

FILED SARPY CO. NE.
INSTRUMENT NUMBER
100-14607

2000 JUN 19 AM 11:07

John L. Wiley
REGISTER OF DEEDS

Counter 82
Verify JK
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Fee \$ 5.50
CK ☒ Cash ☐ Chg ☐

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT
VITAL STATISTICS

CERTIFICATE OF DEATH

291998

1 DECEDENT - NAME FIRST MIDDLE LAST Allen Dale Richardson			2 SEX Male	3 DATE OF DEATH (Month Day Year) June 4, 2000
4 CITY AND STATE OF BIRTH (If not in U.S.A., name country) Blanchard, Iowa		5a AGE - Last Birthday (Yr.) 74	5b UNDER 1 YEAR MOSES DAYS 74	6 DATE OF BIRTH (Month Day Year) August 23, 1925
7 SOCIAL SECURITY NUMBER [REDACTED]		8a PLACE OF DEATH HOSPITAL <input type="checkbox"/> Incident <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home ER Outpatient <input type="checkbox"/> Residence <input type="checkbox"/> OOA <input type="checkbox"/> Other (Specify):		
8b FACILITY - Name (If not institution, give street and number) Mercy Care Center		8c CITY TOWN OR LOCATION OF DEATH Omaha		
9a RESIDENCE - STATE Nebraska		9b COUNTY Douglas	9c CITY TOWN OR LOCATION Omaha	9d STREET AND NUMBER (including Zip Code) 1870 So. 75 Street 68124
10 RACE (e.g. White, Black, American Indian, etc.) (Specify) White		11 ANCESTRY (e.g. Italian, Mexican, German, etc.) (Specify) Irish/Swedish		12 MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
13a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		13b KIND OF BUSINESS INDUSTRY Agriculture		15 EDUCATION (Specify only highest grade completed) Elementary (1-8) Secondary (9-12) College (13-16) 10
16 FATHER - NAME FIRST MIDDLE LAST John Richardson		17 MOTHER - NAME FIRST MIDDLE MAIDEN SURNAME Edith Jackson		
18 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		19a INFORMANT - NAME Linda Kerr		
19b INFORMANT - MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP) 8906 Douglas Court, Omaha, Nebraska 68114				
20 EMBALMER - SIGNATURE & LICENSE NO. Not embalmed		21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Removal <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation		21b DATE 6-6-2000
22a FUNERAL HOME - NAME Heafey Hoffmann Dworak Cutler		21c CEMETERY OR CREMATORY - NAME Heafey Hoffmann Crematory		
22b FUNERAL HOME ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP) 7805 West Center Road, Omaha, Nebraska 68124		21d CEMETERY OR CREMATORY LOCATION CITY OR TOWN STATE Omaha, Nebraska		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) cardio pulmonary arrest Interval between onset and death immediate (b) chronic renal failure Interval between onset and death 10 years (c) polycystic kidney Interval between onset and death congenital				
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not listed above 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"/> 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		26c DESCRIBE HOW INJURY OCCURRED
27a DATE OF DEATH (Mo. Day, Yr.) 6/4/2000		27b DATE SIGNED (Mo. Day, Yr.) 6/5/2000		27c TIME OF DEATH 14:30 P. M.
28a DATE SIGNED (Mo. Day, Yr.)		28b TIME OF DEATH		28c PRONOUNCED DEAD (Mo. Day, Yr.)
28d PRONOUNCED DEAD (Hour)		29 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) <i>David Jasper</i>		
29 DID TOBACCO USE CONTRIBUTE TO THE DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>		30a HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		30b WAS CONSENT GRANTED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
31 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER, PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) David A. Jasper M.D. 11704 W Center Rd Omaha NE 68144				
32a REGISTRAR <i>John L. Wiley</i>			32b DATE FILED BY REGISTRAR (Mo. Day, Yr.) JUN 6 2000	

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

Date issued: **JUN 6 2000**

Registrar: *John L. Wiley*

14607

A one-half interest in Tract 3A, 1-13-10, Sarpy County, Nebraska