

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. 787

Yost

1. DECEDENT'S NAME (First, Middle, Last) FRANKLIN G. BARTOSH 2. SEX Male

3. DATE OF DEATH (Month, Day, Year) March 8, 1989 4. SOCIAL SECURITY NUMBER 508-48-4348 5a. AGE-Last Birthday (years) 69 5b. UNDER 1 YEAR Months 5c. UNDER 1 Day Hours Minutes

6. DATE OF BIRTH (Month, Day, Year) September 24, 1919 7. BIRTHPLACE (City and State or Foreign Country) Dodge, Nebraska 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes

9a. PLACE OF DEATH (Check only one; see instructions on other side) 9b. INSIDE CITY LIMITS? (Yes or No) Yes

10. HOSPITAL: (X) Inpatient () ER/Outpatient () DOA OTHER: () Nursing Home () Residence () Other (Specify) 11. CITY, TOWN, OR LOCATION OF DEATH Fort Myers 12. SURVIVING SPOUSE (If wife, give maiden name) Helen D. Gerths

13a. FACILITY NAME (If not institution, give street and number) SW. Florida Regional Medical Center 13b. COUNTY OF DEATH Lee

14. DECEDENT'S USUAL OCCUPATION Owner 15. KIND OF BUSINESS/INDUSTRY Farming 16. MARITAL STATUS Married 17. SURVIVING SPOUSE (If wife, give maiden name) Helen D. Gerths

18a. RESIDENCE - STATE Florida 18b. COUNTY Lee 18c. CITY, TOWN, OR LOCATION Fort Myers 18d. STREET AND NUMBER 1732 Whiskey Creek Drive

19a. INSIDE CITY LIMITS? (Yes or No) No 19b. ZIP CODE 33919 20. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Cuban, Mexican, Puerto Rican, etc.) No 21. RACE - American Indian, Black, White, etc. Specify White 22. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary 10-12 12 College (1-4 & 5 +)

23. FATHER'S NAME (First, Middle, Last) Frank E. Bartosh 24. MOTHER'S NAME (First, Middle, Maiden Surname) Josephine Vlach

25. INFORMANT'S NAME (Type/Print) Helen Bartosh 26. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1732 Whiskey Creek Drive Fort Myers, Florida 33919

27a. METHOD OF DISPOSITION () Burial () Cremation (X) Removal from State () Donation () Other (Specify) 27b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Scribner Cemetery 27c. LOCATION - City or Town, State Scribner, Nebraska

28a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Charles E. Engelhart 28b. LICENSE NUMBER (of Licensee) 1635 28c. NAME AND ADDRESS OF FACILITY Anderson Funeral Home P.A. 3654 Palm Beach Blvd. Fort Myers, Florida 33916

29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) Edward W. Salko, Jr., M.D. 29b. DATE SIGNED (Mo., Day, Yr.) March 10, 1989 29c. HOUR OF DEATH 1:50 A.M.

30a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Edward W. Salko, Jr., M.D. 2134 McGregor Blvd. Fort Myers, Florida 33901 30b. DATE SIGNED (Mo., Day, Yr.) March 10, 1989 30c. HOUR OF DEATH 1:50 A.M.

31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Edward W. Salko, Jr., M.D. 2134 McGregor Blvd. Fort Myers, Florida 33901 32a. SUBREGISTRAR - SIGNATURE AND DATE March 10, 1989 32b. LOCAL REGISTRAR - SIGNATURE Marlon J. Holloman, Jr. 32c. DATE REGISTERED March 10, 1989

33. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or brain failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiorespiratory Arrest

34. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of) Atherosclerotic Heart Disease

35. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of) Dissection of Thoracic Aorta

36. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of) Atherosclerotic Coronary Artery Disease

37. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Hypertension

38. 27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No 27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) No 28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) No

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? () YES (X) NO 30a. IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED. 30b. DATE OF SURGERY (Mo., Day, Year)

31. PROBABLE MANNER OF DEATH (Specify) Accident, suicide or homicide, or undetermined M 32a. DATE OF INJURY (Month, Day, Year) 32b. TIME OF INJURY 32c. INJURY AT WORK? (Yes or No) 32d. DESCRIBE HOW INJURY OCCURRED

33a. PLACE OF INJURY - At home () In 33b. LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH BY CERTIFIER

INJURY

BOOK 90

The Northwest Quarter of the Northwest Quarter ($NW\frac{1}{4} NW\frac{1}{4}$), Section 16, Township 20, Range 5 East of the 6th P.M., Dodge County, Nebraska;

From the Southwest corner of Section 9, Township 20 North, Range 5 East; thence North along the West line of said Section 9 a distance of 1330.16 feet to the Northwest corner of the South Half of the Southwest Quarter of said section; thence $N89^{\circ}53'08''E$ on the North line of said South Half of the Southwest Quarter a distance of 861.66 feet to the point of beginning; thence $S0^{\circ}06'52''E$ a distance of 518.21 feet; thence $N89^{\circ}53'08''E$ a distance of 752.75 feet; thence $S2^{\circ}47'03''W$ a distance of 813.43 feet to a point on the South line of Section 9; thence East along said South line to the Southeast corner of the South Half of the Southwest Quarter; thence North along the East line of said South Half of the Southwest Quarter to the Northeast corner of the South Half of the Southwest Quarter; thence West along the North line of the South Half of the Southwest Quarter to the point of beginning; lying in the South Half of the Southwest Quarter of Section 9, Township 20 North, Range 5 East of the 6th P.M., Dodge County, Nebraska; NOTE: Legal description of Tax lot 4 taken from the Tax Lot Descriptions of the Dodge County Assessor;

The Southeast Quarter of the Northwest Quarter ($SE\frac{1}{4} NW\frac{1}{4}$), the South Half of the Southwest Quarter of the Northwest Quarter ($S\frac{1}{2} SW\frac{1}{4} NW\frac{1}{4}$), Section 9, Township 20, Range 5 East of the 6th P.M., Dodge County, Nebraska;