

STATE OF NEBRASKA

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DATE OF ISSUANCE

JUN 19 2012

LINCOLN, NEBRASKA

Stanley S. Cooper

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

PHS-798(VS) REV. 4-57
DEPARTMENT OF PUBLIC HEALTH,
EDUCATION AND WELFARE

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

STATE FILE NO. **62 8686**

BIRTH NO. **126**

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. Nebraska b. COUNTY Douglas	
d. CITY, TOWN, OR LOCATION Omaha		c. LENGTH OF STAY IN (b) 30 Yrs.	e. CITY, TOWN, OR LOCATION Omaha
d. NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital (If not in hospital, give street address)		d. STREET ADDRESS 3702 Dodge Street	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lena Middle Newman Last Newman		4. DATE OF DEATH Month Aug Day 11 Year 1962	
5. SEX female	6. COLOR OR RACE Jewish	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/25/1875
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Own Home	9c. BIRTHPLACE (State or foreign country) Hungary
10a. FATHER'S NAME Israel Newman		10b. MOTHER'S MAIDEN NAME Jacobowicz	
11. NAME OF HUSBAND OR WIFE Adolph (Dec)		12. CITIZEN OF WHAT COUNTRY? USA	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. SOCIAL SECURITY NO. 505 30 3877D	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4201 - Acute Coronary Occlusion (Daughter)		16. INTERVAL BETWEEN ONSET AND DEATH 5 days	
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		17. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	
18. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20a. TIME OF INJURY Hour _____ a. m. _____ p. m.		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. CITY, TOWN, OR LOCATION Omaha, Nebraska	
21. I attended the deceased from Aug 7, 1962 to Aug 11, 1962 and last saw her alive on Aug 11, 1962 Death occurred at 8:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE <i>M. J. Holliman</i> (Degree or title) MD	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. ADDRESS 309 Dodge Bldg	
23c. DATE 8/12/62		23d. DATE SIGNED 8/11/62	
24. NAME OF CEMETERY OR CREMATORY Pleasant Hill		24. LOCATION (City, town, or county) Omaha, Nebraska	
25. DATE RECD. BY REGISTRAR AUG 13 1962		25. REGISTRAR'S SIGNATURE <i>Chymann M. D.</i>	
26. NAME OF MORTUARY Crosby-Kunold		26. ADDRESS 32nd Ave Farnam	

MEDICAL CERTIFICATION