

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

STATE FILING DATE

STATE DEATH NO.

U0025
PLW 274

LOCAL FILE NUMBER

DECEASED--NAME First Middle Last
1. Emil N. Storzbach
SEX 2. Male
DATE OF DEATH Month Day Year
3. March 19, 1973

RACE White, Negro, American Indian, Etc.
4. White
Age Last Birthday Years
5a. 79
Under One Year Months Days
5b. Under One Day Hours Minutes
5c. DATE OF BIRTH Month Day Year
6. October 3 1893
COUNTY OF DEATH
7a. Waushara

NAME OF CITY, VILLAGE (Location of Death)
7b. Wild Rose
Inside City or Village Limits
7c. Yes No
HOSPITAL OR OTHER INSTITUTION--NAME (If Not in Either Give Street and Number or Location)
7d. Wild Rose Memorial Community Hospital

STATE OF BIRTH (if Not in U.S.A., Name Country)
8. Wisconsin
CITIZEN of What Country
9. U.S.A.
 Married Never Married
10. Widowed Divorced
SURVIVING SPOUSE (If Wife, Give Maiden Name)
11. Lota Jones

SOCIAL SECURITY NO.
12. 399-28-6193
USUAL OCCUPATION Give Kind of Work During Most of Working Life Even if Retired
13a. Farmer
KIND OF BUSINESS OR INDUSTRY
13b. Dairy

RESIDENCE STATE COUNTY
14a. Wisconsin 14b. Waushara
NAME OF CITY, VILLAGE (If Neither, Name Township)
14c. Plainfield
Inside City or Village Limits
14d. Yes No
MAILING ADDRESS (Home Address at Time of Death)
14e. Plainfield Wisconsin

FATHER NAME First Middle Last
15. Fred Storzbach
MOTHER--MAIDEN NAME First Middle Last
16. Gertrude Weber

INFORMANT NAME
17a. Mrs. Lota Storzbach
MAILING ADDRESS Street or R.F.D. No. City or Village State Zip
17b. Plainfield Wisconsin 54966
WAS DECEASED EVER IN U.S. ARMED FORCES? (If Yes, Give War or Dates of Service)
17c. Yes No Unknown

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 CORONARY OCCLUSION
Due to, or as a consequence of:
B. Consequence of: GENERALIZED ARTERIOSCLEROSIS - SEVERE
Duration
10 MINUTES
10 YEARS
C. Consequence of:

PART II OTHER SIGNIFICANT CONDITIONS: Conditions Contributing to Death but not Related to Cause Given in Part I (A)
DISPLACED FRACTURE RIGHT HUMERUS
AUTOPSY (Specify)
19a. Yes No
WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?
19b. Yes No

ACCIDENT
 ACCIDENT SUICIDE HOMICIDE
DATE OF INJURY Month Day Year
20b. HOW INJURY OCCURRED (Enter Nature of Injury in Part I or Part II, Item 18)
20c. 20d.

INJURY AT WORK
20e. Yes No
PLACE OF INJURY (Home, Farm, Street, Factory, Etc.)
20f. LOCATION Street or R.F.D. No. City or Village State Zip
20g.

CERTIFICATION PHYSICIAN
I Attended The Deceased From
21a. MARCH 17, 1973
MARCH 19, 1973
AND LAST SAW HIM/HER ALIVE ON
21c. MARCH 18, 1973
DID YOU VIEW THE BODY AFTER DEATH?
21d. YES NO
DEATH OCCURRED (Hour)
21e. 9:25 P.M.
At The Place, and, To The Best of My Knowledge, Due To The Cause(s) Stated.

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.
HOUR OF DEATH
M. 22b.
THE DECEDENT WAS PRONOUNCED DEAD
Month Day Year Hour

CERTIFIER NAME (Type or Print)
23a. ROGER A. KENTVEL, M.D.
SIGNATURE--CERTIFIER
23b. R. A. Kentvel, M.D.
Title
23c. MARCH 24, 1973
DATE SIGNED Month Day Year
MAILING ADDRESS CERTIFIER Street or R.F.D. No. City or Village State Zip

BURIAL
 BURIAL CREMATION REMOVAL
CEMETERY OR CREMATORY--NAME
24b. Hancock Cemetery
LOCATION
24c. Hancock Wisconsin
City State

BURIAL--DATE Month Day Year
24d. March 22 1973
FUNERAL HOME--NAME AND ADDRESS Street or R.F.D. No. City or Village State Zip
25d. Goult Patterson Hardell Plainfield Wisconsin 54966

FUNERAL DIRECTOR--SIGNATURE
25b. Gerald B Patterson
REGISTRAR--SIGNATURE
26a. [Signature]
DATE RECEIVED By Local Registrar
Month Day Year
26b. Mar 26, 1973