Tommy David Morrison	n	uffix)				2. SEX Male	100	DEATH (Mo.,Day,Yr.)
4. CITY AND STATE OR TERRITOR	Y, OR FOREIGN COUN	ITRY OF BIRTH	5a. AGE-Last Bir	thday 5b. UND	ER 1 YEAR	5c. UNDER 1 DAY		ber 1, 2013 BIRTH (Mo., Day, Yr.)
			(Yrs.)	MOS.	DAYS	HOURS MINS	Transfer of the Parket of the	DIKTH (MO., Day, Yr.)
Gravette, Arkansas			44				The second second	12 1000
7. SOCIAL SECURITY NUMBER	7			ICE OF DEATH	1		Januar	y 2, 1969
				PITAL: X Inpati	ient	OTHER CT	- U	
8b. FACILITY-NAME (If not Instituti Nebraska Medical Center	ion, give street and me	mberl	1100	- 1	utpatient	OTHER: Nursin	그 보기를	Hospice Facility
Nobreaka Maria					upatient		lent's Home	
Nebraska Medical Center		7.110.11	-	DOA DOA		Other	Specify)	
8c. CITY OR TOWN OF DEATH (Inc	lude Zip Code)		11		80	L COUNTY OF DEAT	н	
9c. CITY OR TOWN OF DEATH (Inc Omaha 68198 9a. RESIDENCE-STATE KANSIAS 9d. STREET AND NUMBER 10a. MARITAL STATUS AT TIME OF Married, but separated Will 11. FATHER'S-NAME (First, Mill TIM MOTTISON 13. EVER IN-U.S. ARMED FORCESS				1	D	ouglas		
9a. RESIDENCE-STATE		OUNTY		9c. CITY OR TO	NWN	de la		
Kansas	Sed	gwick		Wichita				
9d. STREET AND NUMBER			1		9e. APT.	NO. 9f. ZIP COI	DE	9g. INSIDE CITY LI
do Marie	1 1			A	-		201215	X Yes No
10a. MARITAL STATUS AT TIME OF	DEATH X Married	Never Married	10b. NAME OF SPO	USE (First, Mide	dle, Last, S	Suffix) If wife, give m	aiden name.	
Married, but separated Wi	dowed Divorced	Hoknoum	Patricia Ann					
11. FATHER'S-NAME (First, Mi	ddle, Last, Suff		Tulk Pull	12. MOTHER'S	NAME (FILL	Michael	4 6	Alexander
Tim Morrison		11				, Middle, Maid	den Sumame)	
13. EVER IN U.S. ARMED FORCES?	Give dates of service	if Yes, 14a INFOR	RMANT-NAME	Dialia H	larrison		1 40 =	ATTOMORY
(Yes, No, or Unk.) No		The second second	Ann Morrison					ATIONSHIP TO DECEDI
15. METHOD OF DISPOSITION	16a. EMBALMER-		. war Morrison		16h Limeur	ENO	Spous	
Gurial Donation	Not Embalm				16b. LICENS	E NO.	1 255	E (Mo., Day, Yr.)
Gremation Entombment		CREMATORY OR O	THER ! OCCUPANT		19		Septer	mber 4, 2013
Removal Other(Specify)	the state of the s					Y/TOWN		STATE
17a FUNERAL HOME MANE ASTRO		Service & Crei			Om	naha		Nebraska
17a. FUNERAL HOME NAME AND M	HILING ADDRESS (Str	eet City or Town S	State				14 20 4400	17b. Zip Code
1 120-20 a			ma +1					
1 200 (1 -0) (-0	C	AUSE OF D	EATH (See)	nstruction	e and a	vamples		
18. PART I. Enter the <u>chain of events</u> - dis respiratory arrest, or ventricular fibrillati	cases, injuries, or complic on without showing the et	ations- that directly cau	used the death. DO NO	enter terminal ever	nts such as car	rdiac arrest,	: AF	PROXIMATE INTERVAL
I INTM	EDIATE CAUSE:	J I MAJAE	amer only one	on a sine. Ad	e agultional lin	ies if necessary.		
IMMEDIATE CAUSE (Final disease or condition resulting a)	CAR	Dir	1-				on	set to death
in death)	CAK	VIAC	HRREC	7			: 1	1 Mara
DUE	TO OR AS A CONSE		1 1 1 1/	21			; (-	47 ([V[] NJ] 27 X
	. TO, OR AS A CONSE	QUENCE OF:	77.1112	2/			100	set to death
Sequentially list conditions, if b)	M7.			En			on	set to death
any, leading to the cause listed	Mus	OR OR	GAN	FAIL	URE		on 2	set to death 24 HOVE
any, leading to the cause listed	TO, OR AS A CONSE	QUENCE OF:	GAN		URE		oni Z	pet to death 24 Hove set to death
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Date Issued: SEP 05 2013

Registrar Al Four