

# MANITOWOC COUNTY REGISTER OF DEEDS

FORM NO. VS-13  
200M-REV-1-68

STATE OF WISCONSIN  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF HEALTH

FILE 09 514

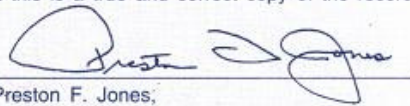
LOCAL FILE NUMBER 120

## CERTIFICATE OF DEATH

DECEASED-NAME 1. First Middle Last Burton E. Reardon		SEX 2. Male	DATE OF DEATH 3. Month Day Year April 6, 1971
RACE-White, Negro, American Indian, Etc. 4. White (Specify)		Age Last Birthday 5a. 48	DATE OF BIRTH 6. Month Day Year March 9, 1923
NAME OF CITY, VILLAGE (Location of Death) 7b. Manitowoc		Inside City or Village Limits 7c. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HOSPITAL OR OTHER INSTITUTION-NAME (If Not In Either Give Street and Number or Location) 7d. 1404 Hillcrest Drive (Residence)
STATE OF BIRTH (If Not in U.S.A., Name Country) 8. Wisconsin	CITIZEN of What Country 9. U.S.A.	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	SURVIVING SPOUSE (If Wife, Give Maiden Name) 11. N/A
SOCIAL SECURITY NO. 12. 398-16-7013	USUAL OCCUPATION Give Kind of Work During Most of Working Life Event if Retired 13a. Steel Assembler	KIND OF BUSINESS OR INDUSTRY 13b. Manitowoc Engineering Company	
RESIDENCE-STATE 14a. Wisconsin	COUNTY 14b. Manitowoc	NAME OF CITY, VILLAGE (If Neither, Name Township) 14c. Manitowoc	Inside City or Village Limits 14d. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
MAILING ADDRESS (Home Address at Time of Death) 14e. 1404 Hillcrest Drive			
FATHER-NAME First Middle Last 15. Pritchard Reardon	MOTHER-MAIDEN NAME First Middle Last 16. Irene Schaden		
INFORMANT-NAME 17a. Mr. Pritchard Reardon		MAILING ADDRESS Street or R.F.D. No. City or Village State Zip 17b. 1404 Hillcrest Drive, Manitowoc, Wisconsin	WAS DECEASED EVER IN U.S. ARMED FORCES? (If Yes, Give War or Dates of Service) 17c. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
PART I DEATH WAS CAUSED BY - Enter Only One Cause Per Line For (A), (B), and (C) 18. Cardiac death			Approximate Interval Between Onset and Death 18. 54220 acute
Conditions, if Any, Which Gave Rise to Immediate Cause (A) Due to, or as a Consequence of: 18a. Valvular H.D.			chronic
PART II OTHER SIGNIFICANT CONDITIONS: Conditions Contributing to Death but not Related to Cause Given in Part I (A)			
AUTOPSY (Specify) 19a. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 19b. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
HOW INJURY OCCURRED 20a. <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		20c. (Enter Nature of Injury in Part I or Part II, Item 18)	
DATE OF INJURY Month Day Year 20b.		20d. (Specify)	
PLACE OF INJURY (Home, Farm, Street, Factory, Etc.) 20e.		LOCATION Street or R.F.D. No. City or Village State Zip 20f.	
INJURY AT WORK 20g. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
CERTIFICATION-Month Day Year 21a. 8-10-71	AND LAST SAW HIM/HER ALIVE ON Month Day Year 21b. 4-6-71	DID YOU VIEW THE BODY AFTER DEATH 21c. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DEATH OCCURRED (Hour) M. 21d. 6:45 AM
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. 22a.		HOUR OF DEATH THE DECEDENT WAS PRONOUNCED DEAD 22b. Month Day Year Hour M.	
CERTIFIER-NAME (Type or Print) 23a. Robert C. Puestow, M.D.	SIGNATURE-CERTIFIER 23b. Robert C. Puestow, M.D.	Title	DATE SIGNED Month Day Year 23c. April 6, 1971
MAILING ADDRESS-CERTIFIER Street or R.F.D. No. City or Village State Zip 23d. 601 Reed Ave., Manitowoc, Wisconsin 54220			
CEMETERY OR CREMATORY-NAME 24a. <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL Evergreen Cemetery		LOCATION City State 24c. Manitowoc, Wisconsin	
BURIAL-DATE Month Day Year 24d. April 7, 1971	FUNERAL HOME-NAME AND ADDRESS Street or R.F.D. No. City or Village State Zip 24e. Pfeffer Funeral Home, 928 South 14th St., Manitowoc, Wisconsin 54220		
FUNERAL DIRECTOR-SIGNATURE 25a. Leonard C. Pfeffer	REGISTRAR-SIGNATURE 25b. Charles E. Wall, M.D.	DATE RECEIVED BY Local Registrar Month Day Year 26. April 7, 1971	


Uncertified Copy  
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Identity Purposes

I Preston F. Jones, Register of Deeds, Manitowoc County, Wisconsin, do hereby certify that this is a true and correct copy of the record filed in this office, exclusive of any confidential information.

  
Preston F. Jones,  
Register of Deeds

Date Issued: JUL 28 2005

THIS RECORD HAS A RAISED SEAL. IT IS ILLEGAL TO REPRODUCE THIS DOCUMENT PER WISCONSIN STATUTE 69.24

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