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Carol Givens

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Filed:

August 15, 2014 9:22:00 AM

Register of Deeds

Fee \$16.00

DODGE COUNTY, NE

THE ABOVE SPACE IS FOR REGISTER OF DEEDS RECORDING
DATE

LEGAL DESCRIPTION:

Lot 4, Block 54, City of North Bend, as surveyed, platted and
recorded in Dodge County, Nebraska.

Lots 1 and 2, Block 9, Stevenson & Eckhart's Addition to North Bend, Dodge
County, Nebraska.

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

JAN 20 2011

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

11 20196

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Francis Harold Soukup Jr. Male		2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) January 11, 2011	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Lincoln, Nebraska		5a. AGE-Last Birthday (Yrs.) 74		5b. UNDER 1-YEAR MOS. DAYS HOURS MINS.	
7. SOCIAL SECURITY NUMBER 506-40-6709		8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home/LTC. <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> ODA <input type="checkbox"/> Other (Specify) _____			
8b. FACILITY NAME (If not institution, give street and number) 211 W. 14th Street		8c. CITY OR TOWN OF DEATH (Include Zip Code) North Bend 68649			
9a. RESIDENCE-STATE Nebraska		9b. COUNTY Dodge		9c. CITY OR TOWN North Bend	
9d. STREET AND NUMBER 211 W. 14th Street		9e. APT. NO.		9f. ZIP CODE 68649	
10a. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		10b. NAME OF SPOUSE (First, Middle, Last, Suffix) if wife, give maiden name. Leona Karpisek			
11. FATHER'S NAME (First, Middle, Last, Suffix) Francis H. Soukup Sr.		12. MOTHER'S NAME (First, Middle, Maiden Surname) Ruth Cabel			
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.) No		14a. INFORMANT-NAME Leona Soukup		14b. RELATIONSHIP TO DECEDENT Wife	
15. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify) _____		16a. EMBALMER SIGNATURE <i>[Signature]</i>		16b. LICENSE NO. 1599	
16c. DATE (Mo., Day, Yr.) January 15, 2011		16d. CEMETERY, CREMATORY OR OTHER LOCATION Memorial Cemetery Fremont, Nebraska			
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Moser Memorial Chapel, 1040 N. Main, North Bend, NE		17b. Zip Code 68649			
18. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL onset to death			
(a) metastatic squamous cell CA face		onset to death			
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		onset to death			
(b) _____		onset to death			
(c) _____		onset to death			
(d) _____		onset to death			
18. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to the death but not resulting in the underlying cause given in PART I.					
20. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		21a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		21b. IF TRANSPORTATION INJURY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____	
22a. DATE OF INJURY (Mo., Day, Yr.)		22b. TIME OF INJURY m		22c. PLACE OF INJURY—At home, farm, street, factory, office building, construction site, etc. (Specify)	
22d. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		22e. DESCRIBE HOW INJURY OCCURRED			
22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO.		CITY/TOWN		STATE ZIP CODE	
23a. DATE OF DEATH (Mo., Day, Yr.) 1-11-11		23b. DATE SIGNED (Mo., Day, Yr.) 1-12-11		23c. TIME OF DEATH 11:15 A m	
23d. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		24a. DATE SIGNED (Mo., Day, Yr.)			
24b. TIME OF DEATH m		24c. PRONOUNCED DEAD (Mo., Day, Yr.)		24d. TIME PRONOUNCED DEAD m	
24e. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>					
25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN		26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26b. WAS CONSENT GRANTED? Not Applicable if 26a is no <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, PHYSICIAN ASSISTANT, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Thomas A. McKnight, M.D., 350 West 23, Fremont, NE 68025					
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>		28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JAN 18 2011			

The East Thirty and One-half Feet (30 1/2') of Lot Six (6), Block Forty-four (44), City of North Bend, as surveyed, platted and recorded, Dodge County, Nebraska. HHS-61 Rev. 7/09 (55061)