

2767

DOH 5040 (Rev. 11/91)
Chap. 69, Wis. Stats.

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

STATE FILING DATE
STATE DEATH NO.

LOCAL FILE NUMBER
1. DECEDENT'S NAME
2. SEX
3. SOC. SEC. NUMBER OF DECEDENT
4a. PRONOUNCED DEAD DATE
4b. HOUR
5. BODY FOUND
6a. AGE (Years)

7. DATE OF BIRTH
8a. COUNTY OF DEATH
8b. DEATH OCCURRED INSIDE
9. DEATH AT HOSPITAL
10. OTHER PLACE
11a. HOSPITAL (AND CAMPUS) OR NURSING HOME
11b. NURSING HOME LICENSE NO.
12. MARITAL STATUS
13a. RESIDENCE - STATE
13b. RESIDENCE - COUNTY
13c. RESIDENCE - INSIDE CITY, VILLAGE, TOWNSHIP
14a. NUMBER, STREET
14b. ZIP CODE
17. MOTHER'S NAME

15 STATE OF BIRTH (Country if not in U.S.)
16. FATHER'S NAME
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
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)
24a. INFORMANT'S NAME
24b. MAILING ADDRESS
24c. CITY/VILLAGE
24d. STATE
24e. ZIP

25. METHOD OF DISPOSITION
26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
27. LOCATION City/Village/Township
28. DATE SIGNED BY FUNERAL SERVICE LICENSEE
29. DATE RECEIVED FROM MED. CERT.
30a. FUNERAL SERVICE LICENSEE (of person acting as such.)
30b. WI LICENSE NO.
30c. SIGNATURE

31. NAME AND MAILING ADDRESS OF FACILITY (Street and number, City, State, Zip)
32. CERTIFYING PHYSICIAN - To the best of my knowledge death was pronounced and occurred at the time(s) and due to the cause(s) stated.
33. DATE OF DEATH (Mo., Day, Yr.)
34. AUTOPSY PERFORMED?
35a. MEDICAL CERTIFIER SIGNATURE & TITLE (Black Ink)
35b. DATE SIGNED (Mo., Day, Yr.)
35c. WI PHYSICIAN LICENSE NO.
35d. CIME Code

36a. MEDICAL CERTIFIER'S NAME
36b. MEDICAL CERTIFIER'S ADDRESS (Street, & Number, City, State, ZIP)
37. CERTIFIER'S MAILING ADDRESS (Street, & Number, City, State, ZIP)
38. MANNER OF DEATH
39. DATE OF INJURY (Mo., Day, Yr.)
40. HOUR OF INJURY
41. PLACE OF INJURY (Home, Street, Farm, etc.)
42. INJURY AT WORK?
43. COUNTY
44. REGISTRAR SIGNATURE
45. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)

46. PART I. Enter the disease, injuries or complications that caused the death. Do not enter the mode of death as a cause of death. Do not list old age or senility as sole cause of death. List only one cause of death on each line. Do not list old age or senility as sole cause of death. List only one cause of death on each line.

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

47. IF INJURY, DESCRIBE HOW INJURY OCCURRED.

Type or Print
Use Permanent
Black Ink
No Whiteout
or Erasures

Reserved for
Corrections &
Amendments

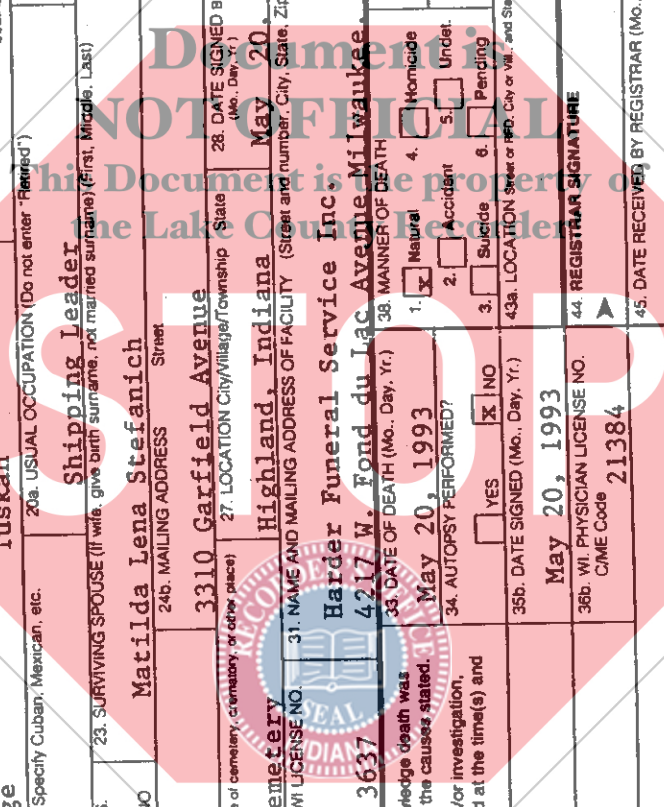
Corrected 5-21-93 by authority of
Kurtus Puns CHO. Item(s) 17 per Ft.

16-27-0082-0003

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE RECORD
FILED IN THE OFFICES OF THE MILWAUKEE HEALTH DEPARTMENT
AT MILWAUKEE THIS 21st DAY OF
MAY 1993
COMMISSIONER OF HEALTH

STATE OF INDIANA
COUNTY OF LAWRENCE
FILED IN THE OFFICES OF THE MILWAUKEE HEALTH DEPARTMENT
AT MILWAUKEE THIS 24th DAY OF
MAY 1993
RECORDER
MICHAEL A. BROWN

1150
25



FILED

Interval between onset and death
IMMEDIATE CAUSE
(Final disease or condition resulting in death.)
Sequentially list conditions if any, leading to immediate cause. ENTER UNDERLYING CAUSE LAST. (Disease or injury that initiated events resulting in death)

309-16-8431
M
F
May 20 1993
4:58 A M
Milwaukee
St. Luke's Medical Center
3310 Garfield Avenue
Highland
Tuskan
Shipping Leader
Matilda Lena Stefanich
3310 Garfield Avenue
Highland, Indiana
Harder Funeral Service Inc.
4217 W. Fond du Lac Avenue
Milwaukee, Wisconsin 53216
May 20, 1993
Natural
Accident
Suicide
Location Street or RFD, City or Vill., and State in which injury occurred
May 20, 1993
21384
Gerald Dorfos MD
2901 W. Kinnickinnic River Pkwy Milwaukee, Wisc. 53215
Cerebral Aneurysm
Heart Failure
Peggy Holinga Katona
Lake County Auditor

666459

Prescribed by the
State Board of Accounts
(2005)

County form 170

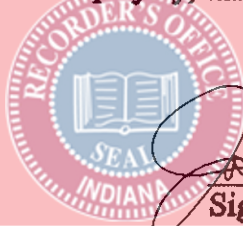
Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



Joseph Tuskan Jr.
Signature of Declarant

JOSEPH TUSKAN JR.
Printed Name of Declarant