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REGISTER OF DEEDS

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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
JUN 21 1996
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
NEBRASKA DEPARTMENT OF HEALTH

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

1. DECEDENT - NAME FIRST: Elmer, MIDDLE: Lavern, LAST: Christiansen			2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): June 19, 1996
4. CITY AND STATE OF BIRTH (If not in U.S.A., name country): Upland, Nebraska			5a. AGE - Last Birthday (Yrs): 89	5b. DATE OF BIRTH (Month, Day, Year): May 29, 1907
7. SOCIAL SECURITY NUMBER: 506-42-6674		8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient, <input type="checkbox"/> ER Outpatient, <input type="checkbox"/> OCA, <input checked="" type="checkbox"/> Nursing Home, <input type="checkbox"/> Residence, <input type="checkbox"/> Other (Specify):		
8b. FACILITY - Name: Eastmont Care Center		8c. CITY, TOWN OR LOCATION OF DEATH: Lincoln		
9a. RESIDENCE - STATE: Nebraska		9b. COUNTY: Lancaster		9c. CITY, TOWN OR LOCATION: Lincoln
9d. STREET AND NUMBER (Including Zip Code): Rural Route 3 68507		9e. INSIDE CITY LIMITS: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
10. RACE (Specify): White		11. ANCESTRY (Specify): Danish		12. MARRIED: <input checked="" type="checkbox"/> NEVER MARRIED: <input type="checkbox"/> WIDOWED: <input type="checkbox"/> DIVORCED: <input type="checkbox"/>
13. NAME OF SPOUSE (If wife, give maiden name): Helen Modine		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer		
14b. KIND OF BUSINESS INDUSTRY: Agriculture		15. EDUCATION (Specify only highest grade completed): 12		
16. FATHER - NAME: Frank Christiansen		17. MOTHER - NAME: Harriett Seberg		
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No		19a. INFORMANT - NAME: Helen Christiansen		
19b. MAILING ADDRESS: Rural Route 3 Lincoln, Nebraska 68507		20. EMBALMER, SIGNATURE & LICENSE NO.: <i>J. Roper Lavin 1173</i>		
21a. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial, <input type="checkbox"/> Removal, <input type="checkbox"/> Cremation, <input type="checkbox"/> Donation		21b. DATE: June 22, 1996		
21c. CEMETERY OR CREMATORY - NAME: Lincoln Memorial Park		21d. CEMETERY OR CREMATORY LOCATION: Lincoln Nebraska		
22. FUNERAL HOME - NAME: Roper & Sons, Inc. 4300 'O' Street Lincoln, Nebraska 68510-1791				
23. IMMEDIATE CAUSE: RESPIRATORY FAILURE		Interval between onset and death: MINUTES		
23. DUE TO, OR AS A CONSEQUENCE OF: INABILITY TO HANDLE SECRETIONS/CHRONIC BRONCHITIS		Interval between onset and death: 1 WEEK		
23. DUE TO, OR AS A CONSEQUENCE OF: ALZHEIMER'S DEMENTIA		Interval between onset and death: 4-5 YEARS		
24. PART III IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 10-54): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		24. AUTOPSY: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		25. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
26a. DATE OF INJURY (Mo, Day, Yr.):		26b. HOUR OF INJURY: M		26c. DESCRIBE HOW INJURY OCCURRED:
27a. DATE OF DEATH (Mo, Day, Yr.): June 19 th , 1996		27b. DATE SIGNED (Mo, Day, Yr.): June 19, 1996		27c. TIME OF DEATH: 4:40 A.M.
28. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		30. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print): Timothy J. Stivins MD 1101 So. 70 th #100 LINCOLN NE 68510				
32a. REGISTRAR: <i>M. J. [Signature]</i>			32b. DATE FILED BY REGISTRAR (Mo, Day, Yr.): JUN 21 1996	

E 1/2 NW 1/4 E W 1/2 NE 1/4 W 1/2 SE 1/4, 2-10-7, Lancaster Co, NE (83 NW 1/4 L 16 NE 1/4 L 17 SE 1/4) check with [unclear] for [unclear]