No.	Gen.	Num.	Paged		
5	✓	✓	✓		
dk	Register of Deeds				

STATE OF NEBRASKA } ss 2010-00318
SALINE COUNTY
Entered in numerical index and filed on record, the 16th day of February 2010 at 10:30 o'clock A M. and recorded in Book 70 of Misc Page 20-21

Linda Kastanek
County Clerk

From and return to:
Don Chambers
6511 Ballard Ave.
Lincoln, NE 68507
Fees: $10.50 paid (check)

Attachment to the Death Certificate of Doris Jean Chambers.

Indexed against: Pt. S½NW¼ 2-7-4 (55.35 acres) and SW¼ ex. frac. 2-7-4 (156.83 acres)

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE 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

MAR 19 2009

LINCOLN, NEBRASKA

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

EA 21295

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

To Be Completed/Verified by: FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last, Suffix): Doris Jean Chambers
2. SEX: Female
3. DATE OF DEATH (Mo., Day, Yr.): February 6, 2009
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH: Crete, Nebraska
5a. AGE-Last Birthday (Yrs.): 75
5b. UNDER 1 YEAR MOS.: 5c. UNDER 1 DAY HOURS: MINS.:
6. DATE OF BIRTH (Mo., Day, Yr.): January 11, 1934
7. SOCIAL SECURITY NUMBER: 505-40-2614
8a. PLACE OF DEATH: HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home/LTC ☐ Decedent's Home ☐ Other(Specify) ☐ Hospice Facility
8b. FACILITY-NAME (If not institution, give street and number): BryanLGH Medical Center East
8c. CITY OR TOWN OF DEATH (Include Zip Code): Lincoln 68506
8d. COUNTY OF DEATH: Lancaster
9a. RESIDENCE-STATE: Nebraska
9b. COUNTY: Seward
9c. CITY OR TOWN: Seward
9d. STREET AND NUMBER: 404 N. 8th Street
9e. APT. NO.:
9f. ZIP CODE: 68434
9g. INSIDE CITY LIMITS: ☒ Yes ☐ No
10a. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Never Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Unknown
10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name.: Tom Wiley Chambers Sr
11. FATHER'S NAME (First, Middle, Last, Suffix): Lumir Chalupa
12. MOTHER'S NAME (First, Middle, Maiden Surname): Helen Vyhnalek
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.): No
14a. INFORMANT-NAME: Tom W Chambers Jr
14b. RELATIONSHIP TO DECEDENT: Son
15. METHOD OF DISPOSITION: ☒ Burial ☐ Donation ☐ Cremation ☐ Entombment ☐ Removal ☐ Other(Specify)
16a. EMBALMER-SIGNATURE: Ryan M Reding
16b. LICENSE NO.: 1318
16c. DATE (Mo., Day, Yr.): February 11, 2009
16d. CEMETERY, CREMATORY OR OTHER LOCATION: Riverside Cemetery
CITY/TOWN: Crete
STATE: Nebraska
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State): Zabka Funeral Home, 410 Jackson, Seward, Nebraska
17b. Zip Code: 68434

CAUSE OF DEATH (See instructions and examples)

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.

		APPROXIMATE INTERVAL: onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a) Multi Organ Failure	
Sequentially list conditions, if any, leading to the cause listed on line a.	DUE TO, OR AS A CONSEQUENCE OF: b) Renal Failure	6 weeks
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	DUE TO, OR AS A CONSEQUENCE OF: c) Diabetes Type 2	years
	DUE TO, OR AS A CONSEQUENCE OF: d)	

18. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I.: Coronary Artery Disease, infected wounds, diabetes
19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☒ YES ☐ NO
20. IF FEMALE: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
21a. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
21b. IF TRANSPORTATION INJURY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
21c. WAS AN AUTOPSY PERFORMED? ☐ YES ☒ NO
21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☐ YES ☐ NO
22a. DATE OF INJURY (Mo., Day, Yr.):
22b. TIME OF INJURY:
22c. PLACE OF INJURY-At home, farm, street, factory, office building, construction site, etc. (Specify):
22d. INJURY AT WORK? ☐ YES ☐ NO
22e. DESCRIBE HOW INJURY OCCURRED:
22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO.:
CITY/TOWN:
STATE:
ZIP CODE:

To be completed by Attending PHYSICIAN ONLY

23a. DATE OF DEATH (Mo., Day, Yr.): February 6, 2009
23b. DATE SIGNED (Mo., Day, Yr.): February 13, 2009
23c. TIME OF DEATH: 9:53 a 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): MReding MD

To be completed by CORONER'S PHYSICIAN or COUNTY ATTORNEY ONLY

24a. DATE SIGNED (Mo., Day, Yr.):
24b. 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)

25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? ☐ YES ☒ NO ☐ PROBABLY ☐ UNKNOWN
26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? ☐ YES ☒ NO
26b. WAS CONSENT GRANTED? Not Applicable if 26a is NO ☐ YES ☐ NO

To Be Completed by: CERTIFIER

27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print): Dr. Mark Reida 3901 Pine Lake Rd. Suite 220 Lincoln, NE 68516
28a. REGISTRAR'S SIGNATURE: Stanley S. Cooper
28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.): FEB 18 2009