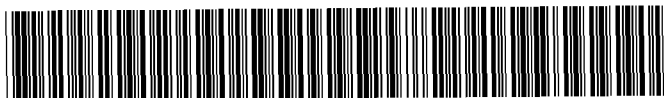




MISC 2009091828



AUG 21 2009 08:16 P 2

Fee amount: 11.50
FB: 26-44000
COMP: MB

Received - DIANE L. BATTIATO
Register of Deeds, Douglas County, NE
08/21/2009 08:16:24.00



2009091828

THE ABOVE SPACE IS RESERVED FOR THE REGISTER OF DEEDS RECORDING INFORMATION

DEATH CERTIFICATE COVER SHEET

Legal Description

Real property in the City of Omaha, County of Douglas, State of Nebraska, described as follows:

Lots 1 and 2 and the North 5 feet of Lot 3, Block 1, Wilcox Addition, an Addition to the City of Omaha, Douglas County, Nebraska, Except the East 2 feet thereof.

UCC COVER SHEET

UCC (NEW, CONTINUATION, ASSIGNMENT, AMENDMENT, CORRECTION)

RELEASE OF UCC

TERMINATION OF UCC

ATTACHMENTS - QTY. _____

35

STATE OF NEBRASKA — DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

272659

1 DECEASED - NAME FIRST MIDDLE LAST Floyd Frank Mellen, Jr.			2 SEX Male	3 DATE OF DEATH (Month Day Year) July 26, 1995	
4 CITY AND STATE OF BIRTH (If not in U.S.A. name country) Omaha, Nebraska		5a AGE - Last Birthday (Yrs) 71	5b UNDER 1 YEAR MOS DAYS		5c UNDER 1 DAY HOURS MINS
7 SOCIAL SECURITY NUMBER 505-24-2848		8a PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> ER Outpatient <input checked="" type="checkbox"/> Residence <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify)			
8b FACILITY - Name (If not institution, give street and number) 10064 Fieldcrest Drive		8c CITY TOWN OR LOCATION OF DEATH Omaha		8d INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
9a RESIDENCE - STATE Nebraska		9b COUNTY Douglas		9c CITY, TOWN OR LOCATION Omaha	
9d STREET AND NUMBER (Including 68114) 10064 Fieldcrest Dr.		9e INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
10 RACE (e.g. White, Black, American Indian, etc.) (Specify) White		11 ANCESTRY (e.g. Italian, Mexican, German, etc.) (Specify) German		12 <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	
13 NAME OF SPOUSE (If wife, give maiden name) Catherine Becker		14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President		14b KIND OF BUSINESS INDUSTRY Mechanical Engineering Co.	
15 EDUCATION (Specify only highest grade completed) Elementary or Secondary 12 College 4 5-1		16 FATHER - NAME FIRST MIDDLE LAST Floyd F. Mellen, Sr.		17 MOTHER - NAME FIRST MIDDLE MAIDEN SURNAME Ann Jungwirth	
18 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If yes, give war and dates of services) Yes Navy WWII unk		19a INFORMANT - NAME Catherine Mellen - wife			
19b INFORMANT MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10064 Fieldcrest Drive, Omaha, Nebraska 68114					
20 EMBALMER - SIGNATURE & LICENSE NO. <i>Thomas M. Beefe 972</i>		21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation		21b DATE July 29, 1995	
22a FUNERAL HOME - NAME John A. Gentleman Westside Ch.		21c CEMETERY OR CREMATORY NAME Calvary Cemetery		21d CEMETERY OR CREMATORY LOCATION CITY OR TOWN STATE Omaha, Nebraska	
22b FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 1010 No. 72nd St., Omaha, Nebraska 68114-3296					
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) Mesothelial adenocarcinoma				Interval between onset and death 5 years	
(b) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related				PART III IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 10-54) Yes <input type="checkbox"/> No <input type="checkbox"/>	
24 AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
26a <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Homicide <input type="checkbox"/> Investigation		26b DATE OF INJURY (Mo, Day, Yr)		26c HOUR OF INJURY	
26d DESCRIBE HOW INJURY OCCURRED		26e INJURY AT WORK Yes <input type="checkbox"/> No <input type="checkbox"/>		26f PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	
26g LOCATION		26h STREET OR R.F.D. NO.		26i CITY OR TOWN STATE	
27a DATE OF DEATH (Mo, Day, Yr) 7/26/95		27b DATE SIGNED (Mo, Day, Yr) 8/17/95		27c TIME OF DEATH 12:45 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: <i>Margaret Temporo</i>		28a DATE SIGNED (Mo, Day, Yr)		28b TIME OF DEATH	
28c PROMOUNCED DEAD (Mo, Day, Yr)		28d PROMOUNCED 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.					
29 DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		30a HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30b WAS CONSENT GRANTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
31 NAME AND ADDRESS OF CERTIFYING PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY (Type or Print) Margaret Temporo, MD; Unit of Nebraska Medical Center; 600 S 42 St; Omaha, NE 68198					
32a REGISTRAR <i>Daniel J. Korthing, M.P.H.</i>				32b DATE FILED BY REGISTRAR (Mo, Day, Yr) AUG 2 1995	

imprinted seal

This certifies this document to be a true copy of an original record on file with Vital Statistics, Douglas County Health Department, Omaha, Nebraska. Certified copies must have a raised seal in the area to the left. Reproductions of this green certificate are not legal copies.

Date issued: **AUG 2 1995**

Registrar: *Daniel J. Korthing, M.P.H.*