

No.	Gen.	Num.	Paged	ROD
6				
Register of Deeds				

Fee \$16.00 (charge)

From & Return:

STATE OF NEBRASKA } ss
SALINE COUNTY

Index No. 2018-01524

Entered in numerical index and filed on record, the 24th day of September

2018 at 3:09 o'clock P. M. and recorded

in Book 79 of MISC Page 332-333

Matthew Hanson
County Clerk

File and Return to:

Matthew Hanson

1331 Main

Crete, NE 68333

Please file and record against:

Lots Numbered Twenty-Six (26) and Twenty-Seven (27), except the south 66 feet (66') thereof, in the Original Town of Wilber, Saline County, Nebraska, and the vacated way or alley running east and west between the north end of said Lots Twenty-Six (26) and Twenty-Seven (27) in the Original Town of Wilber, Nebraska, and Lot Six (6), in Block Fifteen (15), in Wilber's First Addition to the Town of Wilber, Saline County, Nebraska.

0511711

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Helen Marie Zach		2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) August 6, 2018		4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Wilber, Nebraska		5a. AGE - Last Birthday 59		5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.		6. DATE OF BIRTH (Mo., Day, Yr.) January 20, 1928																																																																	
7. SOCIAL SECURITY NUMBER 508-30-7891		8a. PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> HOSPITAL <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Decedent's Home <input type="checkbox"/> DVA <input type="checkbox"/> Other (Specify)		8b. CITY OR TOWN OF DEATH (include zip code) Wilber 68465		8c. CITY OR TOWN OF DEATH (include zip code) Wilber 68465		8d. COUNTY OF DEATH Saline		8e. CITY OR TOWN Wilber		8f. ZIP CODE 68465		8g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																																															
10a. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name Robert Zach		11. FATHER'S NAME (First, Middle, Last, Suffix) Charles Mares		12. MOTHER'S NAME (First, Middle, Last, Suffix) If maiden name Ella Hospodsky		13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. <input type="checkbox"/> Yes, No. or Unk. <input checked="" type="checkbox"/> No		14. INFORMANT NAME Diane Mares		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. CEMETERY, CREMATORY OR OTHER LOCATION Samantha M. Thompson		16b. LICENSE NO. 1507		16c. DATE (Mo., Day, Yr.) August 9, 2018		16d. CITY / TOWN Wilber		16e. STATE Nebraska		17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Griffiths Hovendick Chapel, Inc. 708 N. 6th Street, Beatrice, Nebraska		17b. Zip Code 68310																																																			
18. PART I. Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE: a) Multi Organ Failure		18. PART II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not resulting in the underlying cause given in PART I. Hypertension, Diabetes Mellitus Type 2		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"/> Unknown if pregnant within past year		21a. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Drowning <input type="checkbox"/> Poisoning <input type="checkbox"/> Sudden <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 checked="" type="checkbox"/> NO		22a. DATE OF INJURY (Mo., Day, Yr.) July 31, 2018		22b. TIME OF INJURY Unknown		22c. PLACE OF INJURY Nursing Home		22d. DESCRIBE HOW INJURY OCCURRED Patient fell out of bed at Wilber Care Center		22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO., CITY/TOWN, STATE, ZIP CODE 610 N. Main Street, Wilber, Nebraska 68465		23a. DATE OF DEATH (Mo., Day, Yr.) August 6, 2018		23b. TIME OF DEATH 12:40 AM		23c. DATE SIGNED (Mo., Day, Yr.) September 7, 2018		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) Jason K. Hesser, MD		23e. TIME OF DEATH 12:40 AM		23f. DATE SIGNED (Mo., Day, Yr.) September 7, 2018		23g. TIME OF DEATH 12:40 AM		23h. DATE SIGNED (Mo., Day, Yr.) September 7, 2018		23i. TIME OF DEATH 12:40 AM		23j. DATE SIGNED (Mo., Day, Yr.) September 7, 2018		23k. TIME OF DEATH 12:40 AM		23l. DATE SIGNED (Mo., Day, Yr.) September 7, 2018		23m. TIME OF DEATH 12:40 AM		23n. DATE SIGNED (Mo., Day, Yr.) September 7, 2018		23o. TIME OF DEATH 12:40 AM		23p. DATE SIGNED (Mo., Day, Yr.) September 7, 2018		23q. TIME OF DEATH 12:40 AM		23r. DATE SIGNED (Mo., Day, Yr.) September 7, 2018		23s. TIME OF DEATH 12:40 AM		23t. DATE SIGNED (Mo., Day, Yr.) September 7, 2018		23u. TIME OF DEATH 12:40 AM		23v. DATE SIGNED (Mo., Day, Yr.) September 7, 2018		23w. TIME OF DEATH 12:40 AM		23x. DATE SIGNED (Mo., Day, Yr.) September 7, 2018		23y. TIME OF DEATH 12:40 AM		23z. DATE SIGNED (Mo., Day, Yr.) September 7, 2018	

Pursuant to section 30-2413, demands for notice which may affect the estate of the deceased are filed with the county court in the county where the decedent resided at the time of death.

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE STATE OF NEBRASKA, IT CERTIFIES THE DOCUMENT 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
9/7/2018
LINCOLN, NEBRASKA

RUSSELL FOSLER
INTERIM ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE OF NEBRASKA



18 11388

CERTIFICATE OF DEATH