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FILED FOR RECORD 3-26-18 AT 12:04 P.M.
IN BOOK 135 OF Gen PAGE 900
REGISTER OF DEEDS, CASS CO., NE David John
#1282 (279) \$16⁰⁰

SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

RETURN TO: DAVID LAUER
2741 KATY CIRCLE
LINCOLN, NE 68508

CERTIFIED DEATH CERTIFICATE

FULL & COMPLETE LEGAL DESCRIPTION – OR ATTACH LEGAL DESCRIPTION ON PAGE 2 IF
ADDITIONAL SPACE IS NEEDED:

Legal Description: _____

East half of the Southeast Quarter, of Section 23, Township 10, Range 10, east of the 6th

PM. Cass County, NE, except that part taken for highway purposes.

ML

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
3/1/2018
LINCOLN, NEBRASKA

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

11-97

STATE OF NEBRASKA- DEPARTMENT OF HEALTH AND HUMAN SERVICES FINAN E AND SUPPORT
VITAL STATISTICS

CERTIFICATE OF DEATH

00 07941

1. DECEDENT - NAME FIRST MIDDLE LAST Darline B Erikson			2. SEX Female	3. DATE OF DEATH (Month Day Year) July 3, 2000	
4. CITY AND STATE OF BIRTH (If not in U.S.A. name country) Blue Springs, Nebraska		5a. AGE - Last Birthday (Yrs.) 77	5b. UNDER 1 YEAR 30 MOS. DAYS	5c. UNDER 1 DAY 5c. HOURS MINS	6. DATE OF BIRTH (Month Day Year) March 10, 1923
7. SOCIAL SECURITY NUMBER			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 no. (near)) Methodist Hospital			9a. CITY, TOWN OR LOCATION OF DEATH Omaha		
9b. COUNTY Douglas		9c. CITY, TOWN OR LOCATION Omaha		9d. STREET AND NUMBER (including Zip Code) 3532 So. 104th St. 68124	
9e. INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		9f. COUNTY OF DEATH Douglas			
10. RACE (e.g. White, Black, American Indian, etc.) (Specify) White		11. ANCESTRY (e.g. Italian, Mexican, German, etc.) (Specify) American		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) Donzel L Erikson			15. EDUCATION (Specify only highest grade completed) Elementary or Secondary 10-12 College 11-4 or 5-1 12 2		
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager		14b. KIND OF BUSINESS INDUSTRY Steel & Aluminum Co. Alcoa of America		15. EDUCATION (Specify only highest grade completed) Elementary or Secondary 10-12 College 11-4 or 5-1 12 2	
16. FATHER - NAME FIRST MIDDLE LAST Lewis Hollenbeck			17. MOTHER - FIRST MIDDLE MAIDEN SURNAME Laura Miller		
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If yes, give year and dates of service) NO			19a. INFORMANT - NAME Donzel L Erikson		
19b. INFORMANT MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP) 3532 So. 104th St., Omaha, Nebr. 68124					
20. EMBALMER - SIGNATURE & LICENSE NO. Not Embalmed		21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Removal <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation		21b. DATE 7-6-2000	
22a. FUNERAL HOME - NAME Heafey Hoffmann Dworak Cutler		21c. CEMETERY OR CREMATORY NAME Heafey Hoffmann Crematory			
22b. FUNERAL HOME ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP) 7805 West Center Road, Omaha, Nebraska 68124		21d. CEMETERY OR CREMATORY LOCATION CITY OR TOWN STATE Omaha, Nebraska			
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I 23a. (a) Lung Cancer		Interval between onset and death			
23b. DUE TO, OR AS A CONSEQUENCE OF					
Interval between onset and death					
23c. DUE TO, OR AS A CONSEQUENCE OF					
Interval between onset and death					
PART II 23d. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related					
24. PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 15-54) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			25. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
26a. <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Homicide <input type="checkbox"/> Investigation		26b. DATE OF INJURY (Mo. Day, Yr.)		26c. HOUR OF INJURY	
26d. INJURY AT WORK Yes <input type="checkbox"/> No <input type="checkbox"/>		26e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		26f. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	
26g. DESCRIBE HOW INJURY OCCURRED					
27a. DATE OF DEATH (Mo. Day, Yr.) 7-3-00		27b. DATE SIGNED (Mo. Day, Yr.) 7-3-00		27c. TIME OF DEATH 6:55 A M	
27d. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. Mark D. Orman MD		27e. 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. Mark D. Orman MD			
29. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		30a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" 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) MARK D. Orman MD 16120 W. Dodge Omaha, Ne 68118					
32a. REGISTRAR John L Wiley				32b. DATE FILED BY REGISTRAR (Mo. Day, Yr.) JUL 5 2000	

For use by physician, medical examiner or county coroner.

PART I

CAUSE

PART II

CERTIFIER

0379372