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| 1. DECEDENT'S NAME (First, Middle, Last, Suffix) Tommy David Morrison | | 2. SEX Male | | 3. DATE OF DEATH (Mo., Day, Yr.) September 1, 2013 | |
| 4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Gravette, Arkansas | | 5a. AGE-Last Birthday (Yrs.) 44 | | 5b. UNDER 1 YEAR MOS. DAYS HOURS MINS. | |
| 7. SOCIAL SECURITY NUMBER [REDACTED] | | 8a. PLACE OF DEATH HOSPITAL: <input checked="" 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) Nebraska Medical Center-Clarkson | | 8c. CITY OR TOWN OF DEATH (Include Zip Code) Omaha 68198 | | | |
| 9a. RESIDENCE-STATE Kansas | | 9b. COUNTY Sedgwick | | 9c. CITY OR TOWN Wichita | |
| 9d. STREET AND NUMBER [REDACTED] | | 9e. APT. NO. [REDACTED] | | 9f. ZIP CODE [REDACTED] | |
| 10a. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <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. Patricia Ann Harding | | | |
| 11. FATHER'S NAME (First, Middle, Last, Suffix) Tim Morrison | | 12. MOTHER'S NAME (First, Middle, Maiden Surname) Diana Harrison | | | |
| 13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) No | | 14a. INFORMANT-NAME Patricia Ann Morrison | | 14b. RELATIONSHIP TO DECEDENT Spouse | |
| 15. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other(Specify) | | 16a. EMBALMER-SIGNATURE Not Embalmed | | 16b. LICENSE NO. | |
| 16c. DATE (Mo., Day, Yr.) September 5, 2013 | | 16d. CEMETERY, CREMATORY OR OTHER LOCATION Douglas Trade Service & Crematory | | | |
| 17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) [REDACTED] | | 17b. Zip Code [REDACTED] | | 17c. STATE Nebraska | |
| 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. | | | | | |
| IMMEDIATE CAUSE: a) <u>CARDIAC ARREST</u> | | | | APPROXIMATE INTERVAL onset to death <u>41 MINUTES</u> | |
| DUE TO, OR AS A CONSEQUENCE OF: b) <u>MULTI ORGAN FAILURE</u> | | | | onset to death <u>24 HOURS</u> | |
| DUE TO, OR AS A CONSEQUENCE OF: c) <u>SEPTIC SHOCK</u> | | | | onset to death <u>24 HOURS</u> | |
| DUE TO, OR AS A CONSEQUENCE OF: d) <u>PSEUDOMONAS AERUGINOSA SEPTICEMIA</u> | | | | onset to death <u>24 HOURS</u> | |
| 18. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I. | | | | | |
| 20. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | | | | 21a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined | |
| 21b. IF TRANSPORTATION INJURY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | | | | 21c. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | |
| 22a. DATE OF INJURY (Mo., Day, Yr.) | | 22b. TIME OF INJURY m | | 22c. PLACE OF INJURY-At home, farm, street, factory, office building, construction site, etc. (Specify) | |
| 22d. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO | | 22e. DESCRIBE HOW INJURY OCCURRED | | | |
| 22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO. CITY/TOWN STATE ZIP CODE | | | | | |
| 23a. DATE OF DEATH (Mo., Day, Yr.) SEPTEMBER 01, 2013 | | 23b. DATE SIGNED (Mo., Day, Yr.) 9/4/2013 | | 23c. TIME OF DEATH 23.50 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) P. Hansen MD | | 24a. DATE SIGNED (Mo., Day, Yr.) | | 24b. TIME OF DEATH m | |
| 24c. PRONOUNCED DEAD (Mo., Day, Yr.) | | 24d. TIME PRONOUNCED DEAD m | | 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN | | 25a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 25b. WAS CONSENT GRANTED? Not Applicable if 25a is NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Dr. Paul Hansen 4242 Farnam St. Suite 470 Omaha NE 68131 | | | | | |
| 28a. REGISTRAR'S SIGNATURE Ade F. [Signature] | | | | 28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) SEP 05 2013 | |

This certifies this document to be a true copy of an original record on file with Vital Statistics, Douglas County Health Dept., Omaha, Nebraska. Certified copies must have a raised seal in the area to the left. Reproduction of this green certificate are not legal copies.

Date Issued: SEP 05 2013

Registrar:

Ade F. [Signature]