

**STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH**

1. DECEDENT'S-NAME (First, Middle, Last, Suffix)				2. SEX		3. DATE OF DEATH (Mo., Day, Yr.)	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH		5a. AGE-Last Birthday (Yrs.)	5b. UNDER 1 YEAR MOS. DAYS		5c. UNDER 1 DAY HOURS MINS.		6. DATE OF BIRTH (Mo., Day, Yr.)
7. SOCIAL SECURITY NUMBER			8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient OTHER: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Decedent's Home <input type="checkbox"/> DOA <input type="checkbox"/> Other(Specify) _____				
8b. FACILITY-NAME (If not institution, give street and number)							
8c. CITY OR TOWN OF DEATH (Include Zip Code)				8d. COUNTY OF DEATH Douglas			
9a. RESIDENCE-STATE		9b. COUNTY		9c. CITY OR TOWN			
9d. STREET AND NUMBER				9e. APT. NO.	9f. ZIP CODE		9g. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No
10a. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		10b. NAME OF SPOUSE (First, Middle, Last, Suffix) if wife, give maiden name.					
11. FATHER'S-NAME (First, Middle, Last, Suffix)				12. MOTHER'S-NAME (First, Middle, Maiden Surname)			
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.)		14a. INFORMANT-NAME			14b. RELATIONSHIP TO DECEDENT		
15. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other(Specify)		16a. EMBALMER-SIGNATURE		16b. LICENSE NO.		16c. DATE (Mo., Day, Yr.)	
		16d. CEMETERY, CREMATORY OR OTHER LOCATION		CITY/TOWN		STATE	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State)							17b. Zip Code

<p>51. DECEDENT'S EDUCATION. Check the box that best describes the highest degree or level of school completed at the time of death.</p> <p><input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD) <input type="checkbox"/> Unobtainable</p>	<p>52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if decedent is not Spanish / Hispanic / Latino.</p> <p><input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ <input type="checkbox"/> Unobtainable</p>
<p>53. DECEDENT'S RACE. Check one or more races to indicate what the decedent considered himself or herself to be.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Specify name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unobtainable</p>	
<p>54. DECEDENT'S USUAL OCCUPATION. Indicate type of work done during most of working life. Do not use 'Retired.'</p>	<p>55. KIND OF BUSINESS OR INDUSTRY</p>

Number of Certified Copies: _____