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RECEIVED

Aug 1 2 10 PM '94

GEORGE J. BUGLEWICZ
REGISTER OF DEEDS
DOUGLAS COUNTY, NE

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

264151

1. DECEDENT - NAME FIRST MIDDLE LAST Frank Joseph Ostransky			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) August 29, 1993
4. CITY AND STATE OF BIRTH (If not in U.S.A., name country) Millard, NE			5a. AGE - Last Birthday (Yrs.) 62	5b. MOS. DAYS UNDER 1 YEAR
7. SOCIAL SECURITY NUMBER 506-36-5437			8a. PLACE OF DEATH <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> 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) Univ. of Nebraska Medical Center			8c. CITY, TOWN OR LOCATION OF DEATH Omaha	
9a. RESIDENCE - STATE Nebraska			9b. COUNTY Douglas	
10. RACE - (e.g., White, Black, American Indian, etc.) (Specify) White			11. ANCESTRY (e.g., Italian, Mexican, German, etc.) (Specify) Czechoslovakian	
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			13. NAME OF SPOUSE (If wife, give maiden name) Florence Kahlandt	
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			14b. KIND OF BUSINESS INDUSTRY Grain	
15. EDUCATION (Specify only highest grade completed) 8			16. FATHER - NAME FIRST MIDDLE LAST Frank James Ostransky	
17. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Mildred Golda			18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war and dates of services) No	
19. INFORMANT - NAME - MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Florence Ostransky, Rt. #1, Elkhorn, NE 68022			20a. BURIAL, Cremation, Removal, Donation Burial	
20b. DATE 9-2-93			20c. CEMETERY OR CREMATORY - NAME Mt. Auburn	
20d. LOCATION Millard, NE			21. EMBALMER - SIGNATURE & LICENSE NO. /s/W.J. Reichmuth #2194	
22. FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Reichmuth Funeral Home, Elkhorn, NE 68022			23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Cardiac Arrest	
24. AUTOPSY (Specify Yes or No) No			25. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Specify Yes or No) Yes	
26a. ACCIDENT, SUICIDE, HOMICIDE, UNDET., OR PENDING INVESTIGATION (Specify) 26b. DATE OF INJURY (Mo., Day, Yr.) 26c. HOUR OF INJURY 26d. DESCRIBE HOW INJURY OCCURRED			27a. DATE OF DEATH (Mo., Day, Yr.) August 29, 1993	
27b. DATE SIGNED (Mo., Day, Yr.) 9-8-93			27c. TIME OF DEATH 7:24 P.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/Kenneth Rhee, M.D.			28a. DATE SIGNED (Mo., Day, Yr.) 28b. TIME OF DEATH	
28c. PRONOUNCED DEAD (Mo., Day, Yr.) 28d. PRONOUNCED DEAD (Hour)			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)	
29a. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN			30a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
30b. WAS CONSENT GRANTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Kenneth Rhee, M.D., UNMC 600 S. 42nd St., Omaha, NE 68198	
32a. REGISTRAR Daniel J. Hartung, M.P.H.			32b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) SEP 13 1993	

This certifies this document to be a true copy of an original record on file with the Vital Statistics Section of the 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: **SEP 20 1993**

Daniel J. Hartung, M.P.H.
(Registrar)

IMPRINTED SEAL
REGISTER OF DEEDS

13 9284
FEE 5.50 R 14-10 01-60000
DEL RT
LEGAL

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

SW
NW