COUNTER ah CE ah
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PROOF
FEES $ P 16.00
CHECK # 10478
CHG CASH
REFUND CREDIT
SHORT NCR

FILED SARPY COUNTY NEBRASKA
INSTRUMENT NUMBER

2014-20733

09/17/2014 11 16 05 AM

Lloyd J. Dowding

REGISTER OF DEEDS

Lots 1, 2 & 4 Neitzels Corner, Sarpy County, Nebraska.

THIS PAGE ADDED FOR RECORDING INFORMATION.

DOCUMENT STARTS ON NEXT PAGE.

LLOYD J. DOWDING

SARPY COUNTY REGISTER OF DEEDS
Steven J. Stastny, Deputy
1210 GOLDEN GATE DRIVE, # 1230
PAPILLION, NE 68046-2842
402-593-5773

RXR
Joyce Neitzel
P.O. BOX 191
Springfield, Ne
68059

SCRoD Form 1, Dated 9-5-2013

2014-20733 A

STATE OF NEBRASKA

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

DATE OF ISSUANCE

OCT 0 5 2009
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA – DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT

09 28606

CERTIFICATE OF DEATH

To Be Completed/Verified by FUNERAL DIRECTOR

1 DECEDENT S NAME (First, Middle, Last Suffix): Rose Marie Neitzel
2 SEX: Female
3 DATE OF DEATH (Mo, Day, Yr): September 10, 2009
4 CITY AND STATE OR TERRITORY OR FOREIGN COUNTRY OF BIRTH: Omaha, Nebraska
5a AGE Last Birthday (Yrs): 79
5b UNDER 1 YEAR MOS DAYS
5c UNDER 1 DAY HOURS MINS
6 DATE OF BIRTH (Mo, Day Yr): May 2, 1930
7 SOCIAL SECURITY NUMBER: [redacted]
8a PLACE OF DEATH: HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home/LTC ☐ Hospice Facility ☒ Decedent s Home ☐ Other (Specify)
8b FACILITY-NAME (If not institution give street and number): 250 North 7th Street
8c CITY OR TOWN OF DEATH (Include Zip Code): Springfield
8d COUNTY OF DEATH: Sarpy
9a RESIDENCE STATE: Nebraska
9b COUNTY: Sarpy
9c CITY OR TOWN: Springfield
9d STREET AND NUMBER: 250 North 7th Street
9e APT NO
9f ZIP CODE: 68059
9g INSIDE CITY LIMITS: ☒ YES ☐ NO
10a MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Never Married ☐ Married but separated ☐ Widowed ☐ Divorced ☐ Unknown
10b NAME OF SPOUSE (First, Middle, Last, Suffix) If wife give maiden name: Donald Neitzel
11 FATHER S NAME (First, Middle, Last, Suffix): Carl - Gottsch
12 MOTHER'S NAME (First Middle Maiden Surname): Jessie - Critchfield
13 EVER IN U S ARMED FORCES? Give dates of service if yes (Yes no, or unk): No
14a INFORMANT NAME: Donald Neitzel
14b RELATIONSHIP TO DECEDENT: Husband
15 METHOD OF DISPOSITION: ☒ Burial ☐ Donation ☐ Cremation ☐ Entombment ☐ Removal ☐ Other (Specify)
16a EMBALMER SIGNATURE: Boyd R Beamon
16b LICENSE NO: 1125
16c DATE (Mo Day Yr): September 14, 2009
16d CEMETERY, CREMATORY OR OTHER LOCATION: Springfield Cemetery
CITY / TOWN: Springfield
STATE: Nebraska
17a FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town State): Kahler-Dolce Mortuary 441 North Washington Street Papillion NE
17b Zip Code: 68046-2231

To Be Completed by CERTIFIER

CAUSE OF DEATH (See instructions and examples)

18 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

		APPROXIMATE INTERVAL
IMMEDIATE CAUSE (Final disease or condition resulting in death)	IMMEDIATE CAUSE (a) Cerebrovascular Accident	onset to death: immediate
Sequentially list conditions, if any, leading to the cause listed on line a	DUE TO, OR AS A CONSEQUENCE OF (b)	onset to death
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	DUE TO OR AS A CONSEQUENCE OF (c)	onset to death
	DUE TO OR AS A CONSEQUENCE OF (d)	onset to death

18 PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not resulting in the underlying cause given in PART I: Atrial Fibrillation
19 WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☒ YES ☐ NO
20 IF FEMALE: ☒ 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
21a MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
21b IF TRANSPORTATION INJURY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
21c WAS AN AUTOPSY PERFORMED? ☐ YES ☒ NO
21d WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☐ YES ☐ NO
22a DATE OF INJURY (Mo, Day Yr)
22b TIME OF INJURY m
22c PLACE OF INJURY At home, farm, street factory, office building, construction site etc (Specify)
22d INJURY AT WORK? ☐ YES ☐ NO
22e DESCRIBE HOW INJURY OCCURRED
22f LOCATION OF INJURY STREET & NUMBER, APT NO CITY/TOWN STATE ZIP CODE

To be completed by Attending PHYSICIAN ONLY

23a DATE OF DEATH (Mo Day, Yr): September 10, 2009
23b DATE SIGNED (Mo Day Yr): September 15 2009
23c TIME OF DEATH: 8:14 A.m
23d To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) ▼: Fredrick J. Schwartz M.D.

To be completed by CORONER'S PHYSICIAN or COUNTY ATTORNEY ONLY

24a DATE SIGNED (Mo, Day Yr)
24b TIME OF DEATH m
24c PRONOUNCED DEAD (Mo, Day Yr)
24d TIME PRONOUNCED DEAD m
24e 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) ▼

25 DID TOBACCO USE CONTRIBUTE TO THE DEATH? ☐ YES ☒ NO ☐ PROBABLY ☐ UNKNOWN
26a HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? ☐ YES ☒ NO
26b WAS CONSENT GRANTED? Not Applicable if 26a is NO ☐ YES ☒ NO
27 NAME TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print): Fredrick J. Schwartz, 1109 S 84th St. Papillion, NE 68046
28a REGISTRAR'S SIGNATURE: Stanley S. Cooper
28b DATE FILED BY REGISTRAR (Mo Day, Yr): OCT 1 2009

HHS-61 11/03 (55061)