DOUGLAS COUNTY

WHEN THIS COPY CARRIES THE RAISED SEAL OF DOUGLAS COUNTY, NEBRASKA, IT CERTIFIES THE DOCUMENT BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE DOUGLAS COUNTY HEALTH DEPARTMENT, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS

DATE OF ISSUANCE
09/05/2018
OMAHA, NEBRASKA

Adi H. Pour, Ph.D.
ADI POUR
HEALTH DIRECTOR
DOUGLAS COUNTY HEALTH DEPARTMENT

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STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

Pursuant to section 30-2413, demands for notice which may affect the estate of the deceased are filed with the county court in the county where the decedent resided at the time of death.

1. DECEDENT'S NAME (First, Middle, Last, Suffix): Donald Walter Humphrey
2. SEX: Male
3. DATE OF DEATH (Mo., Day, Yr.): August 24, 2018
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH: Ida Grove, Iowa
5a. AGE - Last Birthday (Yrs.): 74
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MINS.
6. DATE OF BIRTH (Mo., Day, Yr.): July 16, 1944
7. SOCIAL SECURITY NUMBER: 506-56-7450
8a. PLACE OF DEATH: HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other (Specify); [ ] Hospice Facility
8b. FACILITY NAME (If not Institution, give street and number): Nebraska Medicine
8c. CITY OR TOWN OF DEATH (Include Zip Code): Omaha 68198
8d. COUNTY OF DEATH: Douglas
9a. RESIDENCE-STATE: Nebraska
9b. COUNTY: Douglas
9c. CITY OR TOWN: Omaha
9d. STREET AND NUMBER: 3922 Terrace Dr.
9e. APT. NO.:
9f. ZIP CODE: 68134
9g. INSIDE CITY LIMITS: [X] YES [ ] NO
10a. MARITAL STATUS AT TIME OF DEATH: [X] Married [ ] Never Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Unknown
10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name: Barbara Novotny
11. FATHER'S NAME (First, Middle, Last, Suffix): Howard Humphrey
12. MOTHER'S NAME (First, Middle, Maiden Surname): Margaret Whiteford
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.): No
14a. INFORMANT NAME: Barbara Humphrey
14b. RELATIONSHIP TO DECEDENT: Spouse
15. METHOD OF DISPOSITION: [ ] Burial [ ] Donation [X] Cremation [ ] Entombment [ ] Removal [ ] Other (Specify)
16a. EMBALMER-SIGNATURE: Not Embalmed
16b. LICENSE NO.:
16c. DATE (Mo., Day, Yr.): August 28, 2018
16d. CEMETERY, CREMATORY OR OTHER LOCATION: Westlawn-Hillcrest Crematory
CITY / TOWN: Omaha
STATE: Nebraska
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State): Westlawn-Hillcrest Memorial Park & Funeral Home, 5701 Center Street, Omaha, Nebraska
17b. Zip Code: 68106

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.

		APPROXIMATE INTERVAL
IMMEDIATE CAUSE (Final disease or condition resulting in death)	IMMEDIATE CAUSE: a) Metastatic Pancreatic Cancer	onset to death: 1 Month
Sequentially list conditions, if any, leading to the cause listed on line a.	DUE TO, OR AS A CONSEQUENCE OF: b)	onset to death
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	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: Diabetes Mellitus, Hyperlipidemia, Hypertension, End Stage Renal Disease
19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? [ ] YES [X] NO
20. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year
21a. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
21b. IF TRANSPORTATION INJURY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
21c. WAS AN AUTOPSY PERFORMED? [ ] YES [X] NO
21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? [ ] YES [ ] NO
22a. DATE OF INJURY (Mo., Day, Yr.):
22b. TIME OF INJURY:
22c. PLACE OF INJURY-At home, farm, street, factory, office building, construction site, etc. (Specify):
22d. INJURY AT WORK? [ ] YES [ ] NO
22e. DESCRIBE HOW INJURY OCCURRED:
22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO. / CITY/TOWN / STATE / ZIP CODE:

To be completed by MEDICAL CERTIFIER ONLY:
23a. DATE OF DEATH (Mo., Day, Yr.): August 24, 2018
23b. DATE SIGNED (Mo., Day, Yr.): August 31, 2018
23c. TIME OF DEATH: 11:35 PM
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): Todd Sauer, MD

To be completed by CORONER'S PHYSICIAN or COUNTY ATTORNEY ONLY:
24a. DATE SIGNED (Mo., Day, Yr.):
24b. TIME OF DEATH:
24c. PRONOUNCED DEAD (Mo., Day, Yr.):
24d. TIME PRONOUNCED DEAD:
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)

25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? [ ] YES [X] NO [ ] PROBABLY [ ] UNKNOWN
26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? [ ] YES [X] NO
26b. WAS CONSENT GRANTED? Not Applicable if 26a is NO [ ] YES [ ] NO
27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Todd Sauer, MD, 12565 West Center Rd, Ste 100, Omaha, Nebraska, 68144
28a. REGISTRAR'S SIGNATURE: Adi H. Pour, Ph.D.
28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.): September 5, 2018

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