75950 MTC-18271

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH Vol. M87 Page 10739

DECEDENT—NAME: 1. First: Myrtle; Middle: Anne; Last: Steen
2. SEX: Female
3. DATE OF DEATH (Mo., Day, Yr.): January 13, 1984
4. RACE: White
5. ORIGIN/DESCENT: German
6a. AGE—Last Birthday (Yrs.): 87
6b. UNDER 1 YEAR: MOS. / DAYS
6c. UNDER 1 DAY: HOURS / MINS.
7. DATE OF BIRTH (Mo., Day, Yr.): June 8, 1896
8. CITY AND STATE OF BIRTH: Manton, California
9. CITIZEN OF WHAT COUNTRY: U. S.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widowed
11. NAME OF SPOUSE: ----------
12. SOCIAL SECURITY NUMBER: 545-10-2188
13a. USUAL OCCUPATION: Housewife
13b. KIND OF BUSINESS OR INDUSTRY: --------
14a. COUNTY OF DEATH: Sheridan
14b. CITY, TOWN OR LOCATION OF DEATH: Gordon
14c. INSIDE CITY LIMITS: Yes
14d. HOSPITAL OR OTHER INSTITUTION: Gordon Mem. Hospital
14e. IF HOSP. OR INST. Indicate DOA, Outpatient/Emer. Rm., Inpatient: Inpatient
15a. RESIDENCE—STATE: Nebraska
15b. COUNTY: Cherry
15c. CITY, TOWN OR LOCATION: Merriman
15d. STREET AND NUMBER: ------
15e. INSIDE CITY LIMITS: Yes
16. FATHER—NAME: John Bielski
17. MOTHER—MAIDEN NAME: Mary Volkman
18. WAS DECEASED EVER IN U.S. ARMED FORCES?: No
19. INFORMANT—NAME—RELATIONSHIP—MAILING ADDRESS: Sharon Ireland-Grandaughter Merriman, NE. 69214
20a. BURIAL, Cremation, Removal: Removal
20b. DATE: 1-18-84
20c. CEMETERY OR CREMATORY—NAME: Cheyenne Mem. Crematory
20d. LOCATION: Cheyenne, Wyo.
21. EMBALMER—SIGNATURE & LICENSE NO.: Mark Date -2-6-84
22. FUNERAL HOME—NAME AND ADDRESS: Chamberlain-Gates Mort. Box 387 Gordon, NE. 69343

To be Completed by Attending PHYSICIAN Only:
23a. DATE OF DEATH (Mo., Day, Yr.): 1 13 84
23b. DATE SIGNED (Mo., Day, Yr.): 1 17 84
23c. HOUR OF DEATH: 6:15 P.M.
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)

To be Completed by CORONER or COUNTY ATTORNEY only:
24a. DATE SIGNED (Mo., Day, Yr.):
24b. HOUR OF DEATH:
24c. PRONOUNCED DEAD (Mo., Day, Yr.):
24d. PRONOUNCED DEAD (Hour):
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. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print): Jos. F. Hutchings M.D. 507 N Ash Gordon NB
26a. REGISTRAR (Signature): Donna Maxine Kearns
26b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 1-18-84
27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)):
PART I (a) Renal Failure — Interval between onset and death: Unknown
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death:
PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related
PART III. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes ☐ No ☒
28. AUTOPSY (Specify Yes or No): No
29. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): No
30a. ACCIDENT, SUICIDE, HOMICIDE, UNDET., OR PENDING INVESTIGATION (Specify)
30b. DATE OF INJURY (Mo., Day, Yr.)
30c. HOUR OF INJURY
30d. DESCRIBE HOW INJURY OCCURRED
30e. INJURY AT WORK (Specify Yes or No)
30f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
30g. LOCATION: STREET OR R.F.D. No. / CITY OR TOWN / STATE

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WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

ASSISTANT DIRECTOR OF HEALTH

Issued January 23, 1984
LINCOLN, NEBRASKA

Return: mtc

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 22nd day of June A.D., 19 87 at 10:48 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 10739.

FEE $5.00

Evelyn Biehn, County Clerk
By