

IOWA CERTIFICATION OF VITAL RECORD

114-1966-018543

Iowa Department of Health DIVISION OF VITAL STATISTICS

68-18543

State File No.

Marriage Record

County: Mills
License No. 16863

GROOM

Full Name (Print) Michael P. Baldwin
Usual Residence: Osceola Iowa
City Town State

Place of Birth: Osceola Iowa
Date of Birth: 10 Mo. 17 Day 1944 Yr. Age Last Birthday 22 Yrs.
Color-Race: White ☒ Negro ☐ Other (specify) _____

Number of times previously married ☒ 1
Number of previous marriages ended by: { Annulment ☐ No. of Times ☐
Divorce ☒ ← Each
Death ☐ Each

How was previous marriage terminated? Divorce

Usual Occupation Manufactures Brackets
Business or Industry Brackets Store

Religious Denomination Catholic

Father's Name Robert Baldwin

Mother's Maiden Name Mary Black

BRIDE

Full Name (Print) Dorothy A. Watters
Usual Residence: Osceola Iowa
City Town State

Place of Birth: Osceola Iowa
Date of Birth: 8 Mo. 6 Day 1944 Yr. Age Last Birthday 20 Yrs.
Color-Race: White ☒ Negro ☐ Other (specify) _____

Number of times previously married ☐ 0
Number of previous marriages ended by: { Annulment ☐ No. of Times ☐
Divorce ☐ ← Each
Death ☐ Each

How was previous marriage terminated? _____

Usual Occupation Rec. at Clarkson Hospital
Business or Industry Clarkson Hospital

Religious Denomination Catholic

Father's Name James Watters

Mother's Maiden Name Dorothy Zickowski

We hereby certify that the information given above is correct to the best of our knowledge and belief.

Signature of Groom Michael P. Baldwin Signature of Bride Dorothy A. Watters

Signature of Witnesses: (1) Harry M. Spunig (2) Patricia Albright

I hereby certify that the above is a correct return of the marriage solemnized by me at Osceola City or Town

County of Mills Iowa, on November month 4 day 1966 year

Signature of Officiant Ernest Zimmerman

Title and Church or Office Justice of Peace

Address of Officiant Osceola Ia

TO BE RETURNED TO THE CLERK OF THE DISTRICT COURT WITHIN 15 DAYS

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

THIS COPY NOT VALID UNLESS UNALTERED AND PREPARED ON CERTIFIED SECURITY PAPER

7/26/2019
DATE ISSUED

W. A. B. Coor
COUNTY REGISTRAR
County of Issuance: Pottawattamie

William R. Bird
DEPUTY STATE REGISTRAR

S2897146

FORM #588-0328S (Revised 09/2017)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATE OF DEATH

1. DECEDENT - NAME FIRST MIDDLE LAST Dorothy A. Baldwin			2. SEX Female		3. DATE OF DEATH (Month, Day, Year) November 10, 1997	
4. CITY AND STATE OF BIRTH (If not in U.S.A. name country) Omaha Nebraska			5a. AGE - Last Birthday (Yrs.) 51		5b. UNDER 1 YEAR Mo. Days 51	
7. SOCIAL SECURITY NUMBER 507-56-8144			8a. PLACE OF DEATH HOSPITAL: ☐ Inpatient ☐ ER Outpatient ☐ DOA OTHER: ☒ Nursing Home ☒ Residence ☐ Other (Specify):		8. DATE OF BIRTH (Month, Day, Year) August 06, 1946	
9a. FACILITY - Name (If not institution, give street and number) 3621 Hascall Street			9b. CITY, TOWN OR LOCATION OF DEATH Omaha		9c. INSIDE CITY LIMITS Yes ☒ No ☐	
9d. RESIDENCE - STATE Nebraska			9e. COUNTY Douglas		9f. CITY, TOWN OR LOCATION Omaha	
10. RACE - (e.g., White, Black, American Indian, etc.) (Specify) Caucasian			11. ANCESTRY (e.g., Italian, Mexican, German, etc.) (Specify) American		12. MARRIED ☐ UNMARRIED ☒ DIVORCED ☐	
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Phone Representative			14b. KIND OF BUSINESS INDUSTRY Telemarketing		15. EDUCATION (Specify only highest grade completed) 12	
16. FATHER - NAME FIRST MIDDLE LAST James D. Watters			17. MOTHER - FIRST MIDDLE MARRIED SURNAME Dorothy Zielinski		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unit) (If yes, give war and dates of services) No	
19a. INFORMANT - MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 3621 Hascall Street, Omaha, NE 68105			19b. INFORMANT - NAME Denise Baldwin		20. EMBALMER - SIGNATURE & LICENSE NO. 1223	
21a. METHOD OF DISPOSITION ☒ Burial ☐ Removal ☐ Cremation ☐ Donation			21b. DATE 11/14/1997		21c. CEMETERY OR CREMATORY - NAME St. John's Cemetery	
22a. FUNERAL HOME - NAME Boyd E Braman Mortuary			22b. FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 1702 N 72nd Street Omaha, NE, 68114		21d. CEMETERY OR CREMATORY LOCATION Omaha, Nebraska	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
(a) ADENOSQUAMOUS CELL CARCINOMA OF CERVIX						
(b) 7 Mo						
(c) Interval between onset and death						
24. AUTOPSY Yes ☐ No ☒						
25. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes ☐ No ☒						
26a. DATE OF INJURY (Mo., Day, Yr.)						
26b. HOUR OF INJURY						
26c. DESCRIBE HOW INJURY OCCURRED						
26d. INJURY AT WORK Yes ☐ No ☒						
26e. PLACE OF INJURY - (At home, farm, street, factory, office building, etc.) (Specify)						
26f. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE						
27a. DATE OF DEATH (Mo., Day, Yr.) November 10, 1997						
27b. DATE SIGNED (Mo., Day, Yr.) November 17, 1997						
27c. TIME OF DEATH 7:15 P M						
27d. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature], M.D.						
28a. DATE SIGNED (Mo., Day, Yr.)						
28b. TIME OF DEATH						
28c. PRONOUNCED DEAD (Mo., Day, Yr.)						
28d. PRONOUNCED DEAD (Hour)						
28e. 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) stated. (Signature and Title) [Signature]						
29. DID TOBACCO USE CONTRIBUTE TO THE DEATH? YES ☐ NO ☒ UNKNOWN ☐						
30a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? YES ☐ NO ☒						
30b. WAS CONSENT GRANTED? YES ☐ NO ☐						
31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) ROBERT M. LANGDON, Jr 7710 Mercy Rd Ste 122 Omaha, NE 68124						
32a. REGISTRAR Denise J. Hartung, M.P.H.						
32b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) NOV 19 1997						

TRUE CERTIFICATION OF
A REGISTERED DEATH

FEB 21 - 02

VITAL STATISTICS, DOUGLAS
CO. HEALTH DEPARTMENT, OMAHA, NEJohn L Wiley
REGISTRAR