

94007309

6339

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORIGINAL CERTIFICATE OF DEATH

STATE FILING DATE
STATE DEATH NO.

6339

LOCAL FILE NUMBER

1. DECEDENT'S NAME: First Martin Full Middle SHAHBAZ Last

2. SEX: M F

3. SOC. SEC. NUMBER OF DECEDENT: 317-20-8128

4a. PRONOUNCED DEAD DATE: Mo. Nov. Day 24 Year 1993

4b. HOUR: 2:36A.

5. BODY FOUND: M Y N

6a. AGE (Years): 66

7. DATE OF BIRTH: Mo. Jan. Day 30 Year 1927

8a. COUNTY OF DEATH: Milwaukee

8b. DEATH OCCURRED INSIDE: CITY, VILL, TOWNSHIP Milwaukee

8c. (CHECK ONE) City Vill Township

9. DEATH AT HOSPITAL: Inpatient Outpatient

10. OTHER PLACE: N.H. Other Sinai Samaritan Medical Center

11a. HOSPITAL (AND CAMPUS) OR NURSING HOME: Sinai Campus

11b. NURSING HOME LICENSE NO.:

12. MARITAL STATUS: Married Never Married Divorced Widowed

13a. RESIDENCE - STATE: Indiana

13b. RESIDENCE - COUNTY: Lake

13c. RESIDENCE - INSIDE CITY, VILLAGE, TOWNSHIP: Crown Point

13d. (CHECK ONE) City Vill Township

14. NUMBER, STREET: 967 Cherokee Ct.

14b. ZIP CODE: 46307

15. STATE OF BIRTH (Country if not in U.S.): Indiana

16. FATHER'S NAME: First Jonathan Middle Shahbaz Last Deah

17. MOTHER'S NAME: First Betty Middle Grubestic Birth Surname Benjamin

18. RACE (e.g. White, Black, Am. Indian, etc.): White

19. HISPANIC ORIGIN? Specify Cuban, Mexican, etc.: No

20a. USUAL OCCUPATION (Do not enter "Retired"):

20b. KIND OF BUSINESS / INDUSTRY: Lake Co. Highway Dept.

21. EDUCATION Highest grade completed: 12

22. DECEDENT EVER IN U.S. ARMED FORCES? YES NO

23. SURVIVING SPOUSE (If wife, give birth surname, not married surname) (First, Middle, Last): Betty Grubestic

24a. INFORMANT'S NAME: Betty Shahbaz

24b. MAILING ADDRESS: 967 Cherokee Ct. Crown Point IND. 46307

25. METHOD OF DISPOSITION: Burial Cremation Donation Other

26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Calumet Park Crematorium

27. LOCATION City/Village/Township State: Merrillville IND.

28. DATE SIGNED BY FUNERAL SERVICE LICENSEE: Mo. Nov. Day 26 Year 1993

29. DATE RECEIVED FROM MED. CERT: Mo. Dec. Day 1 Year 1993

30a. FUNERAL SERVICE LICENSEE (or person acting as such): Leon L. Williamson

30b. WI LICENSE NO.: 4868

31. NAME AND MAILING ADDRESS OF FACILITY (Street and number, City, State, Zip): Leon L. Williamson Funeral Home, 2157 North 12th Street, Milwaukee, WI. 53205

32. MEDICAL CERTIFIER: CERTIFYING PHYSICIAN - To the best of my knowledge death was pronounced and occurred at the time(s) and due to the causes stated.

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 causes and manner stated.

33. DATE OF DEATH (Mo., Day, Yr.): Nov. 24, 1993

34. AUTOPSY PERFORMED? YES NO

35. DATE SIGNED (Mo., Day, Yr.): 11/30/93

36. WI PHYSICIAN LICENSE NO. CME Code: 2-95229

37. CERTIFIER'S MAILING ADDRESS (Street, & Number, City, State, ZIP): 945 N. 12th Milwaukee WI 53201

38. MANNER OF DEATH: Natural Accident Suicide Pending Homicide Undet.

39. DATE OF INJURY (Mo., Day, Yr.):

40. HOUR OF INJURY:

41. PLACE OF INJURY (Home, Street, Farm, etc.):

42. INJURY AT WORK? YES NO

43a. LOCATION (Street, City or Vill., and State in which injury occurred):

43b. COUNTY:

44. REGISTRAR SIGNATURE: Dulwanna CRO

45. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): DEC 1 1993

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.

IMMEDIATE CAUSE = (a) Respiratory Distress 2° to Urosepsis. Interval between onset and death: 2 days.

(b) TURP & BPH Interval between onset and death: None.

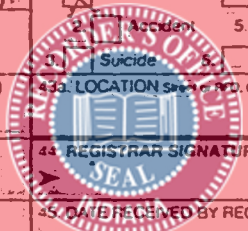
(c) _____ Interval between onset and death: _____

(d) _____ Interval between onset and death: _____

47. IF INJURY, DESCRIBE HOW INJURY OCCURRED

48. PART II. Other significant conditions contributing to death but not resulting in underlying cause given in Part I.

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THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE RECORD
FILED IN THE VITAL STATISTICS OF THE MILWAUKEE HEALTH DEPARTMENT
DATED AT MILWAUKEE THIS 11th DAY OF DECEMBER 1993

RECORDER
Dulwanna
COMMISSIONER OF HEALTH