

FILED

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STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
97 FEB 18 11:30 AM
MILWAUKEE

APR 10 1997

DOH 5040 (Rev 11/91)
Chap 89 Wis Stats

SAM ORLICH

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

STATE FILING DATE

STATE DEATH NO.

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LOCAL FILE NUMBER
1 DECEASED'S NAME **AUDITOR LAKE COUNTY**

2 SEX **M** 3 SOC SEC NUMBER OF DECEASED **357-26-4592** 4a PRONOUNCED DEAD DATE **Feb 6, 1997** 4b HOUR **1:25 AM** 6 BODY FOUND Y N

8a AGE (years) **78** 7 DATE OF BIRTH **Dec 6, 1918** 8a COUNTY OF DEATH **Dane** 8b DEATH OCCURRED INSIDE **Wauwaukee** 8c (CHECK ONE) City Vill Township

9 DEATH AT HOSPITAL Inpat DOA From Nur Hm DOA From Other N.H. Other **Wauwaukee Manor Health Care Center** 11b NURSING HOME LICENSE NO **2450** 12 MARITAL STATUS Married Never Married Divorced Widowed

13a RESIDENCE - STATE **Indiana** 13b RESIDENCE - COUNTY **Lake** 13c RESIDENCE - INSIDE CITY, VILLAGE, TOWNSHIP **East Chicago** 13d (CHECK ONE) City Vill Township **4856 Todd Ave** 14a NUMBER STREET **46312** 14b ZIP CODE

15 STATE OF BIRTH (Country if not in U.S.) **Yugoslavia** 16 FATHER'S NAME **Vaso Korac** 17 MOTHER'S NAME **Milosava Unknown**

18 RACE (e.g. White, Black, Am Indian, etc.) **White** 19 HISPANIC ORIGIN? No Yes **Core Maker** 20a USUAL OCCUPATION (Do not enter "Retired") **Core Maker** 20b KIND OF BUSINESS/INDUSTRY **Foundry**

21 EDUCATION Highest grade completed **12** 22 DECEDENT EVER IN U.S. ARMED FORCES? YES NO **Josephine Chietrity Recorder!** 23 SURVIVING SPOUSE (If wife, give birth surname, not married surname) (First, Middle, Last)

24a INFORMANT'S NAME **Josephine Korac** 24b MAILING ADDRESS **4856 Todd Ave East Chicago IN 46312**

25 METHOD OF DISPOSITION Burial Cremation Donation Other **Most Holy Mother of God** 26 PLACE OF DISPOSITION (Name of cemetery, crematory or other place) **Grayslake Ill** 27 LOCATION City/Village/Township/State **Feb 7, 1997** 28 DATE SIGNED BY FUNERAL SERVICE LICENSEE **Feb 17, 1997** 29 DATE RECEIVED FROM MED CERT.

30a FUNERAL SERVICE LICENSEE (for person acting as such) **Harold A. Stein** 30b WI LICENSE NO **4019** 31 NAME AND MAILING ADDRESS OF FACILITY (Street and number, City, State, Zip) **Winn Funeral Home 300 w, Main St Wauwaukee, WI 53597**

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 **Feb 6, 1997** 33 DATE OF DEATH (Mo., Day, Yr.) **Feb 6, 1997** 38 MANNER OF DEATH 1. Natural 4. Homicide 2. Accident 5. Undet. 3. Suicide 6. Pending

34 AUTOPSY PERFORMED? YES NO 41. PLACE OF INJURY (Home, Street, Farm, etc.) Specify 42. INJURY AT WORK? YES NO

35a MEDICAL CERTIFIER SIGNATURE & TITLE (Black Ink) **S. Carlson MD** 35b DATE SIGNED (Mo., Day, Yr.) **2-13-97** 43a LOCATION (Street or RFD, City or Vill., and State in which injury occurred) 43b COUNTY

36a MEDICAL CERTIFIER'S NAME **S. Carlson MD** 36b WI PHYSICIAN LICENSE NO C/M/E Code **28496** 44 REGISTRAR SIGNATURE **Jane Licht**

37 CERTIFIER'S MAILING ADDRESS (Street & Number, City, State, ZIP) **118 W Vernon Ave Vernon WI 53593** 45. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **FEB 18 1997**

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 (Final disease or condition resulting in death)

(a) **Phemonia** (DUE TO OR AS A CONSEQUENCE OF)

(b) **chronic obstructive pulmonary disease** (DUE TO OR AS A CONSEQUENCE OF)

(c) (DUE TO OR AS A CONSEQUENCE OF)

(d) (DUE TO OR AS A CONSEQUENCE OF)

47. IF INJURY, DESCRIBE HOW INJURY OCCURRED

This is to certify that this is a true and correct reproduction of the record filed in the office of the Register of Deeds, Dane County, Wisconsin.

Date: **FEB 18 1997**

Jane Licht,
Dane County Register of Deeds

This record has a raised seal. It is illegal to copy it.

Josephine Korac
4857 Todd ave
East Chicago IN 46312

000601

ck

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10V
DJ 137341