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Rec'd  
4-15-88

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INSTRUMENT NUMBER  
88-04468

550

APR 15 PM 3:03

REGISTER OF DEEDS

N 1/4 NE 1/4 7-12-11  
E 3/4 Sec 7 SW 1/4 NE 1/4  
1 1/2 NE 1/4

Return to Henry J. J. J. J.  
29201 So. 19th Rd.  
Springfield, Mo 65805

DOUGLAS COUNTY HEALTH DEPARTMENT  
Vital Statistics Section  
OMAHA, NEBRASKA  
CERTIFICATE OF DEATH

88-04468  
236316

DECEDENT - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)	
1		Barbara	F.	Sedlacek	Female	3 July 16, 1987	
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 MOS. DAYS	UNDER 1 DAY HOURS MINS.	DATE OF BIRTH (Mo., Day, Yr.)
4 White		5 American		6a 68	6b	6c	7 October 21, 1918
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 Omaha, Nebraska		9 U.S.A.		10 Married		11 Henry J. Sedlacek	
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	
12 508-78-5470		13a Home-maker		13b Own Home		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 OOA, Outpatient, Emg. Rm., Inpatient (Specify)		
14b Omaha		14c Yes	14d Bergan Mercy Hospital		14e Inpatient		
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a Nebraska	15b Sarpy	15c Springfield		15d R.R. 1 20204 S. 192 St.		15e No	
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST MIDDLE LAST
16		Frank	—	Taborsky	17 Barbara		— Piskach
WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unl) (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 Henry J. Sedlacek, R.R. 1 20204 S. 192 St., Springfield,		68045			
BURIAL, Cremation, Removal DATE		CEMETERY OR CREMATORY - NAME		LOCATION		CITY OR TOWN STATE	
20a Burial		20b July 20, 1987		20c Holy Sepulchre Cemetery		20d Gretna, Nebraska	
EMBALMER - SIGNATURE & LICENSE NO.		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
21 <i>[Signature]</i> 2263		22 Kahler-Dolce Mortuary, 441 N Washington, Papillion, NE		68045			
To be Completed by Attending Physician Only	DATE OF DEATH (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
	23a 7-16-87		24a		24b		M
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)
	23b 7-20-87		23c 10:00 A M		24c		M
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.							
24e (Signature and Title) <i>[Signature]</i> Lee F. McNamara, M.D.							
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print)							
25 Lee F. McNamara, M.D. 2722 S. 87 Omaha, NE							
REGISTRAR				DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			
26a <i>[Signature]</i> Daniel J. Hartung, M.P.H.				26b JUL 27 1987			
27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						Interval between onset and death	
(a) Cardiac arrest - 2nd to bilateral pneumonitis						5 mins.	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b) Bilateral pleural effusion, pneumothorax left						6 mos.	
DUE TO, OR AS A CONSEQUENCE OF: left lung cancer with widespread bone mets.						Interval between onset and death	
(c) (adeno-carcinoma) anemia							
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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)
31			28 no		29		
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVESTIGATION (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
30a		30b	30c M	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			

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Date issued: JUL 27 1987 *[Signature]* Daniel J. Hartung, M.P.H.  
(Registrar)

04468