STATE OF IOWA
CERTIFICATION OF VITAL RECORD

STATE OF IOWA

County Record

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH 114-

BIRTH NUMBER

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S FULL NAME	FIRST	MIDDLE	LAST	SUFFIX, if any
	Helen	Elizabeth	Billick	

2. SEX	3a. AGE - LAST BIRTHDAY	3b. UNDER 1 YEAR Months	Days	3c. UNDER 1 DAY Hours	Minutes	4. DATE OF BIRTH (Month, Day, Year)	5. COUNTY OF DEATH
Female	98 Years					August 15, 1912	Johnson

6. PLACE OF BIRTH (City & State, or Foreign Country)	7. SOCIAL SECURITY NUMBER	8. CITIZEN OF WHAT COUNTRY?	9. EVER IN U.S. ARMED FORCES?
Wellman, Iowa	478-16-2826	United State of America	☐ Yes ☒ No

10a. MARITAL STATUS AT TIME OF DEATH	10b. DECEDENT'S LAST NAME PRIOR TO ANY MARRIAGE (If ever married)	11. SURVIVING SPOUSE (Full name prior to any marriage)
☐ Married ☐ Married but separated ☐ Widowed ☒ Divorced ☐ Never Married ☐ Unknown	Wetrich	

12a. RESIDENCE-STATE	12b. RESIDENCE-COUNTY	12c. RESIDENCE-CITY OR TOWN	12d. RESIDENCE-STREET & NUMBER, ZIP CODE	12e. INSIDE CITY LIMITS?
Iowa	Johnson	Coralville	2232 Liberty Drive, 52241	☒ Yes ☐ No

13. FATHER'S NAME FIRST	MIDDLE	LAST	14. MOTHER'S NAME PRIOR TO ANY MARRIAGE FIRST	MIDDLE	LAST
Henry		Wetrich	Catherine		Ryan

15a. INFORMANT'S NAME	15b. INFORMANT'S MAILING ADDRESS (Street & Number, City, State, Zip Code)	15c. RELATIONSHIP TO DECEDENT
Teri O'Rear	50582 Stonington Drive Granger, Indiana 46530	Daughter

PLACE

16. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ Dead on Arrival

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL ☐ Hospice Facility ☒ Nursing Home/Long-Term Care Facility ☐ Decedent's Home ☐ Other (Specify)

17a. FACILITY NAME (If not institution, give street and number)	17b. CITY, TOWN, OR LOCATION & ZIP CODE OF DEATH	17c. INSIDE CITY LIMITS?
Windmill Manor	Coralville, 52241-	☐ Yes ☒ No

DISPOSITION

18. METHOD OF DISPOSITION	19. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	St. Joseph Cemetery

20. LOCATION OF DISPOSITION (City or Town & State)	21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
Iowa City, Iowa	Lensing Funeral & Cremation Service 605 Kirkwood Ave. P.O. Box 167 Iowa City, Iowa 52240

22a. FUNERAL DIRECTOR - Printed Name	22b. FUNERAL DIRECTOR - Signature	23. LICENSE NUMBER
Tony L. Porter	Tony L. Porter	2756

DATE

PRONOUNCEMENT, CERTIFICATION AND CAUSE OF DEATH

ITEMS 24 - 28 REQUIRED TO BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH	24. DATE PRONOUNCED DEAD (Month, Day, Year) (Spell out month)	25. TIME PRONOUNCED DEAD
	April 13, 2011	TIME 0407 ☐ AM ☐ PM ☒ Military

26. NAME OF PERSON PRONOUNCING DEATH (If different than certifier) (Type or print legibly)	27. TITLE	28. LICENSE NUMBER	31a. MEDICAL EXAMINER CONTACTED?
Virginia Heal	LPN	P51567	☒ Yes ☐ No

29. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year) (Spell out month)	30. ACTUAL OR PRESUMED TIME OF DEATH	31b. If Yes, M.E. DEFERRED?
April 13, 2011	TIME 0407 ☐ AM ☐ PM ☒ Military	☐ Yes ☒ No

CAUSE OF DEATH

CAUSE OF DEATH (See instructions and examples)

32a. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

32b. Approximate interval between onset and death

IMMEDIATE CAUSE (Final disease or condition resulting in death) →

a. Complication of odontoid fracture
Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b.
Due to (or as a consequence of):

c.
Due to (or as a consequence of):

d.
Due to (or as a consequence of):

32c. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

33. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☐ Yes ☒ No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?	36. IF FEMALE:	37. MANNER OF DEATH
☐ Yes ☐ Probably ☒ No ☐ Unknown	☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☐ Natural ☐ Homicide ☒ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be Determined

38. DATE OF INJURY (Month, Day, Year) (Spell out month)	39. TIME OF INJURY ☐ AM ☐ PM	40. PLACE OF INJURY (e.g., home, farm, street, roadway, etc.)	41. INJURY AT WORK?
April 2, 2011	TIME 1330 ☒ Military	Skilled care facility	☐ Yes ☒ No

42. LOCATION OF INJURY: (Complete physical address - Street & Number, Apt. #, City or Town, State, Zip Code)	43. IF TRANSPORTATION INJURY, SPECIFY:
2332 Liberty Drive, Coralville, IA 52241	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

44. DESCRIBE HOW INJURY OCCURRED:
Fall striking head

CERTIFIER

45. CERTIFIER (Check only one) ☐ Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ☐ Medical Examiner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Signature D. J. Firchau 46. TITLE MD 47. DATE CERTIFIED (Month, Day, Year) April 27, 2011

48. NAME & COMPLETE MAILING ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER	49. LICENSE NUMBER
Dennis Firchau, MD, 913 South Dubuque Street, Iowa City, IA 52240	39100

50. FOR REGISTRAR ONLY - REGISTRAR SIGNATURE		50a. DATE RECEIVED BY REGISTRAR (Month, Day, Year)
Kimberly A. Pawlus TSC	11-469	APR 28 2011

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.
This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

APR 28 2011 BY Kimberly A. Pawlus OF JOHNSON
DATE ISSUED COUNTY REGISTRAR OF VITAL RECORDS COUNTY

C3279975

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COUNTY REGISTRAR — IOWA — REGISTRATION OF VITAL STATISTICS

MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE