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DOUGLAS COUNTY HEALTH DEPARTMENT
VITAL STATISTICS SECTION - OMAHA, NEBRASKA
CERTIFICATE OF DEATH

263389

1. DECEDENT - NAME FIRST: Anna, MIDDLE: E., LAST: Stender			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) July 1, 1993	
4. CITY AND STATE OF BIRTH (If not in U.S.A., name country) Millard, Nebraska		5a. AGE - Last Birthday (Yrs.) 82	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS.	6. DATE OF BIRTH (Month, Day, Year) October 29, 1910
7. SOCIAL SECURITY NUMBER 508-72-2294		8a. PLACE OF DEATH HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
8b. FACILITY - Name (If not institution, give street and number) Bergan Mercy Medical Center		8c. CITY, TOWN OR LOCATION OF DEATH Omaha		8d. INSIDE CITY LIMITS (Specify Yes or No) Yes	8e. COUNTY OF DEATH Douglas
9a. RESIDENCE - STATE Nebraska		9b. COUNTY Douglas		9c. CITY, TOWN OR LOCATION Elkhorn	
9d. STREET AND NUMBER (Including Zip Code) 21201 Q Street		9e. INSIDE CITY LIMITS (Specify Yes or No) No		9f. ZIP CODE 68022	
10. RACE - (e.g., White, Black, American Indian, etc.) (Specify) White		11. ANCESTRY (e.g., Italian, Mexican, German, etc.) (Specify) American		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
13. NAME OF SPOUSE (If wife, give maiden name) Roy F. Stender		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Wife/Homemaker		14b. KIND OF BUSINESS INDUSTRY Farming	
14c. EDUCATION (Specify only highest grade completed) 10th		15. FATHER - NAME FIRST: August, MIDDLE: , LAST: Sohl Sr.		15. MOTHER - MAIDEN NAME FIRST: Anna, MIDDLE: , LAST: Ohm	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war and dates of services) No		17. INFORMANT - NAME - MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Roy F. Stender, 21201 Q Street, Elkhorn, NE 68022			
20a. BURIAL, Cremation, Removal, Donation Burial		20b. DATE July 3, 1993		20c. CEMETERY OR CREMATORY - NAME Pleasant Hill Cemetery	
20d. LOCATION Omaha, Nebraska		21. EMBLIMMER - SIGNATURE & LICENSE NO. Patricia Shannon 2567		22. FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Kahler-Dolce Mortuary, 441 N Washington, Papillion, NE 68046	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Severe aortic stenosis					
24. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
24. AUTOPSY (Specify Yes or No) No					
25. WAS CASE REFERRED TO MEDIC EXAMINER OR CORONER? (Specify Yes or No) No					
26a. ACCIDENT, SUICIDE, HOMICIDE, UNDET. OR PENDING INVESTIGATION (Specify)		26b. DATE OF INJURY (Mo., Day, Yr.)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED					
26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		26g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	
27a. DATE OF DEATH (Mo., Day, Yr.) July 1, 1993					
27b. DATE SIGNED (Mo., Day, Yr.) July 6, 1993					
27c. TIME OF DEATH 8:52AM					
27d. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Steven J. Feldhaus, M.D.					
28a. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		28b. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28c. WAS CONSENT GRANTED? <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) Steven J. Feldhaus, M.D., 7710 Mercy Road, Suite 207, Omaha, Nebraska 68124					
32a. REGISTRAR Daniel J. Kestring, M.P.H.				32b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JUL 9 1993	

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: JUL 12 1993
Daniel J. Kestring, M.P.H.
(Registrar)

EXHIBIT "A"

THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 8, TOWNSHIP 14
NORTH, RANGE 11, EAST OF THE 6TH P.M., DOUGLAS COUNTY, NEBRASKA,
EXCEPT THE SOUTH 33 FEET THEREOF

AND

THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 8, TOWNSHIP 14,
NORTH, RANGE 11, EAST OF THE 6TH P.M., DOUGLAS COUNTY, NEBRASKA,
EXCEPT THE NORTH 480.4 FEET OF THE EAST 189.07 FEET THEREOF

AND

THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 8, TOWNSHIP 14,
NORTH, RANGE 11, EAST OF THE 6TH P.M., DOUGLAS COUNTY, NEBRASKA.

SEE ATTACHED EXHIBIT "A"