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*Platt*

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

APR 8 2002  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES SYSTEM

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT  
VITAL STATISTICS  
CERTIFICATE OF DEATH

02 03879

1. DECEASED - NAME FIRST MIDDLE LAST Mary Agnes Nomoc			2. SEX female	3. DATE OF DEATH (Month Day Year) March 26, 2002
4. CITY AND STATE OF BIRTH (If not in U.S.A., name country) Dwight, Nebraska		5a. AGE - Last Birthday (Yrs) 90	5b. UNDER 1 YEAR MONTHS DAYS 0 0	6. DATE OF BIRTH (Month Day Year) March 22, 1912
7. SOCIAL SECURITY NUMBER 445-36-3563		8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		
9a. CITY/TOWN OR LOCATION OF DEATH Wahoo		9b. COUNTY OF DEATH Saunders		
10. RESIDENCE - STATE Nebraska	11. COUNTY Saunders	12. CITY/TOWN OR LOCATION Wahoo	13. STREET AND NUMBER (Including Zip Code) 126 N. Broadway 68066	
14. RACE (Ind. W, Br, A, Am, O, J) White	15. ANCESTRY (Ind. I, H, M, C, O, S, O, I) Czech	16. MARRIAGE STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		17. NAME OF SPOUSE (If wife, give maiden name) Frank M. Nemecc
18. USUAL OCCUPATION (Give kind of work done during most of working life, enter # if relevant) homemaker		19. KIND OF BUSINESS INDUSTRY own home		20. EDUCATION (Specify only highest grade completed) 8 Elementary or Secondary (8-12) College (11-14 or 15-17)
21. FATHER - NAME FIRST MIDDLE LAST Michael --- Linhart		22. MOTHER - NAME FIRST MIDDLE MAIDEN SURNAME Marie --- Stastny		
23. WAS DECEASED EVER IN U.S. ARMED FORCES? no		24. INFORMANT - NAME Frank M. Nemecc		
25. INFORMANT MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 126 N. Broadway Wahoo, Nebraska 68066				
26. EMPLOYER - SIGNATURE & LICENSE NO. <i>Jani Subada 792</i>	27. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation	28. DATE April 1, 2002	29. CEMETERY OR CREMATORY - NAME St. Wenceslaus Cemetery	
30. FUNERAL HOME NAME Svoboda Funeral Home	31. CEMETERY OR CREMATORY LOCATION Wahoo, Nebraska		32. CITY OR TOWN STATE	
33. FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 211 North Linden Wahoo, Nebraska 68066-1954				
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PERTINENT FOR (a), (b), AND (c)) PART I (a) <i>Cardiac respiratory Arrest</i> (b) <i>UTI, Abscesses Colon carcinoma</i> (c) <i>Uretrovillous fistula from radiation, Her depression M.D. this</i> Interval between onset and death: Days Interval between onset and death: Days Interval between onset and death: Days				
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the cause of death PART II 23a. PREGNANCY IN THE PAST 3 MONTHS? (April 10-54) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 23b. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 23c. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
36. DATE OF INJURY (Mo Day Yr) 3-26-02		37. HOUR OF INJURY M		
38. INJURY AT WORK Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		39. PLACE OF INJURY - All home, farm, street, factory, office building, etc. (Specify)		
40. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE		41. DATE SIGNED (Mo Day Yr) 3-28-02		
42. TIME OF DEATH 1745		43. PROMOUNCED DEAD (Mo Day Yr) 3-28-02		
44. In the best of my knowledge, death occurred at the time, date and place and due to the causes stated. (Signature and Title) <i>M. Hancock MD</i>				
45. TOBACCO USE CONTRIBUTIVE TO THE DEATH? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> UNKNOWN		46. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		47. WAS CONSENT GRANTED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
48. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Nailla Haroon M.D. 735 West 10th St. Wahoo, Nebraska 68066				
49. REGISTRAR <i>Stanley S. Cooper</i>			50. DATE FILED BY REGISTRAR (Mo Day Yr) APR 4 2002	

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