
25. Date Rec'd by Local Registrar 9-14-64		REGISTRAR'S SIGNATURE Marie J Lundberg			File Number 2679		

MEDICAL CERTIFICATION