

\$11.00

BOOK



04042730

INST. NO 2004

2004 JUN 28 P 3:46

042730

LANCASTER COUNTY, NE

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EMED

charge SNS \$11.00

* Snyder & Stock
1115 K St. #104
68508

Please file regarding the following properties:
 Lot 10 & 12, NE 1-8-6, Lancaster County, Nebraska
 And
 Lots 15, 24 & 35 NW 6-8-7 except North .23 +- AC of Lot 25
 Lancaster County, Nebraska
 For road (Inst. #01-73228)

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
 TYPE OR PRINT IN PERMANENT BLACK INK

State File No.

DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

Reg. Dist. No. 1802
 Primary Reg. Dist. No. 1802
 Registrar's No. 513

a. _____
 b. _____
 c. _____
 d. _____
 e. _____

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION →

1. Decedent's Name (First, Middle, LAST) Donna C. VERBEEK				2. Sex Female		3. Date of Death (Month, Day, Year) October 1, 2002	
4. Social Security Number 507-40-4576		5a. Age-Last Birthday (Years) 75	5b. Under One Year Months _____ Days _____	5c. Under 1 Day Hours _____ Minutes _____		6. Date of Birth (Month, Day, Year) January 28, 1927	7. Birthplace (City, County and State or Foreign Country) Lincoln, NE
8. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. Place of Death (Check Only One) Hospital <input type="checkbox"/> <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____					
9b. Facility Name (If Not Institution, Give Street and Number) Lakewood Hospital				9c. City, Village, Twp., or Location of Death Lakewood		9d. County of Death Cuyahoga	
10. Marital Status- Married, Never Married, Widowed, Divorced (Specify) Married		11. Surviving Spouse (If Wife, Give Maiden Name) Willie Verbeek		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) Homemaker		12b. Kind of Business/Industry Own Home	
13a. Residence-State NE		13b. County Lancaster	13c. City, Town, Twp., or Location Roca		13d. Street and Number 12000 South 25th		
13e. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP Code 68430	14. Was Decedent of Hispanic Origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)		15. Race-American Indian, Black, White, etc. (Specify) White	16. Decedent's Education (Specify Only Highest Grade Completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)	

PARENTS

17. Father's Name (First, Middle, Last) George Christian		18. Mother's Name (First, Middle, Maiden Surname) Mary Pattee	
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INFORMANT

19a. Informant's Name (Type/Print) Willie Verbeek		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 12000 South 25th, Roca, NE 68430	
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DISPOSITION

20a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		20b. Place of Disposition (Name of Cemetery, Crematory, or Other Place) Lincoln Memorial Park Cemetery		20c. Location City or Town, State Lincoln, NE		
20d. Date of Disposition October 7, 2002		21a. Name of Embalmer (First, Middle, Last) Fred J. Schrembeck		21b. License Number 8529 A		
22a. Signature of Funeral Director or Other Person <i>Robert J. Schuman</i>		22b. License Number (of Licensee) 4986	23. Name and Address of Facility (Include City, State and ZIP code) Inman Funeral Service 1601 Merwin Avenue Cleveland, Ohio 44113			

REGISTRAR

24. Registrar's Signature <i>Wendy M. Buckner</i>		25. Date Filed (Month, Day, Year) Oct. 4, 2002		26b. Dist. No.		27. Date Permit Issued	
26a. Signature of Person Issuing Permit <i>[Signature]</i>							

CERTIFIER

28a. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner as stated. <input type="checkbox"/> Coroner 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) and manner as stated.			
28b. Time of Death 8:46 AM	28c. Date Pronounced Dead (Month, Day, Year) 10-1-02		28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
28e. Signature and Title of Certifier <i>[Signature]</i>		28f. License Number 35-032276	28g. Date Signed (Month, Day, Year) 10-3-02
29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State and ZIP code) Dr. German L. Peri 29101 Health Campus Dr #475 Westlake OH 44145			

CAUSE OF DEATH

30. Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.			Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. SEPSIS Complicated		7 Days
Sequentially list conditions, if any, leading to the immediate cause.	b. Due to (or as a Consequence of) ISCHEMIC ENCEPHALOPATHY		7-8 Days
Enter Underlying Cause Last (Disease or injury that initiated events resulting in death)	c. Due to (or as a Consequence of) PROLONGED HYPERTENSION w/ BRONCH		7-10 days
	d. Due to (or as a Consequence of) SSS SIP - VALVE REPLACEMENT		9/4/02
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. COPD Asthma			31a. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			31b. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	33a. Date of Injury (Month, Day, Year)	33b. Time of Injury M	33c. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
		33d. Describe How Injury Occurred	33f. Location (Street and Number or Rural Route Number, City or Town, State)
		33e. Place of Injury - At Home, Farm, Street, Factory, Office Building, etc. (Specify)	

HEA 2717
5152.06 Rev. 2/97

OCT - 4 2002

