

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

VOL 72 PAGE 318

LOCAL FILE NUMBER 504

CERTIFICATE OF DEATH

DECEASED—NAME 1. Irene Reardon			SEX 2. Female	DATE OF DEATH 3. December 8, 1972		
RACE—White, Negro, American Indian, Etc. 4. White		Age Last Birthday 5a. 71	Under One Year 5b.	Under One Day 5c.	DATE OF BIRTH 6. 8-24-1901	COUNTY OF DEATH 7a. Manitowoc
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. Holy Family Hospital		
STATE OF BIRTH (If Not in U.S.A., Name Country) 8. Wisconsin		CITIZEN of What Country 9. U.S.A.		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		SURVIVING SPOUSE (If Wife, Give Maiden Name) 11. Pritchard Reardon
SOCIAL SECURITY NO. 12. 392-03-7677 B		USUAL OCCUPATION Give Kind of Work During Most of Working Life Even if Retired 13a. Housewife			KIND OF BUSINESS OR INDUSTRY 13b. Own Home	
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 15. Casper Schaden			MOTHER—MAIDEN NAME 16. Emma Elmer			
INFORMANT—NAME 17a. Pritchard Reardon			MAILING ADDRESS Street or R.F.D. No. City or Village State Zip 17b. 1404 Hillcrest Drive, Manitowoc, Wisconsin 54220		WAS DECEASED EVER IN U.S. ARMED FORCES? (If Yes, Give War or Dates of Service) 17c. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
18. PART I DEATH WAS CAUSED BY — Enter Only One Cause Per Line For (A), (B), and (C)						Approximate Interval Between Onset and Death
Conditions, if Any, Which Gave Rise to Immediate Cause (A) Stating the Underlying Cause Last.		A. Immediate Cause: Cerebral Vasc. occlusion			3 days	
		B. Consequence of: Gen. ASVD				
		C. Consequence of:				
PART II OTHER SIGNIFICANT CONDITIONS: Conditions Contributing to Death but not Related to Cause Given in Part I (A) Left vent. Enlarg.- Cataracts				AUTOPSY (Specify) 19a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 19b. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		DATE OF INJURY 20a. Month Day Year	Hour 20c. M.	HOW INJURY OCCURRED (Enter Nature of Injury in Part I or Part II, Item 18) 20d.		
INJURY AT WORK 20e. <input type="checkbox"/> Yes <input type="checkbox"/> No		PLACE OF INJURY (Home, Farm, Street, Factory, Etc.) 20f. (Specify)		LOCATION Street or R.F.D. No. City or Village State Zip 20g.		
CERTIFICATION—PHYSICIAN 21a. I Attended The Deceased From 2-29-72		To 12-8-72 21b.		AND LAST SAW HIM/HER ALIVE ON 21c. 12-8-72		DID YOU VIEW THE BODY AFTER DEATH 21d. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 5:30 PM M.		THE DECEASED WAS PRONOUNCED DEAD 22b. 12-8-72 Day Year Hour M. 5:30 PM M.		
CERTIFIER—NAME (Type or Print) 23a. L. Holder, M.D.		SIGNATURE—CERTIFIER 23b. L. Holder, M.D.		Title	DATE SIGNED 23c. 12-9-72 Month Day Year	
MAILING ADDRESS—CERTIFIER 23d. 601 North 8th St., Manitowoc, Wisconsin 54220						
<input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL		CEMETERY OR CREMATORY—NAME 24b. Evergreen Cemetery		LOCATION 24c. Manitowoc, Wisconsin		
BURIAL—DATE 24d. 12-11-72 Month Day Year		FUNERAL HOME—NAME AND ADDRESS 25a. Pfeffer Funeral Home, 928 South 14th St., Manitowoc, Wisconsin 54220				
FUNERAL DIRECTOR—SIGNATURE 25b. Clyde W. Pfeffer			REGISTRAR—SIGNATURE 26a. Charles E. Wall M.D.		DATE RECEIVED By Local Registrar 26b. 12/11/72 Month Day Year	

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.

Date Issued:

OCT 14 2004

Preston F. Jones,
Register of Deeds

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



This padlock icon is printed with ink that responds to warmth. Place your thumb on it and it should change appearance. If it does not, this may not be an original document.