

No.	Gen.	Num.	Paged	ROD
#1	✓	✓	✓	✓
dk Register of Deeds				

From and Return to:
 Jacque Rue
 1600 Grove Ave., Apt 37
 Crete, NE 68333
 Fee: \$ 16.00 paid (check)

Indexed against: Lt. 8, Blk. 175 Crete City

STATE OF NEBRASKA } ss page count 2
 SALINE COUNTY }
 Index No. 2018-02098
 Entered in numerical index and filed on
 record, the 13 day of December
 2018 at 9:00 o'clock A.M. and recorded
 in Book 79 of Misc. Page 543-544
Amni A. Korbelt
 County Clerk - Deputy

CERTIFICATE OF DEATH
 STATE OF CALIFORNIA
 USE BLACK INK ONLY

3-91-41 000265

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) Ronald		1B. MIDDLE G.	1C. LAST (FAMILY) Rue
4. RACE White		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2A. DATE OF DEATH—MO. DAY, YR. January 22, 1991
8. STATE OF BIRTH NE		9. CITIZEN OF WHAT COUNTRY U.S.A.	2B. HOUR 1100
10A. FULL NAME OF FATHER Ransclair Rue		10B. STATE OF BIRTH NE	3. SEX M
12. MILITARY SERVICE? 19 ___ TO 19 ___ <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 506-64-9651	6. DATE OF BIRTH—MO. DAY, YR. December 23, 1949
16A. USUAL OCCUPATION Laborer		16B. USUAL KIND OF BUSINESS OR INDUSTRY Pet Food Manufac.	7. AGE IN YEARS 41
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 910 Grove Ave.		18B. CITY Crete	11A. FULL MAIDEN NAME OF MOTHER Bernice Crews
18D. COUNTY Saline		18E. NUMBER OF YEARS IN THIS COUNTY 20	11B. STATE OF BIRTH NE
19A. PLACE OF DEATH Sequoia Hospital		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Jacque M. Milstead
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION Whipple & Alameda		19C. COUNTY San Mateo	16C. USUAL EMPLOYER Alpo
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <u>CARDIOGENIC SHOCK</u>		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	17. EDUCATION—YEARS COMPLETED 12
DUE TO (B) <u>idiopathic cardiomyopathy</u>		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	18C. ZIP CODE 68333
DUE TO (C)		24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Jacque M. Rue (wife) 910 Grove Ave. Crete, NE 68333
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN 21 <u>Recurrent ventricular tachycardia</u>		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. no
1. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>Nellis Smith M.D.</i>	27C. CERTIFIER'S LICENSE NUMBER C40443
27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR 1-15-91		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Nellis Smith, M.D., 770 Welch Rd., Palo Alto, CA	27D. DATE SIGNED 1-23-91
DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR 1-22-91		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>Bradley P. Gilbert M.D.</i>	28B. DATE SIGNED 1-24-91
29. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
34A. DISPOSITION(S) BU/TR		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Riverside Cemetery, Crete, NE	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Crippen & Flynn Chapel		36B. LICENSE NO. 879	35A. SIGNATURE OF EMBALMER <i>Amni R. Smith</i>
37. SIGNATURE OF LOCAL REGISTRAR. <i>Bradley P. Gilbert M.D.</i>		35B. LICENSE NUMBER 6593	38. REGISTRATION DATE 1-24-91
STATE		CENSUS TRACT	

AMENDED
1 OF 2

SAN MATEO COUNTY DEPARTMENT OF HEALTH SERVICES

VITAL STATISTICS SECTION
 225-37th Avenue
 San Mateo, California 94403

THIS IS TO CERTIFY THAT, IF BEARING THE RAISED DEPARTMENT SEAL, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

DATE: February 7, 1991

Bradley P. Gilbert M.D.
 BRADLEY P. GILBERT, M.D.
 Health Officer and Registrar

AFFIDAVIT TO AMEND A RECORD

3-91-41-000265

STATE CERTIFICATE NUMBER

BIRTH DEATH FETAL DEATH MARRIAGE

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY	1A. FIRST NAME	1B. MIDDLE NAME	1C. LAST NAME	
	Ronald	G.	Rue	
	2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE—CITY AND COUNTY	
	M	January 22, 1991	Redwood City - San Mateo County	
	5. NAME OF FATHER		6. BIRTH NAME OF MOTHER	
Ransclair Rue		Bernice Crews		

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE	7. ITEM NUMBER	8A. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8B. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON ORIGINAL RECORD AT THE TIME OF OCCURRENCE
		10A	Ransclair Rue
REASON FOR CORRECTION	9. to correct record		

2 OF 2

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above true and correct.		
	10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	12. AGE OF PERSON COMPLETING THE AFFIDAVIT
	<i>Trevor Flynn</i>	Secretary	44
	13. DATE SIGNED	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)	
	Jan. 24, 1991	400 Woodside Rd., Redwood City, CA 94061	
SECOND SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above true and correct.		
	15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	17. AGE OF PERSON COMPLETING THE AFFIDAVIT
	<i>Arden R. Smith</i>	Funeral Director	43
	18. DATE SIGNED	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)	
	Jan. 24, 1991	400 Woodside Rd., Redwood City, CA 94061	
STATE OR LOCAL REGISTRAR USE ONLY	20. DATE ACCEPTED	21. OFFICE OF THE STATE OR LOCAL REGISTRAR	
	JAN 31 1991	<i>Bradley P. Gilbert M.D.</i>	

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