

370

STATE OF WISCONSIN  
DEPARTMENT OF HEALTH AND FAMILY SERVICES  
ORIGINAL CERTIFICATE OF DEATH  
PART 1 FACT OF DEATH

STATE FILE DATE

LOCAL FILE NUMBER

STATE DEATH NUMBER

1. DECEDENT'S NAME First: Harold Full Middle: Larry LAST: BABCOCK			2. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		3. DECEDENT'S SOCIAL SECURITY NO. 476-32-9378		4a. DATE PRONOUNCED DEAD (Month, Day, Year) February 21, 2004				
4b. HOUR PRONOUNCED DEAD (24 hour time preferred) 4:23 P M		5. BODY FOUND (24 or more hours after death) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6a. AGE (Years-birth to date pronounced) 69		b. Under 1 Year Months Days		c. Under 1 Day Hours Minutes			
7. DATE OF BIRTH (Month, Day, Year) May 08, 1934				8a. COUNTY OF DEATH Brown							
8b. DEATH OCCURRED inside City, Village or Township of Green Bay				8c. CHECK ONE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township			9. DEATH AT HOSPITAL 1. <input checked="" type="checkbox"/> Inpat. 3. <input type="checkbox"/> OOA From N.H. 5. <input type="checkbox"/> OOA From Other 2. <input type="checkbox"/> Outpat. 4. <input type="checkbox"/> ER From N.H. 6. <input type="checkbox"/> ER From Other		10. OTHER PLACE <input type="checkbox"/> N.H. <input type="checkbox"/> Res. of Decedent <input type="checkbox"/> CBRF <input type="checkbox"/> Other <input type="checkbox"/> Facility-Based Hospice		
11a. HOSPITAL/NURSING HOME NAME (and Campus) or ADDRESS St. Vincent Hospital			11b. N.H. LIC. NO.		12. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced/Annul. <input checked="" type="checkbox"/> Widowed			13a. RESIDENCE STATE (Country, if not in U.S.) Wisconsin		13b. RESIDENCE COUNTY Manitowoc	
13c. RESIDENCE PLACE inside City, Village or Township of Manitowoc			13d. CHECK ONE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township		14a. NUMBER AND STREET 1720 S. 25th Street			14b. ZIP CODE 54220		15. STATE OF BIRTH (Country, if not in U.S.) MN	
16. FATHER'S NAME First Middle Birth Surname Birdge Babcock			17. MOTHER'S NAME First Middle Birth Surname Julia Rafferty			18. SURVIVING SPOUSE First Middle Birth Surname					
19a. INFORMANT'S NAME Michael Babcock				19b. INFORMANT'S MAILING ADDRESS (Number, Street, City, State, ZIP) 7217 Highway 151 Manitowoc, Wisconsin 54220							
20a. NAME AND ADDRESS OF FUNERAL FACILITY (List name and address of family member, if applicable) Pfeffer Funeral Home 928 S. 14th Street, Manitowoc, Wisconsin				20b. WI F.D. LIC. NO. 4274		20c. FUNERAL SERVICE LICENSEE SIGNATURE (Or person acting as such) <i>Steven J Pfeffer</i>			20d. DATE SIGNED (Month, Day, Year) February 24, 2004		
21. MEDICAL CERTIFICATION (Check one.) Items 21-28 and 38, 39, 50, 51 Items 40-46 Coroner/M.E. only <input type="checkbox"/> Certifying Physician: To the best of my knowledge, death was pronounced and occurred at the time and date(s) stated; the manner of death was Natural; and death was due to the causes stated. <input checked="" type="checkbox"/> Coroner/M.E.: On the basis of examination and/or investigation, in my opinion, death was pronounced and occurred at the time and date(s) stated and due to the causes and manner stated.				22. MANNER OF DEATH 1. <input type="checkbox"/> Natural 4. <input type="checkbox"/> Homicide 2. <input checked="" type="checkbox"/> Accident 5. <input type="checkbox"/> Undet. 3. <input type="checkbox"/> Suicide 6. <input type="checkbox"/> Pending			23. MEDICAL CERTIFIER'S NAME AND TITLE <i>DEBRA KAKATSCH, Coroner</i>				
25. ACTUAL OR ESTIMATED DATE OF DEATH (If different from date in 4a) <input checked="" type="checkbox"/> Same as 4a				26. WI. PHYSICIAN LICENSE NO. (Or C/ME Code) 000036		27. MEDICAL CERTIFIER SIGNATURE (Use black ink only on all portions of the death certificate.) <i>Debra Kakatsch, R, Paralegal, Coroner</i>			24. MEDICAL CERTIFIER'S MAILING ADDRESS (Number, Street, City, State, ZIP) 1010 So. 8th St, Manitowoc Wis. 54220		
29. LOCAL REGISTRAR SIGNATURE <i>Cathy Wuligante</i>				28. DATE SIGNED BY MEDICAL CERTIFIER (Month, Day, Year) 3/4/04							
30. DATE SIGNED BY LOCAL REGISTRAR (Month, Day, Year) MAR - 8 2004											

PART 2 EXTENDED FACT OF DEATH [AVAILABLE ONLY TO THOSE WITH A DIRECT AND TANGIBLE INTEREST IN THIS RECORD OR FOR A STATE-APPROVED RESEARCH USE (PER S. 69.20)]

31. USUAL OCCUPATION (Do not enter "Retired.") Machinist/Journeyman		32. KIND OF BUSINESS/INDUSTRY Manufacturing Co.		33. DECEDENT EVER IN THE ARMED FORCES (Active Duty or Reserve). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.		34. DECEDENT WAS TRIBAL MEMBER (Not Required) If "Yes," Item 46 should include American Indian. Check "Unk." if the decedent was American Indian but member status is unknown. <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Yes Tribe:				
35. METHOD OF DISPOSITION <input type="checkbox"/> Entomb. <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation		36. PLACE OF DISPOSITION Evergreen Cemetery			37. LOCATION OF CEMETERY OR CREMATORY (City, Village, Township, State) (Or Country, if not in U.S.) Manitowoc, Wisconsin					
38. PART I. Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock or heart failure. List only one cause of death on each line. Do not list old age or senility as sole cause. IMMEDIATE CAUSE → (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. ENTER UNDERLYING CAUSE LAST. (disease or injury that initiated events leading to death).							Interval Between Onset and Death		PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.	
(a) <i>Subdural hematoma</i>							2/19/04			
(b) <i>blunt trauma</i>							2/19/04			
(c) <i>Motor vehicle accident</i>							2/19/04			
(d)										
39. AUTOPSY PERFORMED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Items 40-46 for Coroner and Medical Examiner use only. Complete if an injury or poisoning is reported anywhere in 38 Part I or Part II.			40. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED. <i>Babcock was a pedestrian crossing the street when hit by a car</i>					
44. DATE OF INJURY (Month, Day, Yr.) 2/19/04		42. HOUR OF INJURY 8:49 A M		43. PLACE OF INJURY (Specify Home, Street, Farm, etc.) street		44. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		45. LOCATION OF INJURY (Street or RFD, City, Village, and State) Manitowoc, Wis. 513th Washington St, Manitowoc		
46. COUNTY OF INJURY (State or Country, if not in Wis.) Manitowoc										

Type or Print. Use Permanent BLACK Ink. No Whiteout or Erasures.