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FAIRHILLY  
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- ~~1. Youngs East Lincoln, Block 1, Lot 1-2 & N1/2 Vac E-W~~ K19
2. Martin Heights, Block 11, Lot 11, S76' E1/2 & Lot 12 S76'
3. Youngs East Lincoln, Block 1, Lot 12, Ex 3.9' NE Corner & S1/2 Vac E-W Alley Adj
4. Cotner College Add, Block 2, Lot 12
5. Fair Hill 4<sup>th</sup>, Lot 1
6. Youngs East Lincoln, Block 1, Lot 1-2 & N1/2 Vac E-W Alley Adj
7. Fair Hill 4<sup>th</sup>, Lot 2
8. Cotner College Add, Block 2, Lot 13-14 N60'
9. Ellendale, Block 2, Lot 14
10. S32, T10, R7, 6<sup>th</sup> P.M., Irregular Tract, Lot 395 NE
11. Cadwallader Place ~~Sub~~, Lot 1 Ex 562.6 Sq. Ft. on East & Lot 2 Ex 439.4 Sq. Ft on East & Lot 3
12. Townsend and Gadds Sub, Block 10, Lot 1-2 Ex S60'

Anderson Cragg

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 AND HUMAN SERVICES.

DATE OF ISSUANCE

FEB 19 2010

LINCOLN, NEBRASKA



STANLEY  
ASSISTANT  
DEPARTMENT  
HUMAN SERVICES

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

CERTIFICATE OF DEATH

10-21159

1. DECEDENT'S NAME (First, Middle, Last, Suffix) John M. Long			2. SEX male		3. DATE OF DEATH (Mo., Day, Yr.) February 13, 2010	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Tecumseh, 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 9, 1936
7. SOCIAL SECURITY NUMBER 505-38-9750			8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
8b. FACILITY-NAME (If not institution, give street and number) 1414 South 52nd Street			8c. CITY OR TOWN OF DEATH (Include Zip Code) Lincoln 68506			
8d. COUNTY OF DEATH Lancaster			9a. RESIDENCE-STATE Nebraska			
9b. COUNTY Lancaster			9c. CITY OR TOWN Lincoln			
9d. STREET AND NUMBER 1414 South 52nd Street			9e. APT. NO.	9f. ZIP CODE 68506	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. Marilyn Knight			
11. FATHER'S-NAME (First, Middle, Last, Suffix) Maurice Long			12. MOTHER'S-NAME (First, Middle, Maiden Surname) Elva Gibbs			
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.) yes Not of record			14a. INFORMANT-NAME Marilyn Knight - Long		14b. RELATIONSHIP TO DECEDENT wife	
15. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		16a. EMBALMER-SIGNATURE Not embalmed		16b. LICENSE NO.	16c. DATE (Mo., Day, Yr.) 2-16-10	
16d. CEMETERY, CREMATORY OR OTHER LOCATION B.M.L. Cremation Services			CITY / TOWN Lincoln	STATE Nebraska		
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Butherus Maser and Love, 4040 A Street, Lincoln, Nebraska					17b. Zip Code 68510	
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>Rectal Adenocarcinoma</u> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)					APPROXIMATE INTERVAL onset to death onset to death onset to death 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 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 21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input 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.) 2-13-2010	23b. DATE SIGNED (Mo., Day, Yr.) 2-15-10	23c. TIME OF DEATH 10:07pm	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) <i>Nathan Green</i>				
25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN		26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26b. WAS CONSENT GRANTED? Not Applicable if 26a is NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Nathan Green D.O. 2015 68th St A suite 200 Lincoln NE 68510						
28a. REGISTRAR'S SIGNATURE <i>Bruce D. Dost</i>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) FEB 16 2010		