

MANITOWOC COUNTY REGISTER OF DEEDS

Type or Print in Permanent Black Ink

FORM NO. VS-12
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STATE FILING DATE

STATE DEATH NO. ^{VOL} 76 ^{PAGE} 295

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

LOCAL FILE NUMBER 39 ORIGINAL CERTIFICATE OF DEATH

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

DECEASED	1. DECEASED-NAME First: PRITCHARD, Middle: J., Last: REARDON			2. SEX Male	3. DATE OF DEATH Month: 1, Day: 29, Year: 76		
	4. RACE-White, Negro, American Indian, Etc. White (Specify)		5a. Age Last Birthday 73	5b. Under One Year Months: , Days:	5c. Under One Day Hours: , Minutes:	6. DATE OF BIRTH Month: 7, Day: 25, Year: 1902	7a. COUNTY OF DEATH Manitowoc
	7b. NAME OF CITY, VILLAGE (Location of Death) Manitowoc			7c. Inside City or Village Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7d. HOSPITAL OR OTHER INSTITUTION-NAME (If Not in Either Give Street and Number or Location) Holy Family Hospital	
	8. STATE OF BIRTH (If Not in U.S.A., Name Country) Wisconsin		9. CITIZEN of What Country US		10. <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced		11. SURVIVING SPOUSE (If Wife, Give Maiden Name)
PARENTS	12. SOCIAL SECURITY NO. 392-03-7677		13a. USUAL OCCUPATION Give Kind of Work During Most of Working Life Even if Retired Assembler - Foreman		13b. KIND OF BUSINESS OR INDUSTRY Manitowoc Engineering Co.		
	14a. RESIDENCE-STATE Wisconsin		14b. COUNTY Manitowoc	14c. NAME OF CITY, VILLAGE (If Neither, Name Township) Manitowoc		14d. MAILING ADDRESS (Home Address at Time of Death) 1404 Hillcrest Dr.	
	15. FATHER-NAME First: William, Middle: , Last: Reardon			16. MOTHER-MAIDEN NAME First: Emma, Middle: , Last: Etersky			
	17a. INFORMANT-NAME Mrs Gloria Kleiber			17b. MAILING ADDRESS Street or R.F.D. No. City or Village State Zip 17b. 1301 S. 36th S. Manitowoc, Wis. 54220		17c. WAS DECEASED EVER IN U.S. ARMED FORCES? (If Yes, Give War or Dates of Service) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
CAUSE	18. PART I DEATH WAS CAUSED BY - Enter Only One Cause Per Line For (A), (B), and (C) Conditions, if Any, Which Gave Rise to Immediate Cause (A) Stating the Underlying Cause Last. A. Immediate Cause: Acute myocardial infarction B. Due to, or as a consequence of: C. Due to, or as a consequence of:						Duration
	19. PART II OTHER SIGNIFICANT CONDITIONS: Conditions Contributing to Death but not Related to Cause Given in Part I (A)						19a. AUTOPSY (Specify) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	20. ACCIDENT <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE						20b. DATE OF INJURY Month: , Day: , Year:
ACCIDENT	20c. HOW INJURY OCCURRED (Enter Nature of Injury in Part I or Part II, Item 18)		20d. PLACE OF INJURY (Home, Farm, Street, Factory, Etc.) (Specify)		20e. LOCATION Street or R.F.D. No. City or Village State Zip		
	21a. 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.		21b. HOUR OF DEATH 1:35 A.M.		21c. THE DECEDENT WAS PRONOUNCED DEAD Month: January, Day: 29, Year: 1976		
CERTIFICATION	22a. CERTIFIER-NAME (Type or Print) R. C. Puestow, M.D.		22b. SIGNATURE-CERTIFIER <i>R. C. Puestow</i>		22c. DATE SIGNED Month: 1, Day: 29, Year: 76		
	23. MAILING ADDRESS-CERTIFIER Street or R.F.D. No. City or Village State Zip 601 Reed Av. - Manitowoc, Wisconsin 54220						
BURIAL	24a. <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL		24b. CEMETERY OR CREMATORY-NAME Evergreen cemetery		24c. LOCATION Manitowoc, Wisconsin		
	24d. BURIAL-DATE Month: 1, Day: 31, Year: 76		24e. FUNERAL HOME-NAME AND ADDRESS Pfeffer Funeral Home - 928 So. 14th St. - Manitowoc, Wis. 54220				
25a. FUNERAL DIRECTOR-SIGNATURE <i>W. D. Pfeffer</i>			25b. REGISTRAR-SIGNATURE <i>P. F. Jones, M.D.</i>		25c. DATE RECEIVED By Local Registrar Month: 1, Day: 31, Year: 76		

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
Preston F. Jones,
Register of Deeds

Date Issued: OCT 14 2004

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

