

MEDICAL CERTIFIER'S DEATH CERTIFICATE AMENDMENT FORM

Date Received \_\_\_\_\_ Certificate Number \_\_\_\_\_

Original Amended on \_\_\_\_\_ by \_\_\_\_\_

1. DECEDENT'S NAME First: <u>Theresa</u> Full Middle: <u>M.</u> LAST: <u>HALBACH</u>			4a. DATE PRONOUNCED DEAD (Month, Day, Year) <u>Nov. 10, 2005</u>	8b. DEATH OCCURRED INSIDE CITY, VILLAGE OR TOWNSHIP OF <u>Town of Gibson</u>	8a. COUNTY OF DEATH <u>Manitowoc</u>
21. MEDICAL CERTIFICATION (Check one.) Items 21-28 and 36, 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 <input checked="" type="checkbox"/> Homicide 2. <input 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 <u>Michael Klaeser, Calumet Co. Medical Examiner</u>	
25. ACTUAL OR ESTIMATED DATE OF DEATH (if different from date in 4a) <input type="checkbox"/> Same as 4a <u>Oct. 31, 2005</u>			26. WI. PHYSICIAN LICENSE NO. (or C/M/E Code) <u>000008</u>	24. MEDICAL CERTIFIER'S MAILING ADDRESS (Number, Street, City, State, ZIP) <u>206 Court St Chilton WI 53014</u>	
			27. MEDICAL CERTIFIER SIGNATURE FOR AMENDING THIS DEATH CERTIFICATE <u>Michael Klaeser MD</u>	28. DATE SIGNED BY MEDICAL CERTIFIER (Month, Day, Year) <u>March 31, 2006</u>	

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, Wis. Stats.)

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.		Interval Between Onset and Death	PART II. OTHER SIGNIFICANT CONDITIONS Contributing to Death but not Resulting in the Underlying Cause Given in Part I.
IMMEDIATE CAUSE → (Final disease or condition resulting in death)	(a) <u>Gunshot to the Head</u>	<u>Immed.</u>	<u>Stab wound to the abdomen, Knife wound to the throat</u>
	(b) _____		
Sequentially list conditions, if any, leading to immediate cause. ENTER UNDERLYING CAUSE LAST. (Disease or injury that initiated events leading to death)	(c) _____		
	(d) _____		

39. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Items 40-46 for Coroner and Medical Examiner use only. To be completed 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. <u>Shot in the head and body with .22 cal rifle by assailant. Stabbed by assailants</u>			
41. DATE OF INJURY (Month, Day, Yr.) <u>Oct 31, 2005</u>	42. HOUR OF INJURY <u>1730-1800 M</u>	43. PLACE OF INJURY (Specify Home, Street, Farm, etc.) <u>Garage</u>	44. INJURY AT WORK <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	45. LOCATION OF INJURY (Street or RFD, City, Village and State) <u>12930 Two Avery Road Rivers WI</u>	46. COUNTY OF INJURY (State or Country, if not in WI.) <u>Manitowoc</u>

50. DID TOBACCO USE CONTRIBUTE TO DEATH? Check one. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	51. PREGNANCY STATUS. To be completed only if the decedent is female. Check the appropriate box regardless of the age of the decedent. <input checked="" type="checkbox"/> Not pregnant within the past year <input type="checkbox"/> Pregnant at the time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year prior to death <input type="checkbox"/> Unknown if pregnant within the past year
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Please complete the items that identify the decedent and applicable items in the medical certification portion of the form:

- Remember to list the manner of death in item 22.
- Remember to complete the interval between onset and death.
- If the cause of death mentions an injury or poisoning anywhere (Part I or Part II), also complete the items in 40-46.
- If you are using the form to change the cause of death, make sure it is clear as to what should be changed and what should remain the same.
- Inquiries: Call (608) 261-4944 or (608) 266-3995
- Sign and date the form (in items 27 and 28). Return it to:  
Vital Records Medical Coding P O Box 309 Madison WI 53701-0309  
Or Fax to: (608) 261-4972

S. 69.18, Wis. Stats., requires you to report the status of a pending cause of death within 30 days after pronouncement of death. If the cause of death is still pending after that time period, use this form to report the status of the investigation to the Vital Records Office every 30 days for up to 1 year after the date pronounced dead (check all that apply):

- Awaiting Autopsy Report     Awaiting Other Studies (Micros, Tox. etc.)     Awaiting Court Action     Other Reason \_\_\_\_\_