

FILED
CASS COUNTY, NE.

2000 OCT 24 PM 3:28

Doc #479
#550

COMPARED

56 MISC. PG 376
MELISSA MEISINGER
REGISTRAR OF DEEDS

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

295317

1. DECEDENT - NAME FIRST: Darline MIDDLE: B LAST: 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 MONTHS: 77 DAYS: 00
7. SOCIAL SECURITY NUMBER 505 26 2917	6a. 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"/> DCA <input type="checkbox"/> Other (Specify)	8. DATE OF BIRTH (Month, Day, Year) March 10, 1923
9a. FACILITY - Name (If not institution, give street and number) Methodist Hospital	9b. CITY, TOWN OR LOCATION OF DEATH Omaha	9c. INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9d. RESIDENCE - STATE Nebraska	9e. COUNTY Douglas	9f. CITY, TOWN OR LOCATION Omaha
10. RACE - (e.g., White, Black, American Indian, etc.) (Specify) White	11. ANCESTRY (e.g., Italian, Mexican, German, etc.) (Specify) American	12. MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
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 (8-12) 12 College (11-4 or 5+) 2
16. FATHER - NAME FIRST: Lewis MIDDLE: Hollenbeck LAST: Erikson	17. MOTHER FIRST: Laura MIDDLE: Miller MAIDEN SURNAME: Miller	19a. INFORMANT - NAME Donzel L Erikson
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war and dates of service) no	19b. MAILING ADDRESS 3532 So. 104th St., Omaha, Nebr. 68124	19c. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP
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	21d. CEMETERY OR CREMATORY LOCATION Omaha, Nebraska
22b. FUNERAL HOME ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 7805 West Center Road, Omaha, Nebraska 68124	23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Lung Cancer (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
24. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related	PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 10-54) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	24. AUTOPSY? 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"/>	25a. Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Homicide <input type="checkbox"/> Investigation <input type="checkbox"/>	25b. DATE OF INJURY (Mo., Day, Yr.)
25c. INJURY AT WORK Yes <input type="checkbox"/> No <input type="checkbox"/>	25d. PLACE OF INJURY - (At home, farm, street, factory, office building, etc.) (Specify)	25e. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE
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. Signature and Title: <i>Mark D. Omernick</i>	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. (Signature and Title)	28a. DATE SIGNED (Mo., Day, Yr.)
28b. TIME OF DEATH	28c. PRONOUNCED DEAD (Mo., Day, Yr.)	28d. PRONOUNCED DEAD (Hour)
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, PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) MARK D. OMERNICK, 45120 W. Dodge Omaha, Ne 68118	32a. REGISTRAR <i>John L. Wiley</i>	32b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JUL 5 2000

This certifies this document to be a true copy of an original record on file with Vital Statistics, Douglas County Health Department, Omaha, Nebraska. Certified copies must have a raised seal in the area to the left. Reproductions of this green certificate are not legal copies.

Date issued: JUL 20 2000

Registrar: *John L. Wiley*

The East Half of the Southeast Quarter (E 1/2 SE 1/4) of Section Twenty three (23), Township Ten (10) North, Range Ten (10) East of the 6th P.M., containing 80 acres, more or less, Cass County, Nebraska, for a term of one year, from the first day of March, 1997 to the last day of February 1998, upon the following terms, to wit: