

Attachment to the Death Certificate of Patricia Ann Rischling.

No.	Gen.	Num.	Paged	
#6	✓	✓	✓	
dk	Register of Deeds			

From, Chg. and Return to:  
Hanson, Hroch & Kuntz, Attys.  
P. O. Box 626  
Wilber, NE 68465  
Fee: \$ 22.00 Chg.

2009-00841

STATE OF NEBRASKA } ss  
SALINE COUNTY

Entered in numerical index and filed on  
record, the 19 day of October  
2009 at 10:33 o'clock A.M. and recorded  
in Book 69 of Misc. Page 390-391

*Jynida Kastanek*  
County Clerk

STATE OF NEBRASKA

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  
MAR 11 2008  
LINCOLN, NEBRASKA

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

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT

CERTIFICATE OF DEATH

08 22310

File Against: Lots 1, 2, 3, 4, 5, 6, 7, 8 & 9 & W 1/2 Lots 10, 11 & 12, all Block 6, Original Town of Western, Saline County, Nebraska; Lots 2, 3, 4, 5 & 6, Block 12, Original Town of Western, Saline County, Nebraska; N96 Lots 1, 2 & 3 & all of Lots 4, 5 & 6, Block 1, Shearer's Addition to Village of Western, Saline County, Nebraska; Lot 1, Block 4, Shearer's Addition to Village of Western, Saline County, Nebraska

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Patricia Ann Rischling			2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) February 22, 2008	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Western, Nebraska			5a. AGE-Last Birthday (Yrs.) 73	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS.	6. DATE OF BIRTH (Mo., Day, Yr.) May 26, 1934
7. SOCIAL SECURITY NUMBER 506 38 8333			8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Decedent's Home <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify)			
8b. FACILITY-NAME (If not institution, give street and number) Heritage Care Center						
9c. CITY OR TOWN OF DEATH (Include Zip Code) Fairbury, Nebraska 68352			9d. COUNTY OF DEATH Jefferson			
9a. RESIDENCE-STATE Nebraska		9b. COUNTY Saline		9c. CITY OR TOWN Western		
9d. STREET AND NUMBER 103 N. East Avenue			9e. APT. NO.	9f. ZIP CODE 68464	9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input 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. James Rischling			
11. FATHER'S NAME (First, Middle, Last, Suffix) Clyde Yost			12. MOTHER'S NAME (First, Middle, Maiden Surname) Sylvia Marik			
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.) no			14a. INFORMANT-NAME James Rischling		14b. RELATIONSHIP TO DECEDENT spouse	
15. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		16a. ENCALMER-SIGNATURE <i>Stanley S. Cooper</i>	16b. LICENSE NO. 1256	16c. DATE (Mo., Day, Yr.) February 26, 2008		
16d. CEMETERY, CREMATORY OR OTHER LOCATION Plainview Cemetery			CITY/TOWN Western		STATE Nebraska	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Kuncl Funeral Home: 607 West 3rd PO Box 742 Wilber, Nebraska					17b. Zip Code 68465	
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: (a) <u>Dementia</u> DUE TO, OR AS A CONSEQUENCE OF:						APPROXIMATE INTERVAL onset to death
Sequentially list conditions, if any, leading to the cause listed on line a. (b) <u>Severe Heart Valve Disease</u> DUE TO, OR AS A CONSEQUENCE OF:						onset to death
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) (c) _____ DUE TO, OR AS A CONSEQUENCE OF:						onset to death
LAST (d) _____ DUE TO, OR AS A CONSEQUENCE OF:						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.						19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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)	21c. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
22a. DATE OF INJURY (Mo., Day, Yr.)		22b. TIME OF INJURY m	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 ZIP CODE						
23a. DATE OF DEATH (Mo., Day, Yr.) 2-22-08		23b. DATE SIGNED (Mo., Day, Yr.) 2-25-08		23c. TIME OF DEATH 1140 Am	24a. DATE SIGNED (Mo., Day, Yr.)	24b. TIME OF DEATH m
23d. 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>Dr. Rick Blatnik, Jr.</i>		23e. TIME OF DEATH m	24c. PRONOUNCED DEAD (Mo., Day, Yr.)	24d. TIME PRONOUNCED DEAD m	24e. 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) <input checked="" type="checkbox"/>	
25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN		26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26b. WAS CONSENT GRANTED? Not Applicable if 26a is NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Dr. Rick Blatnik, Jr. 825 22nd St Fairbury, NE 68352						
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) MAR 7 2008		

To Be Completed/Verified by: FUNERAL DIRECTOR

To Be Completed by: CERTIFIER

To Be Completed by: ATTENDING PHYSICIAN ONLY

To Be Completed by: CORONER'S PHYSICIAN OR COUNTY ATTORNEY ONLY