

CERTIFICATE OF DEATH

DECEDENT - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)	
1. William				Bell, Jr.	Male	3 January 6, 1989	
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	DATE OF BIRTH (Mo., Day, Yr.)	
4. Black		5. American		6a. 88	MOS. DAYS	HOURS	7. Oct. 12 1900
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. Beirne, Arkansas		9. USA		10. Married	11. Albertine Hill		
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. 702-18-4031		13a. Chair Car Porter		13b. UP RAILROAD		14a. Douglas	
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. In., Inpatient (Specify)	
14b. Omaha		14c. Yes		14d. St. Joseph Hospital		14e. Inpatient	
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER	
15a. Nebraska		15b. Douglas		15c. Omaha		15d. 5711 No. 50th Avenue	
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST MIDDLE LAST
16. William				Bell, Sr.	17. Annie		Mae Gardener
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		19. Mrs. Albertine Bell, 5711 No. 50th Ave., Omaha, NE		20. 68104			
BURIAL, Cremation, Removal DATE		CEMETERY OR CREMATORY - NAME		LOCATION		CITY OR TOWN STATE	
20a. Burial		20b. January 10, 1989		20c. Forest Lawn Cemetery		20d. Omaha, Nebraska	
EMBALMER - SIGNATURE & LICENSE NO.		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		21. 2444			
21. /s/James E. Thomas #2444		22. Thomas Funeral Home, 3920 No. 24th St., Omaha, NE		23. 68110			
DATE OF DEATH (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		HOUR OF DEATH	
23a. January 6, 1989		23b. Jan. 19, 1989		23c. 12:20 AM		23d. M	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
23b. Jan. 19, 1989		23c. 12:20 AM		23d. M		23e. M	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.	
23d. (Signature and Title)		23e. (Signature and Title)		23f. (Signature and Title)		23g. (Signature and Title)	
23d. /s/Gerald Langdon, M.D.		23e. /s/Gerald Langdon, M.D.		23f. /s/Gerald Langdon, M.D.		23g. /s/Gerald Langdon, M.D.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print)							
23. Gerald Langdon, M.D., 119 No. 51 St Omaha, Nebr.							
REGISTRAR				DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			
24. Daniel J. Storking, M.P.H.				24b. JAN 27 1989			
26a. (Signature)		26b. (Signature)		26c. (Signature)		26d. (Signature)	
26a. Daniel J. Storking, M.P.H.		26b. Daniel J. Storking, M.P.H.		26c. Daniel J. Storking, M.P.H.		26d. Daniel J. Storking, M.P.H.	
27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
PART I		PART I		PART I		PART I	
(a) Carcinoma of pancreas		(a) Carcinoma of pancreas		(a) Carcinoma of pancreas		(a) Carcinoma of pancreas	
DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:	
(b)		(b)		(b)		(b)	
(c)		(c)		(c)		(c)	
PART II		PART II		PART II		PART II	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death, but not related		OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death, but not related		OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death, but not related		OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death, but not related	
28. Insulin dependent DM		28. Insulin dependent DM		28. Insulin dependent DM		28. Insulin dependent DM	
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	
30e.		30f.		30g.		30h.	

Lot 4s Block 3, Valley Heights Addition 54-34430
 Lot 7a and (4) Block 100 (97th & Harbach's Second Addition)
 07-17560

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

Date issued: **JAN 27 1989**
Daniel J. Storking, M.P.H.
 (Registrar)

1989
 14992
 FILED

RECEIVED
 FEB - 7 1989

BK 877 N 29 - C/O FEE 6.00
 PG 48 N 75A/104 DEL VK MC
 OF COMP F/B 54-34430
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