

BOOK 1103 PAGE 301

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

264755

1. DECEDENT - NAME FIRST: Richard, MIDDLE: Albert, LAST: Matlock			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) October 31, 1993	
4. CITY AND STATE OF BIRTH (If not in U.S.A., name country) Omaha, Nebraska			5a. AGE - Last Birthday (Yrs.) 61	5b. UNDER 1 YEAR MO: , DAYS: , HOURS: , MINS:	6. DATE OF BIRTH (Month, Day, Year) June 16, 1932
7. SOCIAL SECURITY NUMBER 507 26 9417			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) VA Medical Center			8c. CITY, TOWN OR LOCATION OF DEATH Omaha		
9a. RESIDENCE - STATE Nebraska			9b. COUNTY OF DEATH Douglas		
9c. CITY, TOWN OR LOCATION Omaha			9d. STREET AND NUMBER (Including Zip Code) 2605 Grant Street		
10. RACE - (e.g., White, Black, American Indian, etc.) (Specify) Black			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) Ruth E. Willis		
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foundry Worker			14b. KIND OF BUSINESS INDUSTRY Steel Company		
15. FATHER - NAME FIRST: Richard, MIDDLE: -, LAST: Matlock, Sr.			16. MOTHER - MAIDEN NAME FIRST: Madie, MIDDLE: -, LAST: Bowers		
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes			18. VA Medical Center, 4101 Woolworth Av Omaha Ne 68105		
19. BIRTHAL, Cremation, Removal, Donation Cremation			20. DATE Nov. 2, 1993		
21. EMBALMER - SIGNATURE & LICENSE NO. /s/ Janet Thomas-Caston #2438			22. FUNERAL HOME - NAME AND ADDRESS Thomas Funeral Home, 3920 No. 24th St., Omaha, NE 68110		
23. IMMEDIATE CAUSE (a) Respiratory Arrest (b) Adenocarcinoma of Pylorus with Metastases (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related			24. AUTOPSY (Specify Yes or No) No		
25. ACCIDENT, SUICIDE, HOMICIDE, UNDET. OR PENDING INVESTIGATION (Specify) No			26. DATE OF INJURY (Mo., Day, Yr.) No		
27. DATE OF INJURY (Mo., Day, Yr.) No			28. HOUR OF INJURY No		
29. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) No			30. LOCATION No		
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