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From, Chg. and Return to:  
 Steinacher, Vosoba, Hanson & Kolbo  
 P. O. box 626 Wilber, NE 68465  
 Fee: \$11.50 Chg.

STATE OF NEBRASKA }  
 SALINE COUNTY } ss

Entered in numerical index and filed  
 for record, the 29 day of January  
 1999 at 10:23 clock A.M. and record-  
 ed in Book 55 of Misc. Page 582-583

*Phyllis Orsini*  
 County Clerk

PLEASE RECORD AGAINST:

1. Lot Two (2) in Luick Addition to the Village of Dorchester, Saline County, Nebraska;
2. Northwest Quarter (NW¼) of Section Seven (7), Township Seven (7), Range Three (3), East of the 6<sup>th</sup> P.M., Saline County, Nebraska;
3. The Southeast Quarter (SE¼) of the Southwest Quarter (SW¼) of Section One (1), Township Seven (7), Range Two (2), East of the 6<sup>th</sup> P.M., Saline County, 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  
JAN 20 1999  
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 FINANCE AND SUPPORT  
VITAL STATISTICS

CERTIFICATE OF DEATH

1 DECEDENT - NAME FIRST MIDDLE LAST Joseph A. Slama			2 SEX Male		3 DATE OF DEATH (Month, Day, Year) January 3, 1999		
4 CITY AND STATE OF BIRTH (If not in U.S.A. name country) Saline County, Nebraska		5a AGE - Last Birthday (Yrs.) 90		5b UNDER 1 YEAR UNDER 1 DAY 5c HOURS MINS		6 DATE OF BIRTH (Month, Day, Year) August 16, 1908	
7 SOCIAL SECURITY NUMBER 506-48-2959			8a PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
8b FACILITY - Name (If not institution, give street and number) Crete Municipal Hospital - LTC							
8c CITY, TOWN OR LOCATION OF DEATH Crete			8d INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		8e COUNTY OF DEATH Saline		
9a RESIDENCE - STATE Nebraska		9b COUNTY Saline		9c CITY, TOWN OR LOCATION Dorchester		9d STREET AND NUMBER (Including Zip Code) 104 Whitmar 68343	
9e INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
10 RACE - (e.g., White, Black, American Indian, etc.) (Specify) White		11 ANCESTRY (e.g., Italian, Mexican, German, etc.) (Specify) Czech		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) Josephine M. Belohlavy	
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			14b KIND OF BUSINESS INDUSTRY 473		15 EDUCATION (Specify only highest grade completed) 10 Elementary or Secondary (10-12) College (11-4 or 5+)		
16 FATHER - NAME FIRST MIDDLE LAST John Slama			17 MOTHER FIRST MIDDLE MAIDEN SURNAME Agnes Kupka				
18 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war and dates of services) No			19a INFORMANT - NAME Josephine Slama				
19b INFORMANT MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 104 Whitmar; Dorchester, NE 68343							
20 EMBALMER - SIGNATURE & LICENSE NO. <i>Scott Blum</i> 1250			21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation		21b DATE Jan. 7, 1999		
22a FUNERAL HOME - NAME Kuncl Funeral Home			21c CEMETERY OR CREMATORY NAME Wilber Czech Cemetery				
22b FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 131 West 12th St.; Crete, NE 68333			21d CEMETERY OR CREMATORY LOCATION CITY OR TOWN STATE Wilber, Nebraska				
23 IMMEDIATE CAUSE PART I (a) <i>Heart Failure</i> DUE TO, OR AS A CONSEQUENCE OF (b) <i>CVA - CHT</i> DUE TO, OR AS A CONSEQUENCE OF (c) <i>ASCVD - OBS - CHT</i> PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death and not related to the cause(s) stated 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"/>							
26a DATE OF INJURY (Mo, Day, Yr.) 1-3-99			26b DATE OF INJURY (Mo, Day, Yr.) 1-7-99		26c HOUR OF INJURY 10:45 PM		
26d DATE OF DEATH (Mo, Day, Yr.) 1-3-99			26e TIME OF DEATH 10:45 PM		26f PLACE OF DEATH (Specify) At home		
26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 104 Whitmar Crete NE			26h DATE SIGNED (Mo, Day, Yr.) 1-7-99				
26i TIME OF DEATH 10:45 PM			26j PROMONUNCIATED DEAD (Mo, Day, Yr.) 1-7-99				
26k 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) <i>Robert E. Tuma</i>			26l 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) <i>Stanley S. Cooper</i>				
29 DID TOBACCO USE CONTRIBUTE TO THE DEATH? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/>			30a HAD 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 & PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Robert E. Tuma, M.D. 1313 Ivy Ave Crete, NE 68333			32b DATE FILED BY REGISTRAR (Mo, Day, Yr.) JAN 11 1999				