

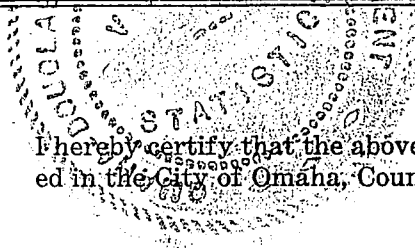
Dec 1-5-14 - R11
E. L. Pm.

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH
CITY OF OMAHA, NEBRASKA

74918

PHS-789 (VS) REV. 4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

1. PLACE OF DEATH a. COUNTY Douglas			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Nebraska b. COUNTY Douglas		
b. CITY (If outside corporate limits, write Rural) OR TOWN Omaha		c. LENGTH OF STAY (in this place) unknown	c. CITY (If outside corporate limits, write RURAL) OR TOWN Omaha		d. STREET ADDRESS (If rural, give location) 822 South 59 St.
d. FULL NAME OF HOSPITAL OR INSTITUTION 822 South 59 St.					
3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Marie		b. (Middle) E.	e. (Last) Olsen		4. DATE OF DEATH (Month) (Day) (Year) 9-20-51
5. SEX Female	6. COLOR or RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-15-1893	9. Age (In yrs. last birthday) 58	If Under 1 Yr. Mos. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTH- (City, town or county) (State or foreign country) Millard, Nebr.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Chris Dahmke		14a. MOTHER'S MAIDEN NAME Emma Suhl		14b. NAME OF HUSBAND OR WIFE Rudolph Olsen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) unknown	17. INFORMANT'S NAME or Signature & Address R. Olsen, 822 S. 59		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				Interval Between Onset and Death
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute Cor. Pulmonale		(a).....		10 min.
	ANTECEDENT CAUSES DUE TO (b)..... Pulmonary fibrosis		(c).....		2 yrs.
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (e).....				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY OR TOWN) (COUNTY) (STATE) 802 Med. Arts Bldg.		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURED While at Work Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from..... 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at..... 2 A.....m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John D. Hartigan, M.D.		23b. ADDRESS 802 Med. Arts Bldg.		23c. DATE SIGNED 9-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-23-51	24c. NAME OF CEMETERY OF CREMATORY Springwell	24d. LOCATION (City, town, or county) (State) Omaha	
DATE RECD BY LOCAL REG. 9-21-51		REGISTRAR'S SIGNATURE E. D. Lyman, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Crosby-Kunold, 32 & Farnam	



I hereby certify that the above is a true and correct copy of the certificate of death recorded in the City of Omaha, County of Douglas, State of Nebraska.

Dated this.....12th.....day of.....March.....19..53.....

E. D. Lyman M.D.

Registrar

ENTERED IN NUMERICAL INDEX AND RECORDED IN THE REGISTER OF DEEDS OFFICE IN DOUGLAS COUNTY, NEBRASKA.

12 DAY *March* 19 *53* AT *3:49* P.M. THOMAS J. O'CONNOR, REGISTER OF DEEDS. 2.90