

006875

MEDICAL CERTIFICATE OF DEATH
MARION COUNTY HEALTH DEPARTMENT
222 EAST OHIO STREET
INDIANAPOLIS, INDIANA 46204

State
No.

Local No.

06741

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

RESIDENCE
IF DECEASED
ED IN DEATH
CURRENT IN
TITUTION, GIVE
RESIDENCE BEFORE
MISSION.

PARENTS

DISPOSITION

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
TAKING THE
UNDERLYING
CAUSE LAST

CAUSE

419

DECEASED—NAME DENNIS JOSEPH WIRTZ <i>DENNIS JOSEPH WIRTZ</i>		SEX Male		DATE OF DEATH (MONTH DAY YEAR) 10-3-87	
RACE—(By White, Black, American Indian or Alaskan) White	AGE—(Last Birthday) 35	UNDER 1 YEAR MONTHS DATE	UNDER 1 DAY HOURS MINUTES	DATE OF BIRTH (Mo. Day, Yr.) 8-2-52	COUNTY OF DEATH Marion
CITY, TOWN OR LOCATION OF DEATH Indy 15		HOSPITAL OR OTHER INSTITUTION—(Name, if not in other part of report and number) Methodist Hospital		IF HOSP OR INST. Indicate ICD-9-CM Code, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 00th	
STATE OF BIRTH (If not in U.S. name country) Indiana	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Separated Married	SURVIVING SPOUSE (If wife give name) Joyce Patrick		WAS DECEDENT EVER IN U.S. ARMED FORCES? (If yes, list in Part II) no
SOCIAL SECURITY NUMBER 316 58 4291		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Plumber		KIND OF BUSINESS OR SERVICE R, J. Wirtz Plumbing & Heating	
RESIDENCE—STATE IN	COUNTY Lake	CITY, TOWN OR LOCATION Crownpoint		STATE OF INDIANA COUNTY LAKE COUNTY	
STREET AND NUMBER 152 N Union St		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CITY OR TOWN Crown Point	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> XXXXXX					
FATHER—NAME Raymond Wirtz		MOTHER—MAIDEN NAME Adeline Abraham		CITY OR TOWN Crown Point, Indiana 46307	
INFORMANT—NAME (Type or Print) Joyce Wirtz		RELATIONSHIP Wife		Mailing Address 152 N. Union Street Crown Point, Indiana 46307	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—FUNERAL HOME St. Mary's Cemetery		LOCATION Crown Point, Indiana	
DATE (MONTH DAY YEAR) October 7, 1987		FUNERAL HOME—NAME AND ADDRESS Geisen Funeral Home, Crown Point, Indiana 46307		CITY OR TOWN STATE ZIP Crown Point, Indiana 46307	
SIGNATURE <i>William M. Dugan Jr.</i>		DATE SIGNED (Mo. Day, Yr.) 10/3/87		HOUR OF DEATH 9:30 A	
NAME OF ATTENDING PHYSICIAN (Type or Print) William M. Dugan Jr., M.D.		MAILING ADDRESS—PHYSICIAN 228 N. Illinois Street Indianapolis, Indiana 46202		DATE RECEIVED BY LOCAL HEALTH OFFICER OCT 08 1987	
PART I (a) IMMEDIATE CAUSE 1419 metastatic carcinoma of the tongue		(b) DUE TO OR AS A CONSEQUENCE OF METASTATIC CARCINOMA OF THE TONGUE		HOUR OF DEATH 5:87	
PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 381	

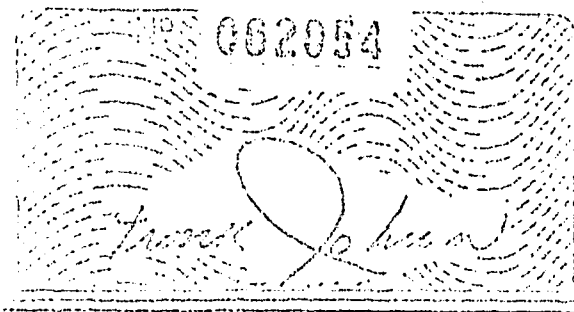
SBH 08-003 State Form 35430
REV. 10/77

NOT VALID UNLESS MACHINE NUMBERED AND SIGNED WITH MULTICOLOR RIBBON ON THE REVERSE SIDE

Key # 9-96-29 Young's & md add. Lt 27

*Young's & md add. Lt 27
#9-96-29*

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NOV. 12.1987