

PHS-708(VS) REV. 4-57  
DEPARTMENT OF PUBLIC HEALTH,  
EDUCATION AND WELFARE

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

STATE FILE NO.

BIRTH NO. 126

1. PLACE OF DEATH a. COUNTY Saline County		2. USUAL RESIDENCE (If have domestic head, if institution, residence before admission) a. STATE Nebraska b. COUNTY Lancaster	
b. CITY, TOWN, OR LOCATION Crete		c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL OR INSTITUTION Crete Hospital		4. STREET ADDRESS not given	
7. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. FARM RESIDENCE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Nettie Paulina Gerlach			4. DATE OF DEATH Month Day Year January 18, 1966
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 3, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY domestic	9. AGE (In years last birthday) 80
11. BIRTHPLACE (State or foreign country) Gage County, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Krayter		13b. MOTHER'S MAIDEN NAME Mary Schramm	
14. NAME OF HUSBAND OR WIFE August Gerlach			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 508-58-4957	
17. INFORMANT Lynn Gerlach, Hallam, Nebraska		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBROVASCULAR THROMBOSIS DUE TO (b) ARTERIOSCLEROSIS, GENERALIZED DUE TO (c) PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) DIABETES MELLITUS			INTERVAL BETWEEN ONSET AND DEATH YEARS
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>October 1965</u> to <u>January 1966</u> and last saw <u>her</u> alive on <u>Jan 18 1966</u> . Death occurred at <u>10:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Dr. Quick</i>		22b. ADDRESS Dr. Quick Crete, Nebraska	
22c. DATE SIGNED 25 Jan 66			
23a. BURIAL CREMATION REMOVAL (Specify) Burial		23b. DATE 1/21/66	
23c. NAME OF CEMETERY OR CREMATORY Hallam Cemetery		23d. LOCATION (City, town, or county) Hallam, Nebraska	
24. DATE RECD. BY REGISTRAR JAN 26 1966		25. REGISTRAR'S SIGNATURE <i>Freda Theis</i>	
26. NAME OF MORTUARY Umberger's Mortuary, Inc.		ADDRESS Lincoln, Nebr.	

Betty B. Sheaff  
MEDICAL CERTIFICATION

THIS CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL CERTIFICATE ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

*Freda Theis*

DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR  
LINCOLN, NEBRASKA

Issued January 26, 1966

Index: S $\frac{1}{2}$ NE $\frac{1}{4}$  3-6-5  
NW $\frac{1}{4}$ ; SW $\frac{1}{4}$  2-6-5  
NW $\frac{1}{4}$  11-6-5

359

fee - \$2.25 chg and  
ret - Everson,  
Wullschleger &  
Sutter, Atty's,  
City

STATE OF NEBRASKA } ss  
County of Gage

Filed for record and entered  
in Numerical Index February 15  
1966 at 1:00 o'clock P.M.  
Recorded in Book 39 of  
Miscellaneous Page 722

*Donald F. Hawley*  
REGISTER OF DEEDS

By *Donald F. Hawley* Deputy

NUMER ✓✓  
ALPHA  
PAGED  
COMP'D