MISC 2011049243

JUN 10 2011 09:47 P 2

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misc
2 FEE 11.50 FB 58-03480
3 BKP 14A.545 C/O ____ COMP PN
1763-258
DEL 1603-655 SCAN ____ FV ____

Received - DIANE L. BATTIATO
Register of Deeds, Douglas County, NE
6/10/2011 09:47:52.72

2011049243

PLEASE INDEX THE DEATH CERTIFICATE AGAINST THE FOLLOWING PROPERTIES:

LOT 1	LOT 10	LOT 11
BLOCK 0	BLOCK 0	BLOCK 0
BENSONVIEW ADDITION	BENSONVIEW ADDITION	BENSONVIEW ADDITION
OMAHA	OMAHA	OMAHA
DOUGLAS COUNTY	DOUGLAS COUNTY	DOUGLAS COUNTY
NEBRASKA	NEBRASKA	NEBRASKA
Exp+of		

Please return to: Ramona Nelsen
3706 North 114th Avenue
Omaha, Nebraska 68164

V7283

STATE OF NEBRASKA- DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT
VITAL STATISTICS

CERTIFICATE OF DEATH

313148

DECEDENT

1 DECEDENT - NAME: FIRST Robert MIDDLE L. LAST Nelsen
2 SEX: Male
3 DATE OF DEATH (Month Day Year): June 13, 2004
4 CITY AND STATE OF BIRTH (If not in U.S.A. name country): Omaha, Nebraska
5a AGE - Last Birthday (Yrs.): 72
UNDER 1 YEAR: 5b MOS DAYS
UNDER 1 DAY: 5c HOURS MINS
6. DATE OF BIRTH (Month Day Year): May 9, 1932
7 SOCIAL SECURITY NUMBER: 506-32-3764
8a PLACE OF DEATH: HOSPITAL [X] Inpatient [ ] ER Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Residence [ ] Other (Specify)
8b FACILITY - Name (If not institution, give street and number): Methodist Hospital
8c CITY TOWN OR LOCATION OF DEATH: Omaha
8d INSIDE CITY LIMITS: Yes [X] No [ ]
8e COUNTY OF DEATH: Douglas

PARENTS

9a RESIDENCE - STATE: Nebraska
9b COUNTY: Douglas
9c. CITY, TOWN OR LOCATION: Omaha
9d STREET AND NUMBER (Including Zip Code): 3706 N. 114th Ave. 68164
9e INSIDE CITY LIMITS: Yes [X] No [ ]
10 RACE - (e.g., White, Black, American Indian etc.) (Specify): White
11. ANCESTRY (e.g. Italian, Mexican, German, etc) (Specify): Danish & German
12. [X] MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED
13 NAME OF SPOUSE (If wife give maiden name): Ramona Radnov
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Broker
14b KIND OF BUSINESS INDUSTRY: Self-Employed
15. EDUCATION (Specify only highest grade completed): Elementary or Secondary (0-12): College (1-4 or 5+): 2
16 FATHER - NAME: FIRST Martin MIDDLE LAST Nelsen
17 MOTHER: FIRST Teresa MIDDLE MAIDEN SURNAME Bayer
18 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If yes, give war and dates of service): Korean 3/15/1951 2/21/1955
19a INFORMANT - NAME: Ramona Nelsen
19b INFORMANT MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 3706 North 114th Avenue, Omaha, Nebraska 68164

20 EMBALMER - SIGNATURE & LICENSE NO: John Meyer 950
21a METHOD OF DISPOSITION: [ ] Burial [ ] Removal [X] Cremation [ ] Donation
21b. DATE: 6/16/2004
21c. CEMETERY OR CREMATORY NAME: Heafey-Hoffmann Crematory
22a FUNERAL HOME - NAME: Heafey-Hoffman-Dworak-Cutler
21d CEMETERY OR CREMATORY LOCATION: CITY OR TOWN Omaha STATE Nebraska
22b FUNERAL HOME ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP): 7805 West Center Road, Omaha, Nebraska 68124

CAUSE

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — Interval between onset and death
PART I (a) Leukostasis / Blast crisis
DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death
(b) Acute Myeloid Leukemia.
DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related: COPD, Chronic Renal insuff, Afib
PART III IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 10-54) Yes [ ] No [ ]
24 AUTOPSY: Yes [ ] No [X]
25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes [ ] No [X]
26a [ ] Accident [ ] Undetermined [ ] Suicide [ ] Pending [ ] Homicide [ ] Investigation
26b DATE OF INJURY (Mo. Day. Yr.): ~~June 13 2004~~ E.R.
26c. HOUR OF INJURY: M
26d. DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK: Yes [ ] No [ ]
26f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
26g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

CERTIFIER

To be Completed by Attending PHYSICIAN ONLY
27a DATE OF DEATH (Mo. Day Yr.): June 13, 2004
27b DATE SIGNED (Mo. Day Yr.): June 14 2004
27c TIME OF DEATH: 8:50 A M
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) ▶ E. Rice MD

To be Completed by CORONER'S PHYSICIAN or COUNTY ATTORNEY ONLY
28a DATE SIGNED (Mo. Day Yr.)
28b TIME OF DEATH: M
28c PRONOUNCED DEAD (Mo. Day. Yr.)
28d. PRONOUNCED DEAD (Hour): M
28e. 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) ▶

29 DID TOBACCO USE CONTRIBUTE TO THE DEATH? [ ] YES [X] NO [ ] UNKNOWN
30a HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? [ ] YES [X] NO
30b WAS CONSENT GRANTED? [ ] YES [X] NO
31 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print): Eric Rice ~~8303 Dodge St~~ Omaha, NE 68114
32a REGISTRAR
32b DATE FILED BY REGISTRAR (Mo. Day Yr.): JUN 15 2004

TRUE CERTIFICATION OF ... JUN 15 2004

REGISTRAR