

LOT SIXTY (60), ORIGINAL TOWN OF HARVARD, CLAY COUNTY, NEBRASKA.

FILED JUNE 20, 1994 AT 10:00 A.M. IN BOOK 36 OF MISC. ON PAGE 316.

JANET HAJNY, COUNTY CLERK, NANCY OVERTURF, DEPUTY CLERK.



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

DATE OF ISSUANCE
SEP 27 1988
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

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

DECEDENT - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)	
1		Glen	Leroy	Payne	2 Male	3 September 19, 1988	
RACE - (e.g., White, Black, American Indian, etc.) (Specify)		ORIGIN/DESCENT (e.g., Italian, Mexican, German, etc.) (Specify)		AGE - Last Birthday (Yrs.)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.)
4 White		5 American		6a. 73	6b.	6c.	7 May 21, 1915
CITY AND STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	NAME OF SPOUSE (If wife, give maiden name)		
8 Amoret, Missouri		9 U.S.A.		10 Married	11 Lillian Glantz		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		COUNTY OF DEATH	
12 493-12-6307		13a Farm Owner		13b Farming		14a Hall	
CITY, TOWN OR LOCATION OF DEATH		INSIDE CITY LIMITS (Specify Yes or No)	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)		IF HOSP. OR INST. Indicate DOA. Outpatient/Emar. Em. Inpatient (Specify)		
14b Grand Island, Ne.		14c Yes	14d Nebr. Vets Hospital		14e Inpatient		
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a Nebr.	15b Clay	15c Harvard		15d 512 N. Fillmore		15e Yes	
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST MIDDLE LAST
16		Adam	Frank	Payne	17		Laura Mae Withrow
WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk) (If yes, give - yr and date of service)		INFORMANT - NAME - RELATIONSHIP - MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
18 Yes April 1942 to Nov 1945		19 Lillian Payne-Wife- 512 N. Fillmore Harvard, NE		68944			
BURIAL, Cremation, Removal DATE		CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE			
20a Burial		20b Sept. 23, 1988		20c Harvard Cemetery		20d Harvard, Nebraska	
EMBALMER - SIGNATURE & LICENSE NO.		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
21 Murray Wilson #2390		22 Alberding-Wilson Funeral Home Box 8 Harvard, NE					
DATE OF DEATH (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
23a September 19, 1988		23b September 23, 1988		23c 1:30 P M		23d	
To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.		23d (Signature and Title)		24a PRONOUNCED DEAD (Mo., Day, Yr.)		24b PRONOUNCED DEAD (Hour)	
23d (Signature and Title)		24a (Signature and Title)		24c		24d	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print)							
25 Hugh J. Woods, M.D., VA Medical Center, 2201 N. Broadwell, Grand Island, NE 68803							
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)					
26a (Signature)		26b SEP 27 1988					
27 IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I							
(a) Pneumonia		Interval between onset and death 3 Days					
(b) Cancer of lung with metastases		Interval between onset and death 7 Months					
(c)		Interval between onset and death					
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?		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)	
II Organic brain syndrome		Yes () No ()		28 No		29 NO	
ACCIDENT, SUICIDE, HOMICIDE, UNDET. OR PENDING INVESTIGATION (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
30a		30b		30c M		30d	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No CITY OR TOWN STATE	
30e		30f					