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THE ABOVE SPACE IS RESERVED FOR THE REGISTER OF DEEDS RECORDING INFORMATION

#29

**DEATH CERTIFICATE COVER SHEET**

LEGAL DESCRIPTION see attached

LOT(S): \_\_\_\_\_

BLOCK: \_\_\_\_\_

ADDITION: \_\_\_\_\_

**UCC COVER SHEET**

UCC (NEW, CONTINUATION, ASSIGNMENT, AMENDMENT, CORRECTION)

RELEASE OF UCC

TERMINATION OF UCC

ATTACHMENTS - QTY. \_\_\_\_\_

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CERTIFICATE OF DEATH

356412

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Joseph John Skudlarek			2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) October 9, 2014	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Omaha, Nebraska			5a. AGE-Last Birthday (Yrs.) 91		5b. UNDER 1 YEAR MO. DAYS HOURS MINS.	
7. SOCIAL SECURITY NUMBER			8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA OTHER: <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other(Specify)			
8b. FACILITY NAME (if not institution, give street and number) Douglas County Health Center			8c. CITY OR TOWN OF DEATH (include Zip Code) Omaha 68105			
8d. RESIDENCE-STATE Nebraska			8e. COUNTY Douglas		8f. CITY OR TOWN Omaha	
9d. STREET AND NUMBER 2820 South 80th Street			9e. APT. NO.		9f. ZIP CODE 68124	
9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
10a. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown			10b. NAME OF SPOUSE (First, Middle, Last, Suffix) if wife, give maiden name. Philomena Pawlowicz			
11. FATHER'S NAME (First, Middle, Last, Suffix) Joseph John Skudlarek			12. MOTHER'S NAME (First, Middle, Maiden Surname) Lucille Weiczorek			
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, Mo, or Unk.) Yes 01/30/1943-11/02/1945			14a. INFORMANT NAME Philomena Skudlarek		14b. RELATIONSHIP TO DECEDENT Wife	
15. METHOD OF DEPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other(Specify)			15a. DECEASED'S SIGNATURE <i>Philomena Skudlarek</i>		15b. LICENSE NO. 1363	
15c. DATE (Mo., Day, Yr.) October 13, 2014			16. CEASED TO BE A CONSEQUENCE OF: 16a. CEMETERY, CREMATORY OR OTHER LOCATION Calvary Mausoleum			
16b. CITY/TOWN Omaha			16c. STATE Nebraska			
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Heafey-Heafey-Hoffmann-Dworak & Cutler, 7805 W Center Road, Omaha, Nebraska						17b. Zip Code 68124
<b>CAUSE OF DEATH (See instructions and examples)</b>						
18. PART I. Enter the <u>direct</u> cause, disease, injury, or complication that directly caused the death. DO NOT state medical events such as stroke, aneurysm, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ASSUMES. Enter only one cause on a line. Add additional lines if necessary.						APPROXIMATE INTERVAL closest to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a) Colon cancer - metastatic to liver						closest to death
DUE TO, OR AS A CONSEQUENCE OF: b) Anemia						closest to death
Sequentially list conditions, if any, leading to the cause listed on line a. c) Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						closest to death
18. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I						19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 43 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			21a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		21b. IF TRANSPORTATION INJURY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
21c. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		22e. DESCRIBE HOW INJURY OCCURRED				
22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO.		CITY/TOWN		STATE		ZIP CODE
23a. DATE OF DEATH (Mo., Day, Yr.) Oct 9, 2014			23b. DATE SIGNED (Mo., Day, Yr.) Oct 14, 2014		23c. TIME OF DEATH 12:12P 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) <i>Brenda K. Keller MD</i>			23e. 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 THIS DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN			25a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25b. WAS CONSENT GRANTED? Not Applicable if 25a is NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Brenda K. Keller MD 68155 Nebraska Medicine Omaha NE 68198-6155						
28a. REGISTRAR'S SIGNATURE <i>Adrian J. ...</i>						28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) OCT 20 2014

To Be Completed/Verified by: FUNERAL DIRECTOR

To Be Completed by: CERTIFIER

This certifies that this document is a true copy of an original record on file with Vital Statistics, Douglas County Health Dept., Omaha, Nebraska. Certified copies must have a raised seal in the area to the left. Reproduction of this document certificate are not legal copies.

Date Issued: OCT 20 2014 Registrar: Adrian J. ...

WEST TWO HUNDRED TWENTY-FOUR AND SEVEN-TENTHS (224.7) FEET OF TAX LOT EIGHT (8), EXCEPTING THE NORTH, WESTERLY AND SOUTHERLY PARTS THEREOF TAKEN OR CONVEYED FOR GROVER STREET, FORTY-SECOND STREET AND INTERSTATE HIGHWAY, ALL SITUATE IN THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER (NW1/4SE1/4) OF SECTION THIRTY-TWO (32), IN TOWNSHIP FIFTEEN (15) NORTH, IN RANGE THIRTEEN (13) EAST OF THE SIXTH P. M., IN THE CITY OF OMAHA, IN DOUGLAS COUNTY, NEBRASKA;