

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

83-902302

DECEDENT - NAME FIRST MIDDLE LAST Lorraine Caroline Abegglen			SEX Female	DATE OF DEATH (Mo. Day, Yr.) April 29, 1983	
RACE (e.g. White, Black, American Indian, etc. (Specify)) White		ORIGIN/DESCENT (e.g. Nation, Mexican, Canadian, etc. (Specify)) American		AGE - last birthday (Yrs.) 71	DATE OF BIRTH (Mo. Day, Yr.) April 4, 1912
CITY AND STATE OF BIRTH (If not in U.S.A. name country) Schuyler, Nebraska		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	NAME OF SPOUSE (If wife, give maiden name) Carl P. Abegglen	
SOCIAL SECURITY NUMBER 508-42-3779	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDUSTRY Domestic		COUNTY OF DEATH Hall	
CITY, TOWN OR LOCATION OF DEATH Grand Island		INSIDE CITY LIMITS (Specify Yes or No) Yes	HOSPITAL OR OTHER INSTITUTION - Name (If not in index, give street and number) Lutheran Memorial Hospital		IF HOSP. OR INST. indicate DOA, Outpatient (Enter No. Inpatient (Specify)) Inpatient
RESIDENCE - STATE Nebraska	COUNTY Hall	CITY, TOWN OR LOCATION Grand Island		STREET AND NUMBER 2019 Pioneer Blvd.	INSIDE CITY LIMITS (Specify Yes or No) Yes
FATHER - NAME FIRST MIDDLE LAST William F. Loseke		MOTHER - MAIDEN NAME FIRST MIDDLE LAST Caroline - Korte			
WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war and dates of service) No		INFORMANT - NAME - RELATIONSHIP - MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE ZIP) Carl P. Abegglen - Husband - 2019 Pioneer Blvd. - Grand Island, NE. 68801			
BURIAL - Cremation, Removal, etc. Burial	DATE May 2, 1983	CEMETERY OR CREMATORY - NAME Ft. McPherson National Cemetery		LOCATION Maxwell, NE.	CITY OR TOWN Maxwell, NE.
EMBALMER - SIGNATURE & LICENSE NO. 2047		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE ZIP) Apfel-Butler-Geddes 1123 W. 2nd, Grand Island, NE. 68801			
DATE OF DEATH (Mo. Day, Yr.) 4/29/83		DATE SIGNED (Mo. Day, Yr.) 5/2/83	HOUR OF DEATH 9:55 A.M.	DATE SIGNED (Mo. Day, Yr.)	HOUR OF DEATH
To be completed by attending physician only 23a		To be completed by CORONER'S PHYSICIAN or COUNTY ATTORNEY only 24a		24b	
23b		23c		24c	
23d (Signature and Title) C. D. McGrath M.D.		24d (Signature and Title) C. D. McGrath M.D.		24e (Signature and Title)	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) C. D. McGrath M.D. 729 N. Custer, Grand Island, NE. 68801					
REGISTRAR 25a (Signature)			DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)		
27 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) a) Pneumonia		Interval between onset and death 10 days			
b) Myocardial Infarction		Interval between onset and death 4 hrs			
c) Other		Interval between onset and death			
28 OTHER SIGNIFICANT CAUSES (e.g. - Conditions contributing to death, but not related to the immediate cause) None		29 PATHOLOGIC FINDINGS (e.g. - Conditions contributing to death, but not related to the immediate cause) None		30 AUTOPSY (Specify Yes or No) None	
31 ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVESTIGATION (Specify)		32 DATE OF INJURY (Mo. Day, Yr.)		33 HOUR OF INJURY	
34 INJURY AT WORK (Specify Yes or No)		35 PLACE OF INJURY - At home, farm, school, factory, office building, etc. (Specify)		36 LOCATION	
37 STREET OR R.F.D. NO.		38 CITY OR TOWN		39 STATE	

RECORDED'S MEMO: SECURITY OF VARIOUS TYPES OF PRINTING UNDESIRABLE FACTORY ON THIS DOCUMENT WHEN RECEIVED

Entered as Document No.
83-002302

3/25

Grantor [Signature]
Grantee [Signature]
Numbered [Signature]
STATE OF ~~NEBRASKA~~) SS
COUNTY OF HALL)
83 MAY 9 AM 10 54

[Signature]
REG. OF DEEDS

RECORDERS MEMO: [Signature]
[Signature]
Reg. of Deeds

Don Chapman
2019 Pioneer Blvd
City