

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES
Certification of Vital Record

DOH 5040 (Rev 9/88) Chap. 69, Wis. Stats.		VOL 110 PAGE 125		STATE OF WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES ORIGINAL CERTIFICATE OF DEATH		STATE FILING DATE JUL 27 00 024484	
LOCAL FILE NUMBER		1. DECEDENT'S NAME		2. SEX		3. SOC. SEC. NUMBER OF DECEDENT	
		Ruth Isabella KELLY		M F <input checked="" type="checkbox"/>		344-22-9517	
4a. PRONOUNCED DEAD DATE		4b. HOUR		5. BODY FOUND		24 hours after death	
July 24, 2000		7:10 A		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
6a. AGE (Years)		7. DATE OF BIRTH		8a. COUNTY OF DEATH		8b. DEATH OCCURRED INSIDE	
90		March 8, 1910		Wood		City, Vill. Township Wis. Rapids	
9. DEATH AT HOSPITAL		10. OTHER PLACE		11a. HOSPITAL (AND CAMPUS) OR NURSING HOME		12. MARITAL STATUS	
1. <input type="checkbox"/> Inpat. 3. <input type="checkbox"/> DOA-From Nur. Hm. 5. <input type="checkbox"/> DOA-From Other		<input checked="" type="checkbox"/> N.H. <input type="checkbox"/> Other		Riverview Manor Nursing Home		<input type="checkbox"/> Married <input type="checkbox"/> Never Married	
2. <input type="checkbox"/> Outpat. 4. <input type="checkbox"/> ER-From Nur. Hm. 6. <input type="checkbox"/> ER-From Other		Res. of decedent		2100		<input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed	
13a. RESIDENCE - STATE		13b. RESIDENCE - COUNTY		13c. RESIDENCE - INSIDE CITY, VILLAGE, TOWNSHIP		14a. NUMBER, STREET	
WI		Wood		Wis. Rapids		921 3rd St. So.	
15 STATE OF BIRTH (Country if not in U.S.)		16. FATHER'S NAME:		17. MOTHER'S NAME:		14b. ZIP CODE	
IL		John William Nagel		Olga		54494	
18. RACE (e.g. White, Black, Am. Indian, etc.)		19. HISPANIC ORIGIN? Specify Cuban, Mexican, etc.		20a. USUAL OCCUPATION (Do not enter "Retired")		20b. KIND OF BUSINESS/INDUSTRY	
White		<input checked="" type="checkbox"/> No		Housewife		Own home	
21. EDUCATION Highest grade completed		22. DECEDENT EVER IN U.S. ARMED FORCES?		23. SURVIVING SPOUSE (If wife, give birth surname, not married surname) (First, Middle, Last)			
8		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
24a. INFORMANT'S NAME		24b. MAILING ADDRESS		25. METHOD OF DISPOSITION		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	
Edward G. Kelly		230 Park Ave., Wis. Rapids, WI 54495		Burial		Associated Cremation Services	
27. LOCATION City/Village/Township State		28. DATE SIGNED BY FUNERAL SERVICE LICENSEE		29. DATE RECEIVED FROM MED. CERT.			
Plover, WI		July 24, 2000		July 25, 2000			
30a. FUNERAL SERVICE LICENSEE (or person acting as such)		30b. WI LICENSE NO.		31. NAME AND MAILING ADDRESS OF FACILITY (Street and number, City, State, Zip)			
John J. Higgins		4004		Higgins Funeral Home 631 E. Grand Ave., Wis. Rapids, WI 54494			
32. MEDICAL CERTIFIER		33. DATE OF DEATH (Mo., Day, Yr.)		38. MANNER OF DEATH		39. DATE OF INJURY (Mo., Day, Yr.)	
<input checked="" type="checkbox"/> CERTIFYING PHYSICIAN - To the best of my knowledge death was pronounced and occurred at the time(s) and due to the cause(s) stated.		July 24, 2000		1. <input checked="" type="checkbox"/> Natural 4. <input type="checkbox"/> Homicide			
<input type="checkbox"/> CORONER/M.E. - On the basis of examination and/or investigation, in my opinion, death was pronounced and occurred at the time(s) and due to the cause(s) and manner stated.		34. AUTOPSY PERFORMED?		2. <input type="checkbox"/> Accident 5. <input type="checkbox"/> Undet.		41. PLACE OF INJURY (Home, Street, Farm, etc.)	
(Check One)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		3. <input type="checkbox"/> Suicide 6. <input type="checkbox"/> Pending		Specify	
35a. MEDICAL CERTIFIER SIGNATURE & TITLE (Print Name)		35b. DATE SIGNED (Mo., Day, Yr.)		43a. LOCATION (Street or RFD, City or Vill., and State in which injury occurred)		42. INJURY AT WORK?	
Paul R. Egge MD		7/24/00				<input type="checkbox"/> YES <input type="checkbox"/> NO	
36a. MEDICAL CERTIFIER'S NAME		36b. WI. PHYSICIAN LICENSE NO.		44. REGISTRAR SIGNATURE		43b. COUNTY	
Paul Egge M.D.		29956		Keith K. Sausel			
37. CERTIFIER'S MAILING ADDRESS (Street, & Number, City, State, ZIP)		45. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)					
420 Dewey St., Wis. Rapids, WI 54494		JULY 25, 2000					
46. PART I. Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock or heart failure. List only one cause of death on each line. Do not list old age or senility as sole cause.		Interval between onset and death		PART II Other significant conditions contributing to death but not resulting in underlying cause given in Part I.			
IMMEDIATE CAUSE (Final disease or condition resulting in death.)		10 days					
(a) Probable pneumonia							
(b) Dementia		2 yrs					
(c) (DUE TO OR AS A CONSEQUENCE OF):							
(d) (DUE TO OR AS A CONSEQUENCE OF):							
47. IF INJURY, DESCRIBE HOW INJURY OCCURRED.							

Accident U.C.O.D. _____ Accident Coding _____

This is to certify that this document, which has a raised seal, contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

Jean Heimbruch
 JAN HEIMBRUCH
 STATE REGISTRAR

00734134 Date Issued: MAY 24 2001

