## WISCONSIN STATE BOARD OF HEALTH—CERTIFICATE OF DEATH

Rock County Courthouse, 51 S. Main St., Janesville, WI 53545 1966 Deaths, Rock County, Wisconsin (51636 – 52200) Vol. 107, Local Registrar's No. 52093

## **RAY KRIEHN**

**TRANSCRIBED** 

| 1.  | Place of Death: a) County: b) City, Town, or Location: Geneva Township   |
|-----|--|
|     | c) Is Place of Death Inside City or Town Limits? <u>No</u>   |
|     | d) Hospital or Institution: <u>Lakeland Hospital</u> e) Length of Stay: <u>3 wks.</u>  |
| 2.  | Usual Residence: a) State: Wisc. b) County: Rock   |
|     | c) City, Town, or Location: Milton d) Is Residence Inside City or Town Limits? Yes   |
|     | e) Street Address: Elm Street f) Is Residence on a Farm? No  |
| 3.  | Name of Deceased: Ray Kriehn   |
| 4.  | Date of Death: August 16, 1966   |
| 5.  | Sex: Male  |
| 6.  | Color or Race: White   |
| 7.  | Married, Never Married, Widowed, Divorced: Widowed   |
| 8.  | <b>Date of Birth</b> : Aug. 2, 1889  |
| 9.  | Age: 77 Years, 14 Days   |
| 10. | a) Usual Occupation: Farmer Retired b) Kind of Business or Industry: Farmer  |
| 11. | Birthplace: Wisc.  |
| 12. | Citizen of What Country? <u>U.S.A.</u>   |
| 13. | Father's Name: Franz Kriehn  |
| 14. | Mother's Maiden Name: Effie Ewig   |
| 15. | Was Deceased Ever in U.S. Armed Forces? No   |
| 16. | Social Security Number: 397-26-0191  |
| 17. | Informant: Hurl E. Kriehn Relationship: Son  |
|     | a) Name of Wife, If Alive: b) Age of Wife, If Alive:   |
| 18. | Part I: Cause of Death:  |
|     | Immediate Cause: Arteriosclerotic C.Y.D.R. Interval Between Onset and Death: 10 Years  |
|     | Part II: Other Significant Conditions Contributing to Death, But Not Related to the Terminal Disease Condition:  |
|     | Renal Failure and Recurrent Coronary Occlusion.  |
| 19. | Was Autopsy Performed: No  |
| 20. | Accident, Suicide, or Homicide?  |
| 21. | I attended the deceased from <u>6-5-62</u> to <u>8-16-66</u> and last saw <u>him</u> alive on <u>8-16-66</u> . Death occurred at <u>5:55 p.m.</u> on the |
|     | date stated above; and to the best of my knowledge, from the causes stated.  |
| 22. | a) Signature: E. E. Hudson, M.D. b) Address: Lake Genevac) Date Signed: 8-17-66  |
| 23. | a) Burial, Cremation or Removal: Burial b) Date: Aug. 19, 1966   |
|     | c) Name of Cemetery or Crematory: Milton Cemetery d) Location: Milton, Wisc.   |
| 24. | Name of Funeral Home and Address: <u>Albrecht Funeral Home, Milton Jct., Wisc.</u>   |
|     | Date Rec'd by Local Reg.: Aug. 22, 1966 Registrar's Signature: M. J. Ketchpaw  |
| 25. | Funeral Director's Signature: Robert J. Albrecht   |