

Attachment to the Death Certificate of Evelyn M. Fritz.

No.	Gen.	Num.	Paged	
#61	✓	✓	✓	
Register of Deeds				

From and Return to:
Daniel & Cindy Fritz
1269 County Road 2200
Wilber, NE 68465-2511
Fee: \$ 12.00 paid

STATE OF NEBRASKA } ss
SALINE COUNTY

Entered in numerical index and filed on
record, the 31 day of March
2009 at 9:45 o'clock A M. and recorded
in Book 68 of Misc. Page 404-405

Linda Kastaner
County Clerk

by: Darin J. Gray
Deputy

Indexed against: E $\frac{1}{2}$ NW $\frac{1}{4}$ 4-6-4, Pt. S $\frac{1}{2}$ SE $\frac{1}{4}$ 10-7-4, W $\frac{1}{2}$ NE $\frac{1}{4}$ 27-7-4 &
N $\frac{1}{2}$ SE $\frac{1}{4}$, N $\frac{1}{2}$ SW $\frac{1}{4}$, S $\frac{1}{2}$ N $\frac{1}{2}$ NW $\frac{1}{4}$ & S $\frac{1}{2}$ NW $\frac{1}{4}$ 33-7-4

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 25 2009

LINCOLN, NEBRASKA

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

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

CERTIFICATE OF DEATH

09-22675

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Evelyn M. Fritz				2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) March 11, 2009	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Swanton, Nebraska				5a. AGE-Last Birthday (Yrs.) 80		5b. UNDER 1 YEAR MOS. DAYS	
7. SOCIAL SECURITY NUMBER 506-32-4769				8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify) _____		5c. UNDER 1 DAY HOURS MINS.	
8b. FACILITY-NAME (If not institution, give street and number) 2194 County Road I				5d. UNDER 1 DAY HOURS MINS.		6. DATE OF BIRTH (Mo., Day, Yr.) January 4, 1929	
8c. CITY OR TOWN OF DEATH (Include Zip Code) Crete 68333				8d. COUNTY OF DEATH Saline			
9a. RESIDENCE-STATE Nebraska		9b. COUNTY Saline		9c. CITY OR TOWN Crete		9d. STREET AND NUMBER 2194 County Road I	
9e. APT. NO.		9f. ZIP CODE 68333		9g. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
10a. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but separated <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			
11. FATHER'S NAME (First, Middle, Last, Suffix) John Placek				12. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Hanna			
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.) NO				14a. INFORMANT-NAME Dan Fritz		14b. RELATIONSHIP TO DECEDENT SON	
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. EMBALMER-SIGNATURE <i>[Signature]</i>		16b. LICENSE NO. 1250		16c. DATE (Mo., Day, Yr.) March 17, 2009	
16d. CEMETERY, CREMATORY OR OTHER LOCATION Wilber Czech Cemetery				CITY/TOWN Wilber		STATE Nebraska	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Kunc1 Funeral Home; 131 West 12th Street Crete, Nebraska						17b. Zip Code 68333	
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.							
IMMEDIATE CAUSE: (a) Heart failure onset to death chronic							
DUE TO, OR AS A CONSEQUENCE OF: (b) Cerebrovascular accident & respiratory failure 3 weeks onset to death							
DUE TO, OR AS A CONSEQUENCE OF: (c) onset to death							
DUE TO, OR AS A CONSEQUENCE OF: (d) 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. HTLV-COPD-Asthma-CAD-Asthma						19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
20. IF FEMALE: <input checked="" 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	
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.) 03/11/2009		23b. DATE SIGNED (Mo., Day, Yr.) 3-23-09		23c. TIME OF DEATH 11:45p m		24a. DATE SIGNED (Mo., Day, Yr.)	
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) <i>[Signature]</i>		23e. 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>[Signature]</i>		24b. TIME OF DEATH m		24c. PRONOUNCED DEAD (Mo., Day, Yr.)	
24d. 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>[Signature]</i>		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>[Signature]</i>		24f. TIME PRONOUNCED DEAD m		24g. 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>[Signature]</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 checked="" type="checkbox"/> NO			
27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Robert Tuma, MD 2910 Betten Drive Crete, NE 68333							
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) MAR 25 2009			