

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

Amended February 17, 1981

1. DECEASED - NAME FIRST: Beverly, MIDDLE: Jean, LAST: Schneider		2. SEX: female	3. DATE OF DEATH (Mo., Day, Yr.): February 1, 1981
4. RACE - (e.g., White, Black, American Indian, etc.) (Specify): White	5. ORIGIN/DESCENT (e.g., Italian, Mexican, German, etc.) (Specify): American	6a. AGE - last birthday (Yrs.): 50	6b. UNDER 1 YEAR: MOS: 6c. UNDER 1 DAY: HOURS: 6d. UNDER 1 DAY: MINS: 7. DATE OF BIRTH (Mo., Day, Yr.): 1-19-1931
8. CITY AND STATE OF BIRTH (If not in U.S.A., name country): Lincoln, Nebraska	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	11. NAME OF SPOUSE (If wife, give maiden name): Leonard Schneider
12. SOCIAL SECURITY NUMBER: 506 30 6696	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker	13b. KIND OF BUSINESS OR INDUSTRY:	14. COUNTY OF DEATH: Lancaster
14b. CITY, TOWN OR LOCATION OF DEATH: Lincoln, Nebraska	14c. INSIDE CITY LIMITS (Specify Yes or No): yes	14d. HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number): Bryan Memorial Hosp.	14e. IF HOSP OR INST Indicate DOA, Outpatient, Emer. Rm., Inpatient (Specify): Inpatient
15a. RESIDENCE - STATE: Nebraska	15b. COUNTY: Lancaster	15c. CITY, TOWN OR LOCATION: Lincoln	15d. STREET AND NUMBER: 3766 B Street
16. FATHER - NAME: Hugo F. Staley	17. MOTHER - MAIDEN NAME: Marie Lenhardt	18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If yes, give war and dates of service): no	
19. BURIAL, Cremation, Removal: Burial	20a. DATE: 2-4-1981	20b. CEMETERY OR CREMATORY - NAME: Lincoln Memorial Park	20c. LOCATION: Lincoln, Nebraska
21. EMBALMER - SIGNATURE & LICENSE NO: Stephen D. O'Brien 2206	22. FUNERAL HOME - NAME AND ADDRESS: Hodgman, Splain, Roberts, 4040A St Lincoln, Nebr.	23. DATE SIGNED (Mo., Day, Yr.): 2-1-81	
23a. DATE SIGNED (Mo., Day, Yr.): 2-4-81	23b. HOUR OF DEATH: 7:15 P.M.	24a. PRONOUNCED DEAD (Mo., Day, Yr.):	24b. PRONOUNCED DEAD (Hour):
23c. To the best of my knowledge, death occurred at the time, date and place stated due to the cause(s) stated: <i>Leonard R. Lee, M.D.</i>			
23d. (Signature and Title): <i>Leonard R. Lee, M.D.</i>			
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print): Leonard R. Lee, M.D., P.C., 120 Wedgewood Drive, Suite A, Lincoln, Ne. 68510			
25. REGISTRAR: <i>[Signature]</i>	26b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): FEB 10 1981		
27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			Interval between onset and death
(a) <i>Respiratory Failure</i>			<i>24 hrs.</i>
(b) DUE TO, OR AS A CONSEQUENCE OF: <i>Multiple Sclerosis</i>			Interval between onset and death: <i>17 years.</i>
(c) PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related			Interval between onset and death:
28. ACCIDENT, SUICIDE, HOMICIDE, UNDET. OR PENDING INVESTIGATION (Specify):		29. DATE OF INJURY (Mo., Day, Yr.):	30. HOUR OF INJURY:
30a. INJURY AT WORK (Specify Yes or No):		30b. PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify):	30c. DESCRIBE HOW INJURY OCCURRED:
30e. LOCATION: STREET OR R.F.D. No:		CITY OR TOWN STATE:	

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE ABOVE 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.

*Freda Theis*  
DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR  
LINCOLN, NEBRASKA  
Issued February 17, 1981

INDEXED  
MICRO-FILED  
GENERAL

3A-343  
*Wills*

LANCASTER COUNTY, NEBR.

*Dan J. [Signature]*  
REGISTER OF DEEDS

1983 DEC -7 PM 1:48

\$5.50

NUMBER OF COPIES  
FILED FOR RECORDS:

INST. NO. 83- 27752

*Leonard Schneider*  
1241 No 10 St  
Cash