

*Stanley S. Cooper*  
REGISTERED DEATH RECORDS

OCT 13 12 50 PM '97

INST. NO 97

042626

1050

BLOCK  
CODE  
CHECKED  
ENTERED  
EDITED

*Stacy*

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
**OCT 8 1997**  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
**STANLEY S. COOPER**  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES SYSTEM

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES  
VITAL STATISTICS  
CERTIFICATE OF DEATH

1. DECEDENT - NAME FIRST: Herman MIDDLE: John LAST: Gerdes			2. SEX Male	3. DATE OF DEATH (Month Day Year) September 27, 1997	
4. CITY AND STATE OF BIRTH (If not in U.S.A. name country) Valparaiso, Nebraska			5a. AGE - Last Birthday (Yrs) 75	5b. UNDER 1 YEAR 5c. HOURS MIN.	6. DATE OF BIRTH (Month Day Year) March 19, 1922
7. SOCIAL SECURITY NUMBER 508-14-9889			8a. PLACE OF DEATH HOSPITAL: <input checked="" type="checkbox"/> Inpatient OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> ER Outpatient <input type="checkbox"/> Residence <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify)		
8b. FACILITY - Name (If not institution, give street and number) Bryan Memorial Hospital			8c. CITY, TOWN OR LOCATION OF DEATH Lincoln		
8d. INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			8e. COUNTY OF DEATH Lancaster		
9a. RESIDENCE - STATE Nebraska	9b. COUNTY Lancaster	9c. CITY, TOWN OR LOCATION Malcolm		9d. STREET AND NUMBER (Including Zip Code) 9205 N.W. 105 St. 68402	9e. INSIDE CITY LIMITS Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
10. RACE - (e.g., White, Black, American Indian, etc.) (Specify) White	11. ANCESTRY (e.g., Italian, Mexican, German, etc.) (Specify) German	12. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED	13. NAME OF SPOUSE (If wife give maiden name) Edna J. Pohlman		
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		14b. KIND OF BUSINESS INDUSTRY Agriculture		15. EDUCATION (Specify only highest grade completed) Elementary or Secondary (10-12) <input checked="" type="checkbox"/> College (11-4 or 5) <input type="checkbox"/>	
16. FATHER - NAME FIRST: Herman MIDDLE: Adolf LAST: Gerdes		17. MOTHER - NAME FIRST: Bertha MIDDLE: Elizabeth MAIDEN SURNAME: Heiser			
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of services) No			19a. INFORMANT - NAME Edna Gerdes		
19b. INFORMANT MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 9205 N.W. 105th, Malcolm, Nebraska 68402					
20. EMBALMER - SIGNATURE & LICENSE NO. <i>Joe W. Hava</i> 1141			21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation	21b. DATE September 30, 1997	21c. CEMETERY OR CREMATORY NAME Lincoln Memorial Park
22. FUNERAL HOME - NAME Lincoln Memorial Funeral Home			21d. CEMETERY OR CREMATORY LOCATION Lincoln, Nebraska		
22b. FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6800 South 14 St. Lincoln, Nebraska 68512					
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) <input checked="" type="checkbox"/> Septic Shock				Interval between onset and death Days	
(b) <input checked="" type="checkbox"/> Peritonitis				Interval between onset and death Days	
(c) <input checked="" type="checkbox"/> Cecal Perforation				Interval between onset and death Days	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related V					
PART III IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 10-54) Yes <input type="checkbox"/> No <input type="checkbox"/>			24. AUTOPSY Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	25. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
26a. DATE OF INJURY (Mo., Day, Yr.)		26b. INJURY AT WORK Yes <input type="checkbox"/> No <input type="checkbox"/>	26c. HOUR OF INJURY		
26c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26d. DESCRIBE HOW INJURY OCCURRED			
27a. DATE OF DEATH (Mo., Day, Yr.) <input checked="" type="checkbox"/> 9/27/97		27b. DATE SIGNED (Mo., Day, Yr.) <input checked="" type="checkbox"/> 9/30/97		27c. TIME OF DEATH <input checked="" type="checkbox"/> 1725	27d. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <i>Jeffrey T. Marple M.D.</i>
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)			
29. DID TOBACCO USE CONTRIBUTE TO THE DEATH? Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>		30a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>		30b. WAS CONSENT GRANTED? Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Jeffrey T. Marple M.D. 7441 "O" St. Suite 304., Lincoln, Nebraska 68510					
32a. REGISTRAR <i>Richard C. Thomas</i>				32b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) OCT 03 1997	

Lot 19 in the Northwest Quarter (NW $\frac{1}{4}$ ) and Lot 20 in the Southwest Quarter (SW $\frac{1}{4}$ );  
and

Lot 42 of Irregular Tracts in the Northwest Quarter (NW $\frac{1}{4}$ ); and

Lots 9, 10, 11 and 43 of Irregular Tracts in the Southwest Quarter (SW $\frac{1}{4}$ ); and

Lot 44 of Irregular Tracts in the Southwest Quarter (SW $\frac{1}{4}$ ), except the West 522.73  
feet of the South 250 feet; and

Lot 48 of Irregular Tracts in the Southeast Quarter (SE $\frac{1}{4}$ ), except a tract in the  
Southwest corner for road and the Southwest 60-feet of the former Burlington  
Northern Railroad line between the southerly extension of the center line of East  
Street and center line of county road 1004;

All in Section 21, Township 11 North, Range 5 East of the 6th P.M., Lancaster  
County, Nebraska

✓  
Rambolt Lutzke  
1201 Bendish Mall #102  
68508