

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

BIRTH NO. 126.....

STATE FILE NO. 61 02702

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY, TOWN, OR LOCATION Omaha		c. LENGTH OF STAY IN 1b 5wks	
c. CITY, TOWN, OR LOCATION Excelsior Springs		d. STREET ADDRESS Royal Hotel	
d. NAME OF HOSPITAL OR INSTITUTION Dr. Philip Sher Home for the aged 4801 North 52 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"/>		f. FARM RESIDENCE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Louis Newman		4. DATE OF DEATH Month Day Year Mar 30, 1961	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-1-1867
9. AGE (In years last birthday) 94		IF UNDER 1 YEAR OF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper 295		10b. KIND OF BUSINESS OR INDUSTRY Own Business Grocery	
11. BIRTHPLACE (State or foreign country) Austria-Hungary		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Israel Newman		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	
16. SOCIAL SECURITY NO. none		17. IMPORTANT ADDRESS Jule M. Newman, Omaha, Nebr 504 South 52 Street	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia 4500 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 3 months many years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3 Apr, 1961 to March 30, 1961 and last saw him alive on 3-19-61 Death occurred at 7 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. J. Hillman</i>		22b. ADDRESS 309 Doctor's Bldg	22c. DATE SIGNED 5-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3-31-1961	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	23d. LOCATION (City, town, or county) (State) Omaha, Nebraska
24. DATE RECD. BY REGISTRAR MAR 31 1961	25. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>	26. NAME OF MORTUARY ADDRESS K. Burket & Son, Omaha, Nebr <i>W. J. Hillman</i>	