

GEORGE W. HAESSLER

OF COUNSEL HAESSLER, SULLIVAN & NYGREN, LTD. ATTORNEYS AT LAW

Aug | 2 10 PM '94

OFFICE 402/443-4181 HOME 402/443-3220 FAX 402/443-4182

BOX 146 666 NO. BROADWAY WAHOO, NEBRASKA 68066

GEORGE A BUGLEWICZ REGISTER OF DEEDS DOUGLAS COUNTY, NE

C. DECEMBER COLOR	. <u></u>			CERTIFICA		DEA			. DATE OF DE		151	
1. DECEDENT - NAME FIRST Frank		_	MIDDLE			]	Male				1993	
4. CITY AND STATE OF BIRTH		·	Josep	. AGE - Last Birthday	UNDER	VEAR	UNDER	TOAY	6. DATE OF			
Millard,		name country)		(Yrs.) 62	5b. MOS.	DAYS	5c. HOURS	MINS.	1	e 22,	, , , , , , , , ,	
7. SOCIAL SECURITY NUMBER		8a. PLACE	OF DEATH									
E06 36 E4	27		OTHER			R/Outpatier	nt 🗆 DOA her <i>(Specify)</i>	`				
		ive street and numbe	***************************************	CITY, TOWN OR LO					CITY LIMITS y Yes or No)	8e. COUNT	Y OF DEATH	
Univ. of Ne	hracka	Madical	Cantar	Omaha					es	Dou	glas	
Univ. of Nel	9b. COU		Center	CITY, TOWN OR LO		[:	9d. STREET		BER (Including		9e. II	NSID
											1.	Speci
Nebraska 10. RACE - (e.g., White, Black, A		Douglas   11. ANCESTRY (6.	a Italiaa Mari	<u>Elkhorn</u>	12 MADDI	ED,NEVER A	Rout	e_#]	3. NAME OF S	68022	vile, give maide	en na
etc.) (Specify)	Milerican morary	(Specify)	.g.,italian, moxi	can, coman, co.,			CED (Specify		0. 10.112 01 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
White		Czech	oslova	kian NO OF BUSINESS IN	M.	arrie	ed .		Floren EDUCATION	ce Ka	hlandt	<u>-</u>
14a. USUAL OCCUPATION (Git of working life, even if retire	ve kind of work do edl	ne during most	14b. KI	NO OF BUSINESS IN	DUSTRY		٤	15. Element	EDUCATION ary or Seconda	(Specify onlury (0-12)	y highest grade Colleg	<u>е соп</u> ge (1-
Farme				Grain					Ω	1		
16. FATHER - NAME	FIRST	MIDDLE	<u> </u>	LAST	17. MOTHER	· MAIDEN N	NAME	FII	RST	MIDDLE	•	LAS
Fr	ank	James	Octo	ansky			м	ildr	~4		Gold	3 20
18. WAS DECEASED EVER IN			USU	19. INFORMAN	T - NAME - MAII	LING ADDR			EET OR R.F.D.	NO., CITY O		
(Yes, no, or unk.) (If yes	, give war and dat				<b>.</b> .							
NO 20a, BURIAL, Cremation,Remov	al, 20b. DA	TE		C. CEMETERY OR C	ce Ost	<u>ransk</u>	.y.,Rt	1204	Elkh	<u>lorn, </u>	NE 6	580
Donation Donation	ai, .   200. DA	16	"	C. CEMETERT ON O	REMATON: VIII	AME		200.	COATION	, , ,	0	
Burial		2-93		Mt. Auburn					illard			
21. EMBALMER - SIGNATURE	& LICENSE NO.		22	FUNERAL HOME -	NAME AND ADD	DRESS		(STREET	OR R.F.O. NO.	, CITY OR TO	WN, STATE, Z	(4P)
23, IMMEDIATE CAUSE PART (a) Cardiac		(ENTER ON								1 1 1	dayal bahyan	n onse
OUE TO, OR AS A COM	sequence of: ocardia		etion							1 1 3 1 le 1	nterval between	n ons
OUE TO, OR AS A COM	sequence of: ocardia		ction							1 1 3 1 le 1		n ons
(a) Cardiac  DUE TO, OR AS A CON  (b) Acute My  DUE TO, OR AS A CON	SEQUENCE OF: OCATGIA SEQUENCE OF:	l Infaro		o: related	PART III IF FE				AUTOPSY	1 1 1 1 1 1 1 1 1	nterval between	n ons
OUE TO, OR AS A COM	SEQUENCE OF: OCATGIA SEQUENCE OF:	l Infaro		ot related	PART III IF FE	IN THE PAS	ST 3 MONTH		(Specify Yes o	1 1 1 1 1 1 1 1 1	nterval between	n ons
(a) CARCIAC  OUE TO, OR AS A CON  (b) ACUTE MY  DUE TO, OR AS A CON  (c)  PART  OTHER SIGNIFICANT OF	SEQUENCE OF: OCATÓIA SEQUENCE OF: ONDITIONS - Co	al Infarc	to death but n		PART III IF FE	IN THE PAS		S?	(Specify Yes o	1 1 1 1 1 1 1 1 1	nterval between	n ons
(a) Cardiac OUE TO, OR AS A CON (b) Acute My DUE TO, OR AS A CON	SEQUENCE OF:  OCATCIA SEQUENCE OF:  CONDITIONS - CO	al Infarc	to death but n	ot related y, Yr.J   26c. HOUR C	PART III IF FE	IN THE PAS	ST 3 MONTH No □	S?	(Specify Yes o	1 1 1 1 1 1 1 1 1	nterval between	n onse
(c) PART  26a. ACCIDENT, SUICIDE, HON OR PENDING INVESTIGAT	SEQUENCE OF:  OCARDIA SEQUENCE OF:  OONDITIONS - Co	al Infarc	to death but no	y, Yr.J 26c. HOUR C	PART III IF FE PREGNANCY F INJURY	Yes DESC	ST 3 MONTH No [] CRIBE HOW I	S?	(Specify Yes of NO COURRED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AS CASE REF CAMINER OR ( pecify Yes or )	n onse
(a) Cardiac DUE TO, OR AS A CON (b) Acute My DUE TO, OR AS A CON (c) (c) PART (d) PA	ISEQUENCE OF: CONDITIONS - CO INCIDE, UNDET, ION (Specify)	al Infarc	to death but no supply (Mo.,Da	y, Yr.J 26c. HOUR C	PART III IF FE	Yes DESC	ST 3 MONTH No [] CRIBE HOW I	S?	(Specify Yes of NO COURRED	1 1 1 1 1 1 1 1 1	AS CASE REF CAMINER OR ( pecify Yes or )	n onse
(a) CARCIAC DUE TO, OR AS A CON (b) ACUTE MY DUE TO, OR AS A CON (c) PART  26a. ACCIDENT, SUICIDE, HON OR PENDING INVESTIGAT  26e. INJURY AT WORK (Specify Yes or No)	ISEQUENCE OF: CONDITIONS - CO	al Infaro anditions contributing 26b. DATE OF INJ FINJURY - At home	to death but no supply (Mo.,Da	y, Yr.J 26c. HOUR C	PART III IF FE PREGNANCY F INJURY	IN THE PAS Yes   I 26d, DESC	ST 3 MONTH No [] CRIBE HOW	OR R.F.D.	NO COURRED	25. W	AS CASE REF (AMINER OR ( AMINER OR ( AMINE	n onse
(a) CARCLAC  DUE TO, OR AS A CON  (b) ACUTE MY  DUE TO, OR AS A CON  (c)  PART  OTHER SIGNIFICANT OF PART  11  26a. ACCIDENT, SUICIDE, HON OR PENDING INVESTIGAT  26c. INJURY AT WORK	ISEQUENCE OF: CONDITIONS - CO	al Infaro anditions contributing 26b. DATE OF INJ FINJURY - At home	to death but no supply (Mo.,Da	y, Yr.J 26c. HOUR C	PART III IF FE PREGNANCY F INJURY	IN THE PAS Yes   I 26d, DESC	ST 3 MONTH No [] CRIBE HOW I	OR R.F.D.	NO COURRED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AS CASE REF (AMINER OR ( AMINER OR ( AMINE	n onse
(a) CARCIAC  DUE TO, OR AS A CON  (b) ACUTE MY  DUE TO, OR AS A CON  (c)  PART  OTHER SIGNIFICANT OF  PART  11  26a. ACCIDENT, SUICIDE, HON  OR PENDING INVESTIGAT  26e. INJURY AT WORK  (Specify Yes or No)  27a. DATE OF DEATI  AUGUST	ISEQUENCE OF:  CONDITIONS - CO  IICIDE, UNDET., IICIDE, UNDET.	al Infaro anditions contributing 26b. DATE OF INJ DF INJURY - At home loing, etc. (Specify)	IO death but no JURY (Mo.,Da	y, Yr.J 26c. HOUR C	PART III IF FE PREGNANCY F INJURY M 28g, LOCATIO	IN THE PAS Yes D I 26d. DESC DN	ST 3 MONTH No [] CRIBE HOW   STREET	S? INJURY OC OR R.F.D. I	(Specify Yes of No COURRED NO.	CITY OR TO	AS CASE REF CAMINER OR O Pecify Yes or I	n onse
(a) CARCLAC DUE TO, OR AS A CON (b) ACUTE MY DUE TO, OR AS A CON (c) PART OTHER SIGNIFICANT OF PART (T)  26a. ACCIDENT, SUICIDE, HON OR PENDING INVESTIGAT (Specify Yes or No)  27a. DATE OF DEAT AUGUST 27b. DATE SIGNED	ISEQUENCE OF:  OCARDIA ISEQUENCE OF:  SONDITIONS - Co  AICIDE, UNDET., TION (Specify)  261. PLACE Co  office bui  H (Mo., Dey, Yr.)  (Mo., Dey, Yr.)	nditions contributing  26b. DATE OF INJ  FINJURY - At homic liding, etc. (Specify)	JURY (Ma., Da e, farm, street,	y, Yr.J 26c. HOUR C	PART III IF FE PREGNANCY F INJURY M 28g, LOCATIO	Yes DESC	ST 3 MONTH No [] CRIBE HOW	S? INJURY OC OR R.F.D. I	(Specify Yes of No COURRED NO.	CITY OR TO	AS CASE REF (AMINER OR ( AMINER OR ( AMINE	n onse
(a) CARCLAC DUE TO, OR AS A CON (b) ACUTE MY DUE TO, OR AS A CON (c) PART OTHER SIGNIFICANT OF PART (T)  26a. ACCIDENT, SUICIDE, HON OR PENDING INVESTIGAT (Specify Yes or No)  27a. DATE OF DEAT AUGUST 27b. DATE SIGNED	ISEQUENCE OF:  OCAYDIA SEQUENCE OF:  SONDITIONS - Co  MICIDE, UNDET., TION (Specify)  261, PLACE Co office bui  H (Mo., Day, Yr.)  (Mo., Day, Yr.)	al Infarc	JURY (Mo., Da e, farm, street,  ME OF DEATH : 24 P.	y, Yr.J 26c. HOUR C	PART III IF FE PREGNANCY F INJURY M 28g, LOCATIO	Yes D I 26d. DESC	STREET	OR R.F.D. I	(Specify Yes on No.) CCURRED NO. (r.) (Day. Yr.)	25. W E1 (S	AS CASE REF (AMINER OR OF DECITY YES OF A DWN	n onse
(a) CARCIAC  DUE TO, OR AS A CON  (b) ACUTE MY  DUE TO, OR AS A CON  (c)  PART  PART  26a. ACCIDENT, SUICIDE, HON  OR PENDING INVESTIGAT  26c. INJURY AT WORK  (Specify Yes or No)  27a. DATE OF DEAT  AUGUST  27b. DATE SIGNED	ISEQUENCE OF:  OCAYDIA  ISEQUENCE OF:  CONDITIONS - Co  IICIDE, UNDET, ITION (Specify)  261. PLACE Co  office bui  h (Mo., Day, Yr.)  2 29. 1.  (Mo., Day, Yr.)  3  y knowledge, deat	nditions contributing  26b. DATE OF INJ  DF INJURY - At homic liding, etc. (Specify)  993  27c. Tit. 7	JURY (Ma.,Da e, farm, street,  ME OF DEATH  24 P. no, date and pl	y, Yr.) 26c. HOUR C	PART III IF FE PREGNANCY  FINJURY  M 26g, LOCATIO	Yes D I Zed. DESC	STREET  STREET  STREET  NOUNCED D	OR R.F.D. I	(Specify Yes of No COURRED NO.	CITY OR TO	AS CASE REF (AMINER OR OF DECITY YES OF A DWN	n onse
(a) Cardiac  DUE TO, OR AS A CON  (b) Acute My  DUE TO, OR AS A CON  (c)  PART  PART  26a. ACCIDENT, SUICIDE, HON  OR PENDING INVESTIGAT  26c. INJURY AT WORK  (Specify Yes or No)  27a. DATE OF DEAT  August  27b. DATE SIGNED  27d. To the best of m  cause(s) stated.  (Signature and Title	ISEQUENCE OF:  OCAYDIA  SEQUENCE OF:  SONDITIONS - Co  MICIDE, UNDET., TION (Specify)  281. PLACE Co  office bui  h (Mo., Day, Yr.)  2 29. 1.  (Mo., Day, Yr.)  3 y knowledge, deat	nditions contributing  26b. DATE OF INJ  26b. DATE OF INJ  26b. DATE OF INJ  27c. Tith  7  th occurred at the tim  nneth Rh.	JURY (Ma., Da e, farm, street,  ME OF DEATH  24 P. he, date and pli  ee. M.	y, Yr.) 26c. HOUR C	PART III IF FE PREGNANCY  F INJURY  M 26g, LOCATIO  Application  Appli	Yes D 28d. DESC	ST 3 MONTH NO CI CRIBE HOW I  STREET I  E SIGNED (I  NOUNCED D  The basis of exime, date and ride)	OR R.F.D. i  Mo., Day, Y  EAD (Mo., amination place and	(Specify Yes of No.) CCURRED NO. (r,) (r,) (Day. Yr,) and or investigation to the cause	CITY OR TO  28b. TIME  28d. PRON  abon, in my opse(s) stated.	AS CASE REFERENCE OF DEATH  OF DEATH  OUNCED DEATH  SINION death oc	n onse
(a) Cardiac  DUE TO, OR AS A CON  (b) Acute My  DUE TO, OR AS A CON  (c)  PART  PART  26a. ACCIDENT, SUICIDE, HON  OR PENDING INVESTIGAT  26c. INJURY AT WORK  (Specify Yes or No)  27a. DATE OF DEAT  August  27b. DATE SIGNED  27c. To the Dest of m  Causels) stated.	ISEQUENCE OF:  OCAYDIA  SEQUENCE OF:  SONDITIONS - Co  MICIDE, UNDET., TION (Specify)  281. PLACE Co  office bui  h (Mo., Day, Yr.)  2 29. 1.  (Mo., Day, Yr.)  3 y knowledge, deat	nditions contributing  26b. DATE OF INJ  26b. DATE OF INJ  26b. DATE OF INJ  27c. Tith  7  th occurred at the tim  nneth Rh.	JURY (Ma., Da e, farm, street,  ME OF DEATH  24 P. he, date and pli  ee. M.	y, Yr.) 26c. HOUR C	PART III IF FE PREGNANCY  F INJURY  M 26g, LOCATIO  Application  Appli	Yes D 28d. DESC	ST 3 MONTH NO CI CRIBE HOW I  STREET I  E SIGNED (I  NOUNCED D  The basis of exime, date and ride) I	OR R.F.D. i  Mo., Day, Y  EAD (Mo., amination place and	(Specify Yes of No.) CCURRED NO.  (r.) Day, Yr.)	CITY OR TO  28b. TIME  28d. PRON  abon, in my opse(s) stated.	AS CASE REFERENCE OF DEATH  OF DEATH  OUNCED DEATH  SINION death oc	n onse
(a) CARCLAC  DUE TO, OR AS A CON  (b) ACUTE MY  DUE TO, OR AS A CON  (c) OTHER SIGNIFICANT OF PART  PART  26a. ACCIDENT, SUICIDE, HON  OR PENDING INVESTIGAT  26b. INJURY AT WORK  (Specify Yes or No)  27a. DATE OF DEAT  AUGUST  27b. DATE SIGNED  27d. To the best of m cause(s) stated.  (Signature and Title  29a. DID TOBACCO USE CONT  O YES	ISEQUENCE OF:  OCAYDIA  SEQUENCE OF:  SONDITIONS - Co  SICIDE, UNDET., ITION (Specify)  261, PLACE Co  office bui  H (Mo., Day, Yr.)  29, 1  (Mo., Day, Yr.)  3  y knowledge, deat	al Infaro Inditions contributing  26b. DATE OF INJ  FINJURY - At home Idding, etc. (Specify)  993  27c. Tith  7 th occurred at the time  nneth Rh.  OEATH?  XUNKNOWN	BURY (Mo.,Da e, farm, street,  ME OF DEATH  24 P. he, date and pli  Bee. M.  30a. H	M M M  actory,  M on M  actory of the M  As ORGAN OR TISSL  Dyyes	PART III IF FE PREGNANCY  IF INJURY  M. 286g. LOCATK  WYSHESSOOD A SHOOL A SHOL A SHOOL A SHOL	Yes D   28d. DESC	ST 3 MONTH NO CRIBE HOW I  STREET I  E SIGNED (A  NOUNCED D  The basis of exime, date and ritle) I  SIGNED?	OR R.F.D. i  Mo., Day, Y  EAD (Mo., amination place and	(Specify Yes of No.) CCURRED  NO.  (r.)  Day, Yr.)  and or investigate to the cause of the cause	CITY OR TO  28b. TIME  28d. PRON  abon, in my opse(s) stated.	AS CASE REF AS CASE REF CAMINER OR	n onse
(a) Cardiac  DUE TO, OR AS A CON  (b) Acute My  DUE TO, OR AS A CON  (c)  COTHER SIGNIFICANT OF PART  26a. ACCIDENT, SUICIDE, HON OR PENDING INVESTIGAT  26a. INJURY AT WORK (Specify Yes or No)  27a. DATE OF DEAT  August 27b. DATE SIGNED  27d. To the best of m cause(s) stated.  (Signature and citle of Cause Control of Cause Cont	ISEQUENCE OF:  OCAYDIA  SEQUENCE OF:  CONDITIONS - Co  IICIDE, UNDET., ITION (Specify)  261. PLACE Co  office built  H (Mo., Day, Yr.)  1 (Mo., Day, Yr.)  3 y knowledge, deat  p. S/Ke  religible To The  D NO  CERTIFIER (PHY)	al Infarconditions contributing  26b. DATE OF INJURY - At home hiding, etc. (Specify)  993  27c. Tith 7 th occurred at the timeneth Rh. OEATH?  **XUNKNOWN** SICAN, CORONER'S	JURY (Mo., Da  e, farm, street,  ME OF DEATH  24 P.  no, date and pla  CPHYSICAN O	M M M M AS ORGAN OR TISSI	PART III IF FE PREGNANCY  PREGNANCY  M 26g. LOCATIO  AND SHAPE LIMBOR SHAPE LIMBOR AND SHAPE LIMBOR AND SHAPE LIMBOR AND SHAPE LIMBOR SHAPE LIMB	28a. DATE 28c. PROI 28c. On it the to	ST 3 MONTH NO CRIBE HOW  STREET  E SIGNED //  NOUNCED D  The basis of exime, date and tritle) I  SIGNED?	OR R.F.D. I  Mo., Day, Y  EAD (Mo. amination place and	(Specify Yes of No.) CCURRED  NO.  (r.)  (Day. Yr.)  and or investigation to the cause of was conse	CITY OR TO  28b. TIME  28b. PRON  28d. PRON  28d. PRON  28d. PRON  28d. PRON  28d. PRON	AS CASE REF AS CASE REF CAMINER OR	n onsi
Cardiac  DUE TO, OR AS A CON  (b) Acute My  DUE TO, OR AS A CON  (c)  COTHER SIGNIFICANT OF  PART  26a. ACCIDENT, SUICIDE, HON OR PENDING INVESTIGAT  26a. INJURY AT WORK (Specify Yes or No)  27a. DATE OF DEAT  Augus  27b. DATE SIGNED  27c. To the best of m cause(s) stated.  (Signature and Title  29a. DID TOBACCO USE CON  U YES  31. NAME AND ADORESS OF CARPORED AND ADORESS OF CARPORD AND ADOREST OF CARPORD AND ADOREST OF CARPORD AND ADOREST OF CARPORD AND ADOREST OF CARPORD AND ADDRESS OF CARPORD	ISEQUENCE OF:  OCAYDIA  SEQUENCE OF:  CONDITIONS - Co  IICIDE, UNDET., ITION (Specify)  261. PLACE Co  office built  H (Mo., Day, Yr.)  1 (Mo., Day, Yr.)  3 y knowledge, deat  p. S/Ke  religible To The  D NO  CERTIFIER (PHY)	al Infarconditions contributing  26b. DATE OF INJURY - At home hiding, etc. (Specify)  993  27c. Tith 7 th occurred at the timeneth Rh. OEATH?  **XUNKNOWN** SICAN, CORONER'S	JURY (Mo., Da  e, farm, street,  ME OF DEATH  24 P.  no, date and pla  CPHYSICAN O	M M M M AS ORGAN OR TISSI	PART III IF FE PREGNANCY  PREGNANCY  M 26g. LOCATIO  AND SHAPE LIMBOR SHAPE LIMBOR AND SHAPE LIMBOR AND SHAPE LIMBOR AND SHAPE LIMBOR SHAPE LIMB	28a. DATE 28c. PROI 28c. On it the to	ST 3 MONTH NO CRIBE HOW I  STREET I  E SIGNEO ()  NOUNCED D  The basis of exame, date and ride in the properties of the	OR R.F.D. I	(Specify Yes of No.) CCURRED  NO.  (7.)  (7.)  (7.)  (8.)  (9.)  (9.)  (1.)  (1.)  (1.)  (1.)  (1.)  (2.)  (3.)  (4.)  (5.)  (6.)  (7.)  (7.)  (8.)  (9.)  (9.)  (9.)  (1.)  (	CITY OR TO  28b. TIME  28b. TIME  28d. PRON  ahon, in my or se(s) stated.  ENT GRANTE  3 YES	AS CASE REF AMINER OR DEATH  OUNCED DEATH  OUNCED DEATH  OUNCED DEATH  OUNCED DEATH	n onsi
Cardiac  DUE TO, OR AS A CON  (b) Acute My  DUE TO, OR AS A CON  (c)  COTHER SIGNIFICANT OF PART  26a. ACCIDENT, SUICIDE, HON OR PENDING INVESTIGAT  26a. INJURY AT WORK (Specify Yes or No)  27a. DATE OF DEAT  August 27b. DATE SIGNED  27b. DATE SIGNED  27c. To the best of m cause(s) stated.  (Signature and Title 29a. DID TOBACCO USE CONT  D YES  31. NAME AND ADORESS OF CONT  OF CARREST CONT  OF	ISEQUENCE OF:  OCAYDIA  SEQUENCE OF:  CONDITIONS - Co  IICIDE, UNDET., ITION (Specify)  261. PLACE Co  office built  H (Mo., Day, Yr.)  1 (Mo., Day, Yr.)  3 y knowledge, deat  p. S/Ke  religible To The  D NO  CERTIFIER (PHY)	nditions contributing  26b. DATE OF INJ  26b. DATE OF INJ  26b. DATE OF INJ  Roing, etc. (Specify)  993  27c. Tit.  7  Th occurred at the tim  nneth Rh.  OEATH?  RUNKNOWN  SICAN, CORONER'S  D., UNIMC	DURY (Mo.,Da e, farm, street, ME OF DEATH 24 P. he, date and pli 30a. H	M. M	PART III IF FE PREGNANCY  FINJURY  M 269, LOCATIO  AND SUBJECT OF PART III IF FE PREGNANCY  MANUAL M	28a. DATE 28c. PROI 28c. On it the to	ST 3 MONTH NO CRIBE HOW I  STREET I  E SIGNEO ()  NOUNCED D  The basis of exame, date and ride in the property of the property	OR R.F.D. I	(Specify Yes of No.) CCURRED  NO.  (r.)  (Day. Yr.)  and or investigation to the cause of was conse	CITY OR TO  28b. TIME  28b. TIME  28d. PRON  ahon, in my or se(s) stated.  ENT GRANTE  3 YES	AS CASE REF AMINER OR DEATH  OUNCED DEATH  OUNCED DEATH  OUNCED DEATH  OUNCED DEATH	n onse
Cardiac  DUE TO, OR AS A CON  (b) Acute My  DUE TO, OR AS A CON  (c)  PART  26a. ACCIDENT, SUICIDE, HON  OR PENDING INVESTIGAT  26a. INJURY AT WORK  (Specify Yes or No)  27a. DATE OF DEAT  August  27b. DATE SIGNED  27c. To the best of m  cause(s) stated.  (Signature and Title  29a. DID TOBACCO USE CON  O YES  31. NAME AND ADORESS OF 6	ISEQUENCE OF:  OCAYDIA  SEQUENCE OF:  CONDITIONS - Co  IICIDE, UNDET., ITION (Specify)  261. PLACE Co  office built  H (Mo., Day, Yr.)  1 (Mo., Day, Yr.)  3 y knowledge, deat  p. S/Ke  religible To The  D NO  CERTIFIER (PHY)	nditions contributing  26b. DATE OF INJ  26b. DATE OF INJ  26b. DATE OF INJ  Roing, etc. (Specify)  993  27c. Tit.  7  Th occurred at the tim  nneth Rh.  OEATH?  RUNKNOWN  SICAN, CORONER'S  D., UNIMC	DURY (Mo.,Da e, farm, street, ME OF DEATH 24 P. he, date and pli 30a. H	M M M M AS ORGAN OR TISSI	PART III IF FE PREGNANCY  FINJURY  M 269, LOCATIO  AND SUBJECT OF PART III IF FE PREGNANCY  MANUAL M	28a. DATE 28c. PROI 28c. On it the to	ST 3 MONTH NO CRIBE HOW I  STREET I  E SIGNEO ()  NOUNCED D  The basis of exame, date and ride in the property of the property	OR R.F.D. I	(Specify Yes of No.) CCURRED  NO.  (7.)  (7.)  (7.)  (8.)  (9.)  (9.)  (1.)  (1.)  (1.)  (1.)  (1.)  (2.)  (3.)  (4.)  (5.)  (6.)  (7.)  (7.)  (8.)  (9.)  (9.)  (9.)  (1.)  (	CITY OR TO  28b. TIME  28b. TIME  28d. PRON  atton, in my ope(s) stated.  ENT GRANTE:  TYES.	AS CASE REF AS CASE REF AMINER OR OR OPERITY Yes or I	n onse
Cardiac  DUE TO, OR AS A CON  (b) Acute My  DUE TO, OR AS A CON  (c)  COTHER SIGNIFICANT OF  PART  26a. ACCIDENT, SUICIDE, HON OR PENDING INVESTIGAT  26a. INJURY AT WORK (Specify Yes or No)  27a. DATE OF DEAT  Augus  27b. DATE SIGNED  27c. To the best of m cause(s) stated.  (Signature and Title  29a. DID TOBACCO USE CON  U YES  31. NAME AND ADORESS OF CARPORED AND ADORESS OF CARPORD AND ADOREST OF CARPORD AND ADOREST OF CARPORD AND ADOREST OF CARPORD AND ADOREST OF CARPORD AND ADDRESS OF CARPORD	ISEQUENCE OF:  OCAYDIA  OCAYDIA  OCAYDIA  OCAYDIA  OCOUNTIONS - Co  OCOUNT	al Infarconditions contributing  26b. DATE OF INJ  F INJURY - At home hiding, etc. (Specify)  993  27c. Tith  7  th occurred at the time the time the Rh.  OEATH?  XUNKNOWN  SICAN, CORONER'S  D., UNIMC	JURY (Ma. Da e, farm, street,  ME OF DEATH  24 P. no, date and place PHYSICAN O C 600	M. M	PART III IF FE PREGNANCY  PREGNANCY  MICHIEL LING  AND LINE	28a. DATE 28a. DATE 28c. PROI 28c. On it (Signatus SEEN CONS.) 28 NO	ST 3 MONTH NO CRIBE HOW  STREET  E SIGNEO (A)  NOUNCED D  The basis of exemple, date and tree and Title) SIGNEO?  NE	OR R.F.D. I  Mo., Day, Y  EAD (Mo., amination place and )  30t	(Specify Yes of No No COURRED NO	28b. TIME  28b. TIME  28b. TIME  28d. PRON  28d. PRON  ENT GRANTE:  YES.	AS CASE REF  CAMINER OR  OF DEATH  OUNCED DEA  DO  O. Day, Yr)  1315	n onse

left. Reproductions of this green certificate are not legal copies.

Date issued:

SEP 2 0 1993

Vg. Harthi (Registrary

IMPRINTED SEAL REGISTER OF DEEDS

South 400 feet of the West 750 feet of the South Half of the Northwest Quarter of Section 1, Township 14, Range 10, Douglas County, Nebraska