UNOFFICIAL DOCUMENT

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Skagit County Auditor
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Please return to: Angela M. Pelan, 10306 Regency Parkway Drive, Omaha, NE 68114 (402)397-7300

Document Title: Death Certificate

Reference Number :

Grantor(s): ☐ additional grantor names on page ___.

1. State of Nebraska

2.

Grantee(s): ☐ additional grantee names on page___.

1. Patricia Ann Zawaideh

2.

Abbreviated legal description: ☐ full legal on page(s) ___.

That portion of the West 313.5 feet of Government Lot 5 in Section 12, Township 34 North, Range 1, East W.M., lying Southerly of the County Road; TOGETHER WITH all shorelands of the second class in front of said West 313.5 feet of Government Lot 5.

Assessor Parcel / Tax ID Number: ☐ additional tax parcel number(s) on page ___.

#P19238

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE DOUGLAS COUNTY HEALTH DEPARTMENT VITAL STATISTICS SECTION, IT CERTIFIES THE 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 ISSUED
11/30/2006
DOUGLAS COUNTY

Adi M. Pour, Ph.D.
ADI POUR
DOUGLAS COUNTY REGISTRAR
DOUGLAS COUNTY HEALTH DEPARTMENT

STATE OF NEBRASKA – DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT

06 00168

CERTIFICATE OF DEATH

To Be Completed/Verified by: FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last, Suffix): Patricia Ann Zawaldeh
2. SEX: Female
3. DATE OF DEATH (Mo., Day, Yr.): November 20, 2006
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH: Seattle, Washington
5a. AGE-Last Birthday (Yrs.): 48
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MINS.
6. DATE OF BIRTH (Mo., Day, Yr.): [redacted]
7. SOCIAL SECURITY NUMBER: [redacted]
8a. PLACE OF DEATH: HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home/LTC ☐ Hospice Facility ☒ Decedent's Home ☐ Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): 1724 South 85th Avenue
8c. CITY OR TOWN OF DEATH (Include Zip Code): Omaha 68124
8d. COUNTY OF DEATH: Douglas
9a. RESIDENCE-STATE: Nebraska
9b. COUNTY: Douglas
9c. CITY OR TOWN: Omaha
9d. STREET AND NUMBER: 1724 South 85th Avenue
9e. APT. NO:
9f. ZIP CODE: 68124
9g. INSIDE CITY LIMITS: ☒ YES ☐ NO
10a. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Never Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Unknown
10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name: Ziad Zawaldeh
11. FATHER'S NAME (First, Middle, Last, Suffix): Jay Hart
12. MOTHER'S NAME (First, Middle, Maiden Surname): Simone [redacted]
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.): No
14a. INFORMANT NAME: Ziad Zawaldeh
14b. RELATIONSHIP TO DECEDENT: Husband
15. METHOD OF DISPOSITION: ☐ Burial ☐ Donation ☐ Cremation ☒ Entombment ☐ Removal ☐ Other (Specify)
16a. EMBALMER-SIGNATURE: Dean Hohn
16b. LICENSE NO.: 1186
16c. DATE (Mo., Day, Yr.): November 25, 2006
16d. CEMETERY, CREMATORY OR OTHER LOCATION: Resurrection Mausoleum
CITY / TOWN: Omaha
STATE: Nebraska
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State): Heafey-Heafey-Hoffmann-Dworak & Cutler, 7805 W Center Road, Omaha, Nebraska
17b. Zip Code: 68124

To Be Completed by: CERTIFIER

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: Intestinal Obstruction, With Perforation And Generalized Peritonitis (a)	onset to death
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

19. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I.

19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☒ YES ☐ 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: ☒ 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 ☐ 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 Attending PHYSICIAN ONLY:
23a. DATE OF DEATH (Mo., Day, Yr.)
23b. DATE SIGNED (Mo., Day, Yr.)
23c. TIME OF DEATH
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'S PHYSICIAN or COUNTY ATTORNEY ONLY:
24a. DATE SIGNED (Mo., Day, Yr.): November 27, 2006
24b. TIME OF DEATH: Unknown
24c. PRONOUNCED DEAD (Mo., Day, Yr.): November 20, 2006
24d. TIME PRONOUNCED DEAD: Found 08:20 AM
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): Jerry W. Jones, MD, Coroner's Physician

25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? ☐ YES ☒ NO ☐ PROBABLY ☐ UNKNOWN
26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? ☐ YES ☒ NO
26b. WAS CONSENT GRANTED? Not Applicable if 26a is NO ☐ YES ☐ NO
27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print): Jerry W. Jones, MD, Coroner's Physician, 909 Civic Center, Omaha, Nebraska, 68183
28a. REGISTRAR'S SIGNATURE: Adi M. Pour, Ph.D.
28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.): November 29, 2006

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