

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

486

SEP 3 - 1968

LOCAL FILE NUMBER		DECEASED-NAME		SEX		DATE OF DEATH		COUNTY OF DEATH	
HENRY		JOHN		M		AUG. 22, 1968		AUG. 22, 1968	
RACE-White, Negro, American Indian, Etc.		AGE LAST BIRTHDAY		UNDER ONE YEAR		MONTH		YEAR	
WHITE		68		10		NOV. 18, 1899		76. BROWN	
NAME OF CITY, VILLAGE, RURAL TOWN OR OTHER INSTITUTION (Location of Death)		CITIZEN OF WHAT COUNTRY		MARRIED		SURVIVING SPOUSE		(If Wife, Give Maiden Name)	
TOWN OF LAWRENCE		U.S.		X		MARIE NOOYEN			
STATE OF BIRTH (If Not in U.S.A., Name Country)		SOCIAL SECURITY NO.		USUAL OCCUPATION Give Kind of Work During Most of Working Life Even if Retired		KIND OF BUSINESS OR INDUSTRY			
WISCONSIN		369-05-7299 A		LABORER RETIRED NORTHWEST ENGINEERING		HEAVY MACHINERY			
RESIDENCE: STATE		COUNTY		NAME OF CITY, VILLAGE (If Neither, Name Township)		MAILING ADDRESS (Home Address at Time of Death)			
Wis.		GREEN BAY		GREEN BAY		1006 LINCOLN			
FATHER-NAME		MOTHER-MAIDEN NAME		MOTHER-MAIDEN NAME		MOTHER-MAIDEN NAME			
FRANK		PAGE		PAGE		MARIE		JOHNSON	
INFORMANT-NAME		MAILING ADDRESS		STREET OR R.F.D. NO.		CITY OR VILLAGE		STATE	
HOSPITAL RECORDS		17b. HICKORY GROVE SAN., WIDEPERE, WIS. 54178		17c. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		17d. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		17e. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
PART I DEATH WAS CAUSED BY - Enter Only One Cause Per Line For (A), (B), and (C)		CONDITIONS, IF ANY, A. Immediate Cause: Due to, or as a result of, B. Consequence of: C. Consequence of: D. Lying Cause Lost.		CEREBROVASCULAR ACCIDENT		DIABETIC - A.S. CEREBROVASCULAR ENCEPHALOPATHY		12 MOS.	
PART II OTHER SIGNIFICANT CONDITIONS: Conditions Contributing to Death but not Related to Cause Given in Part I (A)		AUTOPSY (Specify)		WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		19a. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		19b. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		19c. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>			
ACCIDENT		DATE OF INJURY		HOW INJURY OCCURRED		CITY OR VILLAGE		STATE	
		JULY 4 '68		INJURY AT WORK		GREEN BAY		WIS.	
CERTIFICATION		CERTIFICATION-Month		DATE SIGNED		CITY		STATE	
		JULY 4 '68		AUG. 22, 1968		GREEN BAY		WIS.	
CERTIFICATION		CERTIFICATION-MEDICAL EXAMINER OR CORONER: On The Basis of The Examination of The Body and/or The Investigation, In My Opinion, Death Occurred on The Date and Due To The Cause(s) Stated.		SIGNATURE-CERTIFIER		CITY		STATE	
		D. GUTHEIL, M.D.		D. GUTHEIL, M.D.		GREEN BAY		WIS.	
BURIAL		MAILING ADDRESS-CERTIFIER		STREET OR R.F.D. NO.		CITY		STATE	
		HICKORY GROVE SANATORIUM		FT. HOWARD		GREEN BAY		WIS.	
LOCAL-CAUSE OF DEATH		BURIAL-DATE		FUNERAL HOME-NAME AND ADDRESS		STREET OR R.F.D. NO.		CITY OR VILLAGE	
		AUG. 27, 1968		MALCORE		F.H. 701 N. BAIRD GREEN BAY, WIS. 54302		GREEN BAY, WIS.	
		FUNERAL DIRECTOR-SIGNATURE		REGISTERAR-SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		MONTH	
		J. Malcore		Harold P. Loy		8-29-68		YEAR	

UN-CERTIFIED COPY:  
 NOT VALID FOR  
 IDENTITY PURPOSES

For Instructions Refer to The Physician's, Funeral Director's, and Medical Examiner's/Coroner's Handbook

Usual Residence Where Deceased Lived. If Death Occurred in Institution, Give Residence Before Admission

Reserved For Coding  
Hospital  
Residence  
Occupation  
Cause

Infant  
Local-Cause of Death