

DOUGLAS COUNTY HEALTH DEPARTMENT
VITAL STATISTICS SECTION - OMAHA, NEBRASKA
CERTIFICATE OF DEATH

257965
92-10533

1 DECEDENT - NAME FIRST MIDDLE LAST Norman H. Haug			2 SEX Male	3 DATE OF DEATH (Month, Day, Year) April 24, 1992		
4 CITY AND STATE OF BIRTH (If not in U.S.A. name country) Sarpy County, Nebraska		5a AGE - Last Birthday (Yrs) 69	5b UNDER 1 YEAR MOS DAYS	5c UNDER 1 DAY HOURS MINS	6 DATE OF BIRTH (Month, Day, Year) March 18, 1923	
7 SOCIAL SECURITY NUMBER 505-20-7762		8a PLACE OF DEATH HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
8b FACILITY - Name (If not institution, give street and number) Clarkson Hospital		8c CITY, TOWN OR LOCATION OF DEATH Omaha		8d INSIDE CITY LIMITS (Specify Yes or No) Yes	8e COUNTY OF DEATH Douglas	
9a RESIDENCE - STATE Nebraska	9b COUNTY Sarpy	9c CITY, TOWN OR LOCATION Papillion		9d STREET AND NUMBER (Including Zip Code) 12102 S. 114 St. 68138		9e INSIDE CITY LIMIT (Specify Yes or No) No
10 RACE - (e.g. White, Black, American Indian, etc.) (Specify) White		11 ANCESTRY (e.g. Italian, Mexican, German, etc.) (Specify) American		12 MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		13 NAME OF SPOUSE (If wife, give maiden name) Mary Lorraine Megal
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		14b KIND OF BUSINESS INDUSTRY Farming		15 EDUCATION (Specify only highest degree completed) 12th Elementary or Secondary (0-12) College (1-4 or 5-)		
16 FATHER - NAME FIRST MIDDLE LAST Carl F. Haug			17 MOTHER - MAIDEN NAME FIRST MIDDLE LAST Helen M. Paustin			
18 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If yes, give year and dates of services) No			19 INFORMANT - NAME - MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Mary Lorraine Haug: 12102 S. 114 St Papillion, NE 68138			
20a BURIAL, Cremation, Removal, Donation Burial		20b DATE April 27, 1992	20c CEMETERY OR CREMATORY - NAME Papillion Cemetery		20d LOCATION CITY OR TOWN STATE Papillion, Nebraska	
21 EMBALMER - SIGNATURE AND LICENSE NO. <i>[Signature]</i> 2263		22 FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Kahler-Dolce Mortuary: 441 N Washington, Papillion, NE 6804				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Malignant Lymphoma DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)						
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related			PART III IF FEMALE: WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes <input type="checkbox"/> No <input type="checkbox"/>		24 AUTOPSY (Specify Yes or No) No	
25 WAS CASE REFERRED TO MED. EXAMINER OR CORONER? (Specify Yes or No) No						
26a ACCIDENT, SUICIDE, HOMICIDE, UNDET. OR PENDING INVESTIGATION (Specify)		26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED		
26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE			
27a DATE OF DEATH (Mo., Day, Yr.) April 24, 1992		27b DATE SIGNED (Mo., Day, Yr.) April 28, 1992		27c TIME OF DEATH 2:45 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>/s/ Steven J. Wees, M.D.</i>	
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) _____			
29a 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 type="checkbox"/> NO		
31 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Steven J. Wees, M.D., 4242 Farnam St., Suite 650N, Omaha, NE 68131						
32a REGISTRAR <i>Donald J. Kestring, M.P.H.</i>				32b DATE FILED BY REGISTRAR (Mo., Day, Yr.) MAY 1 1992		

This certifies this document to be a true copy of an original record on file with the Vital Statistics Section of the 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: MAY 1 1992 Donald J. Kestring, M.P.H.
(Registrar)

1234

Filed For Record 5-28-92 at 4:15 P M
Instrument # 92-010533
Carol A. Gavin Registrar of Deed Sarpy Cty NE

Proof	<u>[Signature]</u>
Fee	<u>[Signature]</u>
Checked	<u>[Signature]</u>
Fee \$	<u>5.50</u>

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