



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

DATE OF ISSUANCE  
**NOV 12 1993**  
 LINCOLN, NEBRASKA

*Stanley S. Cooper*  
 STANLEY S. COOPER, DIRECTOR  
 BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA — DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

1 DECEDENT - NAME FIRST MIDDLE LAST <b>Alice A. Michl</b>			2 SEX <b>Female</b>	3 DATE OF DEATH (Month, Day, Year) <b>October 26, 1993</b>	
4 CITY AND STATE OF BIRTH (If not in U.S.A. name country) <b>Tobias, Nebraska</b>		5a AGE - Last Birthday (Yrs.) <b>87</b>	5b UNDER 1 YEAR MOS DAYS	5c UNDER 1 DAY HOURS MINS	6 DATE OF BIRTH (Month, Day, Year) <b>December 30, 1905</b>
7 SOCIAL SECURITY NUMBER <b>505-14-3318</b>		8a PLACE OF DEATH HOSPITAL <input checked="" type="checkbox"/> Inpatient <input 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) <b>Fillmore County Hospital</b>		8c CITY, TOWN OR LOCATION OF DEATH <b>Geneva</b>		8d INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	8e COUNTY OF DEATH <b>Fillmore</b>
9a RESIDENCE - STATE <b>Nebraska</b>	9b COUNTY <b>Fillmore</b>	9c CITY, TOWN OR LOCATION <b>Milligan</b>	9d STREET AND NUMBER (Including Zip Code) <b>503 O Street</b>		9e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
10 RACE (e.g. White, Black, American Indian, etc.) (Specify) <b>White</b>	11 ANCESTRY (e.g. Italian, Mexican, German, etc.) (Specify) <b>Czech. 18</b>	12 MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		13 NAME OF SPOUSE (If wife, give maiden name) <b>Albert Michl</b>	
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		14b KIND OF BUSINESS INDUSTRY <b>Own Home</b>		15 EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) <b>11</b> College (1-4 or 5+)	
16 FATHER - NAME FIRST MIDDLE LAST <b>Frank NMI. Jansky</b>			17 MOTHER - MAIDEN NAME FIRST MIDDLE LAST <b>Josephine NMI. Fujan</b>		
18 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war and dates of service) <b>No</b>		19 INFORMANT - NAME - MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Albert Michl: 503 O. Street Milligan, Ne. 68406</b>			
20a BURIAL, Cremation, Removal, Donation <b>Burial</b>		20b DATE <b>October 29, 1993</b>	20c CEMETERY OR CREMATORY - NAME <b>Bohemian National Cemetery</b>		20d LOCATION CITY OR TOWN STATE <b>Milligan, Nebraska</b>
21 EMBALMER - SIGNATURE & LICENSE NO. 2036 <i>[Signature]</i>		22 FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Farmer &amp; Son, Inc., 242 North 10th, Geneva, NE 68361</b>			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I		(a) DUE TO, OR AS A CONSEQUENCE OF <b>Cardiac Arrest</b>		Interval between onset and death	
		(b) DUE TO, OR AS A CONSEQUENCE OF <b>C.H.F.</b>		Interval between onset and death	
		(c) DUE TO, OR AS A CONSEQUENCE OF <b>Sideroblastic Anemia</b>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related <b>Schwannoma Fibrosis</b>			PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		24 AUTOPSY (Specify Yes or No) <b>no</b>
25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Specify Yes or No) <b>no</b>					
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	
26e INJURY AT WORK (Specify Yes or 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	
27a DATE OF DEATH (Mo., Day, Yr.) <b>10-26-93</b>		27b DATE SIGNED (Mo., Day, Yr.) <b>10-29-93</b>		27c TIME OF DEATH <b>10 55</b>	27d TIME OF DEATH <b>M</b>
27e To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <i>[Signature]</i>		27f 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. <i>[Signature]</i>			
28a DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		28b HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28c WAS CONSENT GRANTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
29 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) <b>C. F. Ashby M.D. GENERAL, NE</b>					
30a REGISTRAR <i>Stanley S. Cooper</i>				30b DATE FILED BY REGISTRAR (Mo., Day, Yr.) <b>NOV 16 1993</b>	

Index against: Lots 95 & 96, Blk 17,  
 Placeks 3rd Addn,  
 Milligan

Albert Michl  
 PO Box 131  
 Milligan NE 68406  
 Pd: \$6.00

STATE OF NEBRASKA, County of Fillmore:  
 Filed for record on **November 3, 1994**  
 at **2:00** o'clock **P** M and record in  
 Book **42** of **Misc** on Page **110**  
**Carol Vejraska** County Clerk

*Dadene Handwerker, Deputy*

Reg.   
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