

MANITOWOC COUNTY REGISTER OF DEEDS

DOH 5040 Rev. 1/89
Chap. 69, Wis. Stats.

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

STATE FILING DATE
STATE DEATH NO.

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Type or Print in
Permanent Black
Ink

LOCAL FILE NUMBER 1349 **AMENDED**

1. DECEDENT'S NAME: Bessie TACK

2. SEX: F

3. SOC. SEC. NUMBER OF DECEDENT: 388 - 68 - 8652

4a. PRONOUNCED DEAD DATE: Aug. 1 1989

4b. HOUR: 9:11A

5. BODY FOUND: Y N

6a. AGE (Years): 95

7. DATE OF BIRTH: July 8 1894

8a. COUNTY OF DEATH: Manitowoc

8b. DEATH OCCURRED INSIDE: Manitowoc

9. DEATH AT HOSPITAL: Inpt.

10. OTHER PLACE: N.H. North Ridge Care Center

11a. HOSPITAL (AND CAMPUS) OR NURSING HOME: North Ridge Care Center

11b. NURSING HOME LICENSE NO.: 2714

12. MARITAL STATUS: Married Never Married Divorced Widowed

13a. RESIDENCE-STATE: Wisconsin

13b. RESIDENCE COUNTY: Manitowoc

13c. RESIDENCE-INSIDE CITY, VILLAGE, TOWNSHIP: Manitowoc

14. NUMBER AND STREET: 1445 North 7th Street

15. STATE OF BIRTH: Wisconsin

16. FATHER'S NAME: William Reardon

17. MOTHER'S NAME: Emma Etersky

18. RACE: White

19. HISPANIC ORIGIN: No

20a. USUAL OCCUPATION: Housewife

20b. KIND OF BUSINESS / INDUSTRY: Home

21. EDUCATION: 8th Grade

22. DECEDENT EVER IN U.S. ARMED FORCES? YES NO

23. SURVIVING SPOUSE: None

24a. INFORMANT'S NAME: James Reardon

24b. MAILING ADDRESS: 5988 Schroeder Road Apt. C Madison Wisconsin 53711

25. METHOD OF DISPOSITION: Burial

26. PLACE OF DISPOSITION: Jens Crematory

27. LOCATION: Manitowoc Wisconsin

28. DATE SIGNED BY FUNERAL SERVICE: Aug 1 1989

29. DATE RECEIVED FROM MED. CERT.: Aug 2, 1989

30a. FUNERAL SERVICE LICENSEE: *J.R. Jens*

30b. WI. LICENSE NO.: 3217

31. NAME AND MAILING ADDRESS OF FACILITY: Jens Funeral Home 1122 South 8th Street Manitowoc, Wisconsin 54220

32. MEDICAL CERTIFIER: CERTIFYING PHYSICIAN - Donald J. De Bruyn MD

33. DATE OF DEATH: Aug. 1, 1989

34. AUTOPSY PERFORMED? YES NO

35. DATE SIGNED: Aug. 2, 1989

36. WI. LICENSE NUMBER: 23413

38. MANNER OF DEATH: Natural

39. DATE OF INJURY: [Blank]

40. HOUR OF INJURY: [Blank]

41. PLACE OF INJURY: [Blank]

42. INJURY AT WORK? YES NO

43a. LOCATION: [Blank]

43b. COUNTY: [Blank]

44. REGISTRAR SIGNATURE: *James A. Blah*

45. DATE RECEIVED BY REGISTRAR: August 2, 1989

46. PART I. IMMEDIATE CAUSE: Sepsis

46. PART II. OTHER SIGNIFICANT CONDITIONS: Jaundice, Senile dementia

47. IF INJURY, DESCRIBE HOW INJURY OCCURRED: [Blank]

The corrections entered in red ink on the adjoining record were made this 27th day of Feb. 1990 by me and were based on query from Madison.

Accident U.C.O.D.	
National Safety Council Codes	

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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: JUL 27 2005

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

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