DOH 5040 Rev. 6/89
Chap. 69, Wis. Stats. 53

LOCAL FILE NUMBER

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

ORIGINAL CERTIFICATE OF DEATH

STATE FILING DATE

STATE DEATH NO.

1. DECEDENT'S NAME First	Full Middle	Last	2. SEX	3. SOC. SEC. NUMBER OF DECEDENT	4a. PRONOUNCED DEAD DATE: Mo. Day Yr.	4b. HOUR: Hour	5. BODY FOUND 24+ hours after death
Belva	Claire	BOLZ	M ☐ F ☒	471-16-5794	February 28, 1991	5:19 P.M	Y ☐ N ☒

6a. AGE (Years) (Last Birthday)	b. Under 1 yr. Mos. / Days	c. Under 1 day Hours / Min.	7. DATE OF BIRTH Mo. Day Yr.	8a. COUNTY OF DEATH	8b. DEATH OCCURRED INSIDE CITY, VILL., TOWNSHIP	8c. (CHECK ONE) City / Vill. / Township
74			Aug. 23, 1916	Douglas	Bennett	☐ / ☐ / ☒

9. DEATH AT HOSPITAL	10. OTHER PLACE	11a. HOSPITAL (AND CAMPUS) OR NURSING HOME (If not Hospital or Nursing Home give street address)	11b. NURSING HOME LICENSE NO.	12. MARITAL STATUS
1. ☐ Inpat. 3. ☐ DOA-From Nur. Hm. 5. ☐ DOA-From Other 2. ☐ Outpat. 4. ☐ ER-From Nur. Hm. 6. ☐ ER-From Other	☐ N.H. ☒ Other ☐ Res. of deceased	U.S. "53" 1.1 mi. S. CTH "L"		☒ Married ☐ Never Married ☐ Divorced ☐ Widowed

13a. RESIDENCE-STATE	13b. RESIDENCE COUNTY	13c. RESIDENCE-INSIDE CITY, VILLAGE, TOWNSHIP	13d. (CHECK ONE) City / Vill. / Township	14a. NUMBER, STREET	14b. ZIP CODE
Minnesota	Itasca	Blackberry	☐ / ☐ / ☒	310 Kolp Rd Grand Rapid, MN	55744

15. STATE OF BIRTH (Country if not in U.S.)	16. FATHER'S NAME: First Middle Last	17. MOTHER'S NAME: First Middle Birth Surname
Wisconsin	John Nelson	Mildred Dopp

18. RACE (e.g. White, Black, Am. Indian, etc.)	19. HISPANIC ORIGIN? Specify Cuban, Mexican, etc.	20a. USUAL OCCUPATION (Do not enter "Retired")	20b. KIND OF BUSINESS / INDUSTRY
White	☒ No	Registered Nurse	Hospital

21. EDUCATION Highest grade completed: Elementary/Secondary (0-12) / College (1-5+)	22. DECEDENT EVER IN U.S. ARMED FORCES?	23. SURVIVING SPOUSE (If wife, give birth surname, not married surname) (First, Middle, Last)
12 / 5+	☐ YES ☒ NO	John Arnold Bolz, Sr.

24a. INFORMANT'S NAME	24b. MAILING ADDRESS Street / City/Village / State / ZIP
John A. Bolz, Jr.	5015 N. 126th St. White Bear Lake, MN 55110

25. METHOD OF DISPOSITION Entomb. ☐ Burial ☒ Cremation ☐ Donation ☐	26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	27. LOCATION City/Village/Township State	28. DATE SIGNED BY FUNERAL SERVICE LICENSEE (Mo., Day, Yr.)	29. DATE RECEIVED FROM MED. CERT (Mo., Day, Yr.)
	Forest Home Cemetery	Town of Buyck--MN	March 1, 1991	March 2, 1991

30a. FUNERAL SERVICE LICENSEE (or person acting as such)	30b. WI. LICENSE NO.	31. NAME AND MAILING ADDRESS OF FACILITY (Street and Number, City, State, ZIP)
▶ Signature Ronald L. Brown	4313	Brown Funeral Home P.O. Box 264 Solon Springs, WI 54873

32. MEDICAL CERTIFIER (Check One)

☐ CERTIFYING PHYSICIAN – To the best of my knowledge death was pronounced and occurred at the time(s) and due to the causes stated.

☒ CORONER/M.E. – On the basis of examination and/or investigation, in my opinion, death was pronounced and occurred at the time(s) and due to the causes and manner stated.

33. DATE OF DEATH (Mo., Day, Yr.)	34. AUTOPSY PERFORMED?	38. MANNER OF DEATH	39. DATE OF INJURY (Mo. Day Yr.)	40. HOUR OF INJURY
February 28, 1991	☐ YES ☒ NO	1. ☐ Natural 4. ☐ Homicide 2. ☒ Accident 5. ☐ Undet. 3. ☐ Suicide 6. ☐ Pending	February 28, 1991	Approx 3:47 pm

41. PLACE OF INJURY (Home, Street, Farm, etc.) Specify	42. INJURY AT WORK?
Highway	☐ YES ☒ NO

35a. MEDICAL CERTIFIER SIGNATURE & TITLE (Black Ink)	35b. DATE SIGNED (Mo., Day, Yr.)	43a. LOCATION Street or RFD, City or Vill., and State in which injury occurred	43b. COUNTY
▶ Charles Pettingill D.M.E.	March 1, 1991	U.S. "53" 1.1 mi. S. CTH "L"/Wisconsin	Douglas

36a. MEDICAL CERTIFIER'S NAME	36b. WI. LICENSE NUMBER (If Physician)	44. REGISTRAR SIGNATURE
Charles Pettingill, D.M.E.	016	▶ Diane D. Harrison

37. CERTIFIER'S MAILING ADDRESS (Street, & Number, City, State, ZIP)	45. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
703 E. 8th St., Superior, WI 54880	March 4, 1991

46. 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 on each line. Do not list old age or senility as sole cause.

		Interval between onset and death
IMMEDIATE CAUSE ⟶ (Final disease or condition resulting in death.)	(a) Thoracic Hemorrage (DUE TO OR AS A CONSEQUENCE OF):	Immediate
Sequentially list conditions if any, leading to immediate cause. ENTER **UNDERLYING CAUSE LAST.** (Disease or injury that initiated events resulting in death)	(b) Multiple Rib Fractures (DUE TO OR AS A CONSEQUENCE OF):	Immediate
	(c) Auto Accident (DUE TO OR AS A CONSEQUENCE OF):	Immediate
	(d)	

PART II Other significant conditions contributing to death but not resulting in underlying cause given in Part I.

47. IF INJURY, DESCRIBE HOW INJURY OCCURRED.
front seat passenger struck by another vehicle on passenger side

Accident U.C.O.D. Accident Code

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER