

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
 DEC 11 1986
 LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER, DIRECTOR
 BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH K-120 86 06000

DECEDENT - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)	
1		Edward	J.	Kobes	2 MALE	3 MAY 19, 1986	
RACE - (e.g., White, Black, American Indian, etc.) (Specify)		ORIGIN/DESCENT (e.g., Italian, Mexican, German, etc.) (Specify)		AGE - Last Birthday (Yrs.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)
4 WHITE		5 CZECH		6a 86	6b MOS.	6c HOURS	6d MINS.
CITY AND STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	NAME OF SPOUSE (If wife, give maiden name)		
8 WILBER, NEBRASKA		9 U.S.A.		10 MARRIED	11 ANNA WIT		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		COUNTY OF DEATH	
12 506-38-8800A		13a FARMER		13b AGRICULTURE 011		14a LANCASTER	
CITY, TOWN OR LOCATION OF DEATH		INSIDE CITY LIMITS (Specify Yes or No)	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)		IF HOSP OR INST. INDICATE DOA, Outpatient/Emer. Rm., Inpatient (Specify)		
14b LINCOLN		14c YES	14d BRYAN MEMORIAL HOSPITAL		14e INPATIENT		
RESIDENCE - STATE		COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)
15a NEBRASKA		15b SALINE	15c WILBER		15d 616 SOUTH HARRIS		15e YES
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		
16		JOSEPH		KOBES	17 ANNA BERNIKLAU		
WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If yes, give war and dates of service)		INFORMANT - NAME - RELATIONSHIP - MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
18 NO		19 WIFE: ANNA KOBES, 616 S HARRIS, WILBER, NE 68465					
BURIAL - Cremation, Removal, DATE		CEMETERY OR CREMATORY - NAME		LOCATION		CITY OR TOWN STATE	
20a BURIAL		20b MAY 22, 1986		20c WILBER CZECH CEMETERY		20d WILBER, NEBRASKA	
EMBALMER - SIGNATURE & LICENSE NO.		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
21 <i>Jan Brown/6A 2563</i>		22 ZAJICEK F.H., WILBER, NEBRASKA 68465					
To be Completed by Attending Physician Only	DATE OF DEATH (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
	23a 5/19/86		23b 5/19/86		24a		24b
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)
	23c		23d		24c		24d
To the best of my knowledge, death occurred at the time, date, and place stated and due to the cause(s) stated.							
25 Signature and Title: <i>Bob J. Bleicher M.D.</i>							
NAME AND ADDRESS OF CERTIFYING PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY (Type or Print)							
25 Bob J. Bleicher, M.D., 6301 North Cotner #203 Lincoln, NE 68505							
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)					
26a (Signature)		26b MAY 23 1986					
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death					
PART I (a) Pulmonary Embolism, Masive		Interval between onset and death					
(b) Out of hospital arrest with rib fractures		Interval between onset and death					
(c) Prostate CA on DES		Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related				PART III. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS?		AUTOPSY (Specify Yes or No)	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		28. yes	
ACCIDENT, SUICIDE, HOMICIDE, UNDET. OR PENDING INVESTIGATION (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
30a		30b		30c		30d	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
30a		30b		30c		30d	

*Index: No 44 526, 527 + 528
 Original Town, Wilber*

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From, Chg. and Return to:
 Steinacher, Vosoba and Hanson
 Lynn Lamberty
 P. O. Box 626
 Wilber, NE 68465
 Fee: \$5.50 Chg.

STATE OF NEBRASKA } ss
 SALINE COUNTY }
 Entered in numerical index and filed
 for record, the 18 day of August
 1987 at 4:45 o'clock P.M. and record-
 ed in Book 48 of Misc. Page 185
Thomas J. Dwyer
 County Clerk