



201800423

201800423

Carol Givens
Carol Givens

Filed:

January 25, 2018 12:58:00 PM

**Register of Deeds
DODGE COUNTY, NE**

Fee \$16.00

SPACE ABOVE RESERVED FOR REGISTER OF DEEDS RECORDING INFORMATION

RETURN TO:

**Shane J. Placek, #22780
SIDNERLAW
340 E. Military, Ste. 1
Fremont, NE 68025-5097**

TITLE OF DOCUMENT: Death Certificate

- (1) Tax Lot 4, 6-17-7, Dodge County, Nebraska more particularly described as: The East Half (E1/2) of the Northwest Quarter (NW1/4), Section 6, Township 17 North, Range 7 East of the 6th P.M., Dodge County, Nebraska and containing 76.475 acres, more or less; and,
- (2) Tax Lot 6, 6-17-7, Dodge County, Nebraska more particularly described as: The easterly 547.0 feet of the southerly 380.0 feet of the Southwest Quarter (SW1/4) of the Northeast Quarter (NE1/4), Section 6, Township 17 North, Range 7 East of the 6th P.M., Dodge County, Nebraska and containing 4.77 acres, more or less.

STATE OF NEBRASKA

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

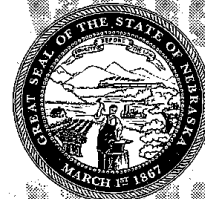
DATE OF ISSUANCE

5/9/2017

LINCOLN, NEBRASKA

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND
HUMAN SERVICES



17 05692

CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Linda Lou Thompson		2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) May 2, 2017	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Pawnee City, Nebraska		5a. AGE, Last Birthday (Yrs.) 73		5b. UNDER 1 YEAR HOURS MIN.	
7. SOCIAL SECURITY NUMBER 508-60-4357		8a. PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify)			
8b. FACILITY NAME (If not institution, give street and number) 1364 County Road S Blvd		8c. CITY OR TOWN OF DEATH (Include Zip Code) Ames, 68621			
8d. COUNTY OF DEATH Dodge		8e. RESIDENCE STATE Nebraska			
8f. COUNTY Dodge		8g. CITY OR TOWN Ames		8h. APT. NO.	
8i. STREET AND NUMBER 1364 County Road S Blvd		8j. ZIP CODE 68621		8k. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
10a. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name Brian L. Thompson			
11. FATHER'S NAME (First, Middle, Last, Suffix) Francis Dalton		12. MOTHER'S NAME (First, Middle, Maiden Surname) Kathyrne Horch			
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk) No		14a. INFORMANT NAME Brian L. Thompson		14b. RELATIONSHIP TO DECEDENT Spouse	
15. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		16a. EMBALMER SIGNATURE Not Embalmed		16b. LICENSE NO.	
16c. CEMETERY, CREMATORY OR OTHER LOCATION Reichmuth Crematory		CITY / TOWN Omaha		STATE Nebraska	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Moser Memorial Chapel, 2170 N. Somers Ave., PO Box 435, Fremont, Nebraska		17b. Zip Code 68025			
18. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
IMMEDIATE CAUSE: IMMEDIATE CAUSE (Final disease or condition resulting in death) a) Lung Cancer-metastatic				APPROXIMATE INTERVAL onset to death Months	
DUE TO, OR AS A CONSEQUENCE OF: b)				onset to death	
DUE TO, OR AS A CONSEQUENCE OF: c)				onset to death	
DUE TO, OR AS A CONSEQUENCE OF: d)				onset to death	
18. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to the death but not resulting in the underlying cause given in PART I. Chronic Kidney Disease					
20. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		21a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		21b. IF TRANSPORTATION INJURY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
22a. DATE OF INJURY (Mo., Day, Yr.)		22b. TIME OF INJURY		22c. PLACE OF INJURY—At home, farm, street, factory, office building, construction site, etc. (Specify)	
22d. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		22e. DESCRIBE HOW INJURY OCCURRED			
22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO.		CITY/TOWN		STATE	
22g. ZIP CODE		22h. DATE OF DEATH (Mo., Day, Yr.) May 2, 2017			
23a. DATE SIGNED (Mo., Day, Yr.) May 2, 2017		23b. TIME OF DEATH 06:00 AM		24a. DATE SIGNED (Mo., Day, Yr.)	
23c. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Matthew Beacom, MD		24b. TIME OF DEATH		24c. PRONOUNCED DEAD (Mo., Day, Yr.)	
24d. 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)		24e. TIME PRONOUNCED DEAD			
25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> UNKNOWN		26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26b. WAS CONSENT GRANTED? Not Applicable if 26a is NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Matthew Beacom, MD, 1625 E Military Ave, Fremont, Nebraska, 68025		28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>			
28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) May 3, 2017					

00829336