Rev 11/97

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

CERTIFICATE OF DEATH

03 11150

33. NAME OF DECEDENT
For use by physician, medical examiner or county coroner

DECEDENT

1. DECEDENT - NAME (FIRST, MIDDLE, LAST): (b)(3):CPSA Section 25(c)
2. SEX: Female
3. DATE OF DEATH: (b)(6)
4. CITY AND STATE OF BIRTH: (b)(6)
5a. AGE - Last Birthday: 1
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MINS.
6. DATE OF BIRTH: (b)(6)
7. SOCIAL SECURITY NUMBER: (b)(3):CPSA S
8a. PLACE OF DEATH: HOSPITAL [ ] Inpatient [X] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Residence [ ] Other
8b. FACILITY - Name: (b)(6)
8c. CITY, TOWN OR LOCATION OF DEATH: Grand Island
8d. INSIDE CITY LIMITS: Yes [X] No [ ]
8e. COUNTY OF DEATH: Hall County
9a. RESIDENCE - STATE: (b)(6)
9b. COUNTY: (b)(6)
9c. CITY, TOWN OR LOCATION: (b)(6)
9d. STREET AND NUMBER: (b)(6)
9e. INSIDE CITY LIMITS: Yes [X] No [ ]
10. RACE: White
11. ANCESTRY: American
12. [ ] MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED
13. NAME OF SPOUSE
14a. USUAL OCCUPATION: Infant
14b. KIND OF BUSINESS/INDUSTRY: Childhood
15. EDUCATION: Elementary or Secondary: 0 College:

PARENTS

16. FATHER - NAME (FIRST, MIDDLE, LAST): (b)(6)
17. MOTHER (FIRST, MIDDLE, MAIDEN SURNAME): (b)(6)
18. WAS DECEDENT EVER IN U.S. ARMED FORCES?: no
19a. INFORMANT - NAME: (b)(6)
19b. INFORMANT MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): (b)(6)

CAUSE

20. (b)(6)
21a. METHOD OF DISPOSITION: [X] Burial [ ] Removal [ ] Cremation [ ] Donation
21b. DATE: Sept. 24, 2003
21c. CEMETERY OR CREMATORY - NAME: Grand Island City Cemetery
21d. CEMETERY OR CREMATORY LOCATION (City or Town, State): (b)(6)
22. FUNERAL HOME - NAME: (b)(6)
23. FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): (b)(6)
24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR a., b. AND c.)
PART I a. Asphyxiation — approx 5 minutes
b. DUE TO, OR AS A CONSEQUENCE OF
c. DUE TO, OR AS A CONSEQUENCE OF
PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related
PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 15-54) Yes [ ] No [ ]
26. AUTOPSY? Yes [ ] No [X]
25. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes [X] No [ ]
26a. [X] Accident [ ] Undetermined [ ] Suicide [ ] Pending [ ] Homicide [ ] Investigation
26b. DATE OF INJURY: 9-20-03
26c. HOUR OF INJURY: app 3 pm
26d. DESCRIBE HOW INJURY OCCURRED: child found hanging by crib pad after falling out of crib
26e. INJURY AT WORK? Yes [ ] No [X]
26f. PLACE OF INJURY: home
26g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE): (b)(6)

CERTIFIER

27a. DATE OF DEATH
27b. DATE SIGNED
27c. TIME OF DEATH
27d. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Signature and Title
28a. DATE SIGNED: 09/30/03
28b. TIME OF DEATH: approx 3:00 pm
28c. PRONOUNCED DEAD: Sept 20, 2003
28d. PRONOUNCED DEAD: 4:12 pm
28e. 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
29. DID TOBACCO USE CONTRIBUTE TO THE DEATH? [ ] YES [X] NO [ ] UNKNOWN
30a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? [X] YES [ ] NO
30b. WAS CONSENT GRANTED? [X] YES [ ] ~~Unknown~~
31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY): Sgt (b)(6)
32a. REGISTRAR: (b)(6)
32b. DATE FILED BY REGISTRAR: OCT 3 2003

FOR VITAL STATISTICS USE ONLY