

No.	Gen	Num	Page	
#7	✓	✓	✓	
Register of Deeds				

From and Return to:
Doris Chambers
404 North 8th Street
Seward, NE 68434
Fee: \$ 5.50 paid

STATE OF NEBRASKA, County of Saine
Entered in numerical index and filed for record 4 day of
August 20 05 at 11:00 o'clock A. M. and
recorded in Book 64 of Misc. Page 60

Indexed against: Pt. SW $\frac{1}{4}$; Pt. S $\frac{1}{2}$ NW $\frac{1}{4}$ & Pt. NW $\frac{1}{4}$ SE $\frac{1}{4}$ 2-7-4

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
10/27/2004
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

04 11043

1. DECEDENT - NAME FIRST MIDDLE LAST Tom Wiley Chambers			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) September 29, 2004
4. CITY AND STATE OF BIRTH (If not in U.S.A., name country) Skiatook, Oklahoma		5a. AGE - Last Birthday (Yrs.) 76	5b. MOS. UNDER 1 YEAR DAYS	5c. HOURS UNDER 1 DAY MINS
7. SOCIAL SECURITY NUMBER 447-22-7937		6. DATE OF BIRTH (Month, Day, Year) October 10, 1927		
8a. PLACE OF DEATH HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		8b. FACILITY - Name (If not institution, give street and number) Memorial Hospital		
8c. CITY, TOWN OR LOCATION OF DEATH Seward		8d. INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
9a. RESIDENCE - STATE Nebraska		9b. COUNTY Seward		9c. CITY, TOWN OR LOCATION Seward
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) Doris Jean Chalupa		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Technician		
14b. KIND OF BUSINESS INDUSTRY Heating and air conditioning		15. EDUCATION (Specify only highest grade completed) Elementary or Secondary (10-12) <u>11</u> College (14 or 5+)		
16. FATHER - NAME FIRST MIDDLE LAST Don Chambers			17. MOTHER - NAME FIRST MIDDLE MAIDEN SURNAME Pearl Nichols	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give way and dates of service) Yes <u>WWII</u> 01/15/1946 to 07/21/1947			19a. INFORMANT - NAME Doris J. Chambers	
19b. INFORMANT MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 404 North 8th Street Seward, NE 68434				
20. EXAMINER - SIGNATURE & LICENSE NO. <i>Philip W. Robert</i> #1174			21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation	
21b. DATE Oct 2, 2004			21c. CEMETERY OR CREMATORY NAME Riverside Cemetery	
22a. FUNERAL HOME - NAME Wood-Zabka Funeral Home			21d. CEMETERY OR CREMATORY LOCATION Crete	
22b. FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 410 Jackson, Seward, NE 68434			21e. CITY OR TOWN STATE Nebraska	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) sepsis & Pylonephritis (b) Parkinson's Disease (c) Hip Fracture Interval between onset and death 1 week 10 years 2 months				
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related Dementia				
PART III IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 10-54) Yes <input type="checkbox"/> No <input 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.) 8-6-04				
26b. HOUR OF INJURY 9:15 A M				
26c. DESCRIBE HOW INJURY OCCURRED fell at home				
26d. LOCATION 404 North 8th St., Seward, NE				
27a. DATE OF DEATH (Mo., Day, Yr.) September 29, 2004				
27b. DATE SIGNED (Mo., Day, Yr.) 10-1-04				
27c. TIME OF DEATH 12:45 P.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>Robert W. Wall M.D.</i>				
29. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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) Dr. Robert W. Wall M.D.; 250 No. Columbia, Seward, NE 68434				
32a. REGISTRAR <i>Stanley S. Cooper</i>				
32b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) OCT 12 2004				