



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

260051

1. DECEDENT - NAME FIRST MIDDLE LAST Lloyd W. Donahoo			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) October 11, 1992
4. CITY AND STATE OF BIRTH (If not in U.S.A., name country) Elkhorn, Nebraska		5a. AGE - Last Birthday (Yrs.) 79	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS.
6. DATE OF BIRTH (Month, Day, Year) March 8, 1913		7. SOCIAL SECURITY NUMBER 505-46-3319		
8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA 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) Methodist Hospital		
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) 22101 Q Street 68022	9e. INSIDE CITY LIMITS (Specify Yes or No) No
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) Esther Schomer		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		
14b. KIND OF BUSINESS INDUSTRY Self-employed/Agriculture		15. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) 12th College (1-4 or 5+)		
16. FATHER - NAME FIRST MIDDLE LAST Arthur - Donahoo		17. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Lottie - LaBorde		
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		19. INFORMANT - NAME - MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Gloria Bartels: 5001 So. 222 St., Elkhorn, NE 68022		
20a. BURIAL, Cremation, Removal, Donation Burial	20b. DATE Oct. 14, 1992	20c. CEMETERY OR CREMATORY - NAME Spring Grove Cemetery		20d. LOCATION Elkhorn, Nebraska
21. EMBALMER'S SIGNATURE & LICENSE NO. Peter 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)) PART I (a) Sudden Cardiac Death DUE TO, OR AS A CONSEQUENCE OF: (b) ASHD DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related				Interval between onset and death Minutes Years
PART II 24. ACCIDENT, SUICIDE, HOMICIDE, UNDET., OR PENDING INVESTIGATION (Specify)		25. DATE OF INJURY (Mo., Day, Yr.)	26. HOUR OF INJURY	27. DESCRIBE HOW INJURY OCCURRED
28. INJURY AT WORK (Specify Yes or No)		28. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		29. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE
27a. DATE OF DEATH (Mo., Day, Yr.) Oct. 11, 1992		27b. DATE SIGNED (Mo., Day, Yr.) 10-14-92		27c. TIME OF DEATH 10-15-92 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) /s/Ronald Draur, M.D.		27e. 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)		
29a. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		30a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30b. WAS CONSENT GRANTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Ronald A. Draur, M.D., 8300 Dodge, Omaha, NE 68114				
32a. REGISTRAR Daniel J. Hartung, M.P.H.			32b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) OCT 20 1992	

IMPRINTED SEAL  
REGISTER OF DEEDS

This certifies this document to be a true copy of an original record on file with Vital Statistics, 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: MAR 14 1997

Registrar: Daniel J. Hartung, M.P.H.