

WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES

2009 035744

2009 SEP 20 PM 2:15

MICHAEL A. BROWN  
RECORDER

Use Permanent Black Ink. No Whiteout or Erasures.

40. HOUR PROLONGED DEAD (24-hour time from hour after death)

41. DATE OF INJURY Month, Day, Year

42. HOUR OF INJURY

43. PLACE OF INJURY (Specify Home, Street, Farm, etc.)

44. INJURY AT WORK

45. LOCATION OF INJURY (Specify by ZIP, City, Village or Township)

46. DATE OF DEATH (Month, Day, Year)

47. DATE OF DEATH (Month, Day, Year)

48. DATE OF DEATH (Month, Day, Year)

49. DATE OF DEATH (Month, Day, Year)

50. DATE OF DEATH (Month, Day, Year)

51. DATE OF DEATH (Month, Day, Year)

52. DATE OF DEATH (Month, Day, Year)

53. DATE OF DEATH (Month, Day, Year)

54. DATE OF DEATH (Month, Day, Year)

55. DATE OF DEATH (Month, Day, Year)

56. DATE OF DEATH (Month, Day, Year)

STATE OF WISCONSIN  
DEPARTMENT OF HEALTH AND FAMILY SERVICES  
ORIGINAL CERTIFICATE OF DEATH  
PART I FACT OF DEATH

STATE DEATH NUMBER  
72

DEATH AT HOSPITAL

DEATH AT HOME

DEATH AT OTHER PLACE

DEATH AT OTHER PLACE

DEATH AT OTHER PLACE

45-15-16-380-011,000-013A

CA# 5551 CA

Corrected 9/20/05, Item #17  
Per/Funeral Director

1. DECEDENT'S NAME: Richard Pelguss

2. SEX: M

3. STATE DEATH NUMBER: 72

4. DATE OF DEATH: September 03, 2005

5. BODY FOUND (24-hour time from hour after death): No

6. DEATH OCCURRED (Specify City, Village or Township of Residence): Rhinelander

7. DATE OF BIRTH (Month, Day, Year): September 13, 1947

8. COUNTY OF DEATH: Oneida

9. DEATH AT HOSPITAL:  Yes

10. OTHER PLACE:  Home  Other

11. HOSPITAL/UNUSING HOME NAME (and Campus or Address): St. Mary's Hospital

12. MARITAL STATUS:  Married  Never Married  Divorced/Widowed

13. RESIDENCE STATE (Specify if not in U.S.): Indiana

14. RESIDENCE COUNTY: Lake

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

16. FATHER'S NAME: Richard H. Pelguss

17. MOTHER'S NAME: Katherine Yarnell

18. SUSTAINING SPOUSE: Katherine Yarnell

19. INFORMANT'S NAME: Katherine Pelguss

20. NAME AND ADDRESS OF FUNERAL FACILITY (Last name and address of family member, if applicable): Uecker-Witt Funeral Home, 524 N. Park Avenue, Fond du Lac, Wisconsin 54640

21. MEDICAL CERTIFICATION (Check one):  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 the manner of death was natural; and death was due to the causes stated.  ACTUAL OR ESTIMATED DATE OF DEATH (If different from date in 41): Same as 41

22. MANNER OF DEATH:  Natural  Homicide  Suicide  Pending

23. LOCAL REGISTRAR SIGNATURE: Thomas H. Leighton

24. DATE SIGNED BY LOCAL REGISTRAR (Month, Day, Year): SEP 20 2005

25. MEDICAL CERTIFIER SIGNATURE: Arnold W. Kott

26. DATE SIGNED BY MEDICAL CERTIFIER (Month, Day, Year): September 14, 2005

27. LOCATION OF CENTURY OF CREATION (City, Village, Township, State (or County) and in U.S.): Schererville, Indiana

28. DATE SIGNED BY LOCAL REGISTRAR (Month, Day, Year): SEP 20 2005

29. USUAL OCCUPATION (Do not enter "Retired")

30. KIND OF BUSINESS/INDUSTRY

31. METHOD OF DISPOSITION:  Burial  Cremation  Donation

32. PLACE OF DISPOSITION: Memory Lane Memorial Park

33. DECEASED EVER IN THE ARMED SERVICES (Army, Navy or Reserve):  No  Yes

34. DECEASED WAS TRIBAL MEMBER (and specify):  No  Yes

35. LOCATION OF CENTURY OF CREATION (City, Village, Township, State (or County) and in U.S.): Schererville, Indiana

36. PART I. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the immediate cause of death (e.g., chronic disease, injury, etc.): **FILE**

37. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the immediate cause of death (e.g., chronic disease, injury, etc.): **FILE**

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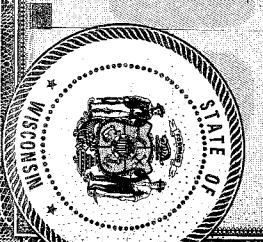
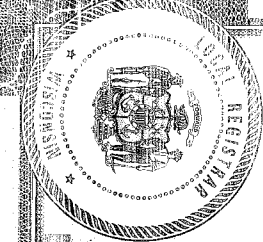
100. PART LXXV. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the immediate cause of death (e.g., chronic disease, injury, etc.): **FILE**

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

Thomas H. Leighton  
ONEIDA COUNTY REGISTER OF DEEDS

4700609 Date Issued:

SEP 30 2005



WARNING: IT IS A FELONY TO COPY OR REPRODUCE THIS CERTIFICATE. STATE STATUTE 99.24(1)