WISCONSIN CERTIFICATE OF VITAL RECORD

WARNING: IT IS A FELONY TO COPY OR REPRODUCE THIS CERTIFICATE - STATE STATUTE 69.24(1)

HCF 5040 (Rev. 01/03)
Read Instructions (HCF 5040A) before completing this form.

Type or Print. Use Permanent BLACK Ink. No Whiteout or Erasures.

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

STATE FILE DATE

LOCAL FILE NUMBER

PART 1 FACT OF DEATH

STATE DEATH NUMBER 273

1. DECEDENT'S NAME First / Full Middle / LAST	2. SEX	3. DECEDENT'S SOCIAL SECURITY NO.	4a. DATE PRONOUNCED DEAD (Month, Day, Year)
William / KAIRNS	☒ M ☐ F	315-18-6568	Mar 15, 2005

4b. HOUR PRONOUNCED DEAD (24 hour time preferred)	5. BODY FOUND (24 or more hours after death)	6a. AGE (Years-birth to date pronounced)	6b. Under 1 Year Months / Days	6c. Under 1 Day Hours / Minutes	7. DATE OF BIRTH (Month, Day, Year)	8a. COUNTY OF DEATH
06:30 PM	☐ Yes ☒ No	81			Jun 7, 1923	Oneida

8b. DEATH OCCURRED Inside City, Village or Township of	8c. CHECK ONE	9. DEATH AT HOSPITAL	10. OTHER PLACE
Minocqua	☐ City ☐ Village ☒ Township	1. ☐ Inpat. 2. ☐ Outpat. 3. ☐ DOA From N.H. 4. ☐ ER From N.H. 5. ☐ DOA From Other 6. ☐ ER From Other	☐ N.H. ☒ Res. of Decedent ☐ CBRF ☐ Other ☐ Facility-Based Hospice

11a. HOSPITAL/NURSING HOME NAME (and Campus) or ADDRESS	11b. N.H. LIC. NO.	12. MARITAL STATUS	13a. RESIDENCE STATE (Country, if not in U.S.)	13b. RESIDENCE COUNTY
11070 Bellwood Dr. #8		☒ Married ☐ Never Married ☐ Divorced/Annul. ☐ Widowed	Wisconsin	Oneida

13c. RESIDENCE PLACE Inside City, Village or Township of	13d. CHECK ONE	14a. NUMBER AND STREET	14b. ZIP CODE	15. STATE OF BIRTH (Country, if not in U.S.)
Minocqua	☐ City ☐ Village ☒ Township	11070 Bellwood Dr. #8	54548	IN

16. FATHER'S NAME First / Middle / Birth Surname	17. MOTHER'S NAME First / Middle / Birth Surname	18. SURVIVING SPOUSE First / Middle / Birth Surname
John Kairns	Loveday Everson	Gloria Macari

19a. INFORMANT'S NAME	19b. INFORMANT'S MAILING ADDRESS (Number, Street, City, State, ZIP)
Gloria KAIRNS	11070 Bellwood Dr. #8 Minocqua, WI 54548

20a. NAME AND ADDRESS OF FUNERAL FACILITY (List name and address of family member, if applicable)	20b. WI F.D. LIC. NO.	20c. FUNERAL SERVICE LICENSEE SIGNATURE (Or person acting as such)	20d. DATE SIGNED (Month, Day, Year)
Bolger Funeral Home PO Box 87 Minocqua, WI 54548	4760	Michael Bol	03/16/2005

21. MEDICAL CERTIFICATION (Check one.) Items 21-28 and 38, 39, 50,51 Items 40-46 Coroner/M.E. only

☒ **Certifying Physician:** To the best of my knowledge, death was pronounced and occurred at the time and date(s) stated; the manner of death was **Natural**; and death was 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 and date(s) stated and due to the causes and manner stated.

22. MANNER OF DEATH	23. MEDICAL CERTIFIER'S NAME AND TITLE
1. ☒ Natural 4. ☐ Homicide 2. ☐ Accident 5. ☐ Undet. 3. ☐ Suicide 6. ☐ Pending	Richard Fossen MD

24. MEDICAL CERTIFIER'S MAILING ADDRESS (Number, Street, City, State, ZIP)	25. ACTUAL OR ESTIMATED DATE OF DEATH (If different from date in 4a) ☒ Same as 4a	26. WI. PHYSICIAN LICENSE NO. (Or CME Code)	27. MEDICAL CERTIFIER SIGNATURE (Use black ink only on all portions of the death certificate.)	28. DATE SIGNED BY MEDICAL CERTIFIER (Month, Day, Year)
9601 Townline Road Minocqua, WI 54548		26967	Richard Fossen	3/17/05

29. LOCAL REGISTRAR SIGNATURE	30. DATE SIGNED BY LOCAL REGISTRAR (Month, Day, Year)
Thomas H. Leighton	MAR 21 2005

PART 2 EXTENDED FACT OF DEATH (AVAILABLE ONLY TO THOSE WITH A DIRECT AND TANGIBLE INTEREST IN THIS RECORD OR FOR A STATE-APPROVED RESEARCH USE (PER S. 69.20))

31. USUAL OCCUPATION (Do not enter "Retired.")	32. KIND OF BUSINESS/INDUSTRY	33. DECEDENT EVER IN THE ARMED FORCES (Active Duty or Reserve).	34. DECEDENT WAS TRIBAL MEMBER (Not Required) If "Yes," item 48 should include American Indian. Check "Unk." if the decedent was American Indian but member status is unknown.
Owner/Operator	Construction	☒ Yes ☐ No ☐ Unk.	☒ No ☐ Unk. ☐ Yes Tribe:

35. METHOD OF DISPOSITION	36. PLACE OF DISPOSITION	37. LOCATION OF CEMETERY OR CREMATORY (City, Village, Township, State) (Or Country, if not in U.S.)
☐ Entomb. ☐ Burial ☒ Cremation ☐ Donation	Bolger Cremation Services	Minocqua WI

38. 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
IMMEDIATE CAUSE → (Final disease or condition resulting in death)	(a) Pulmonary Fibrosis (Due to or as a consequence of:)	1yr
	(b) Emphysema (Due to or as a consequence of:)	yrs
Sequentially list conditions, if any, leading to immediate cause. ENTER UNDERLYING CAUSE LAST. (disease or injury that initiated events leading to death).	(c) (Due to or as a consequence of:)	
	(d)	

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I

39. AUTOPSY PERFORMED	Items 40-46 for Coroner and Medical Examiner use only. Complete if an injury or poisoning is reported anywhere in 38 Part I or Part II.	40. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURED.
☐ Yes ☒ No		

44. DATE OF INJURY (Month, Day, Yr.)	42. HOUR OF INJURY	43. PLACE OF INJURY (Specify Home, Street, Farm, etc)	44. INJURY AT WORK	45. LOCATION OF INJURY (Street or RFD, City, Village and State)	46. COUNTY OF INJURY (State or Country, if not in WI)
	M		☐ Yes ☐ No		

08-15-0133.00/8

2005 050338

FILED
JUN 17 2005
STEPHEN R. STIGLER
LAKE COUNTY AUD

001520

Thomas H. Leighton
THOMAS H. LEIGHTON
ONEIDA COUNTY REGISTER OF DEEDS

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

MAR 21 2005
Date Issued:

4264284

Document is NOT OFFICIAL! This Document is the property of the Oneida County Register of Deeds

THIS CERTIFICATE HAS A BLUE/PINK/BLUE BACKGROUND ON THE FACE AND TWO RAISED SEALS - THE PAPER CONTAINS A VISIBLE CHAIN LINK WATERMARK - HOLD TO LIGHT TO VERIFY PRESENCE