F-59

#21

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF HEALTH
DOH 5045 (REV. 12/92)

REPORT FOR FINAL DISPOSITION OF A HUMAN CORPSE

(Out of State Burial - Transit Permit)
Type or Print in Permanent Black Ink

STATE OF WISCONS
CHAP. 69, WIS. STAT

1. NAME OF DECEASED (First, Full Middle, Last)	2. SEX	3. RACE	4. AGE
Florence Morgan	☐ M ☒ F	White	79

5. COUNTY OF DEATH	6. CITY, VILLAGE, TOWNSHIP	7. DATE & TIME PRONOUNCED DEAD: (Month, Day, Year)	Hour:	Min:
Polk	Amery	12/3/1995	3:15	P

8. PLACE OF DEATH (if in Hospital)	9. OTHER PLACE	10. NURSING HOME License Number	NOTE: If hospice death occurred in bed at a facility, place of death is "other". If at home, place is "residenc
☐ Inpat. ☐ DOA from NH ☐ DOA from Other ☐ Outpat. ☐ ER from NH ☐ ER from Other	☒ N.H. ☐ Other ☐ Res. of Deceased	2642	

11a. NAME OF INSTITUTION OR HOSPICE AND CAMPUS	11b. COMPLETE MAILING ADDRESS
Willow Ridge	400 Deronda Street Amery, Wisconsin 54001

12. PERSON PRONOUNCING DEATH (Must be a physician, Coroner/M.E., or Deputy) CHECK ONE ☒ Physician ☐ Coroner ☐ Dep. Cor. ☐ M.E. ☐ Dep. M

NAME Dr. M. Peterson MAILING ADDRESS 225 Scholl Street Amery, WI. 54001

13a. DID DEATH REQUIRE NOTIFICATION OF CORONER/MEDICAL EXAMINER?	13b. IF YES, COUNTY OF INCIDENT	NOTE: For reportable deaths see list below plus check with the county coroner medical examiner. For reportable cases, notification must occu before release & embalming of body.
☐ Yes ☒ No		

14. NAME OF MEDICAL CERTIFIER (If physician, must have Wisconsin license)	15. MAILING ADDRESS