Legislative Council Study on Uniform Death Reporting

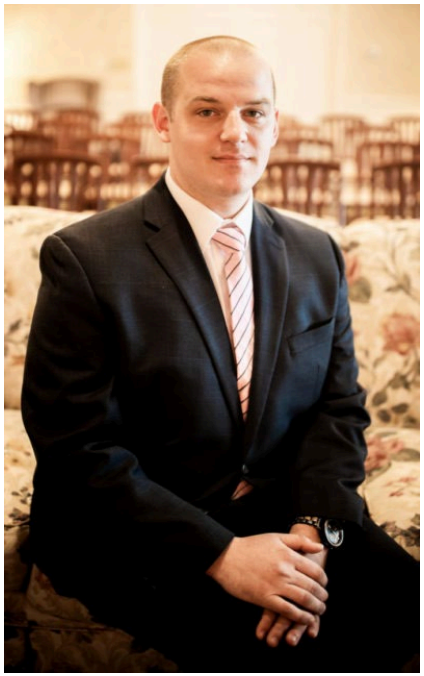
FSCA / WFDA Presentation

August 17, 2022

Introductions

James Klemmer

Heritage Funeral Homes



Nicole Krause

Krause Funeral Home

Funeral Director Involvement

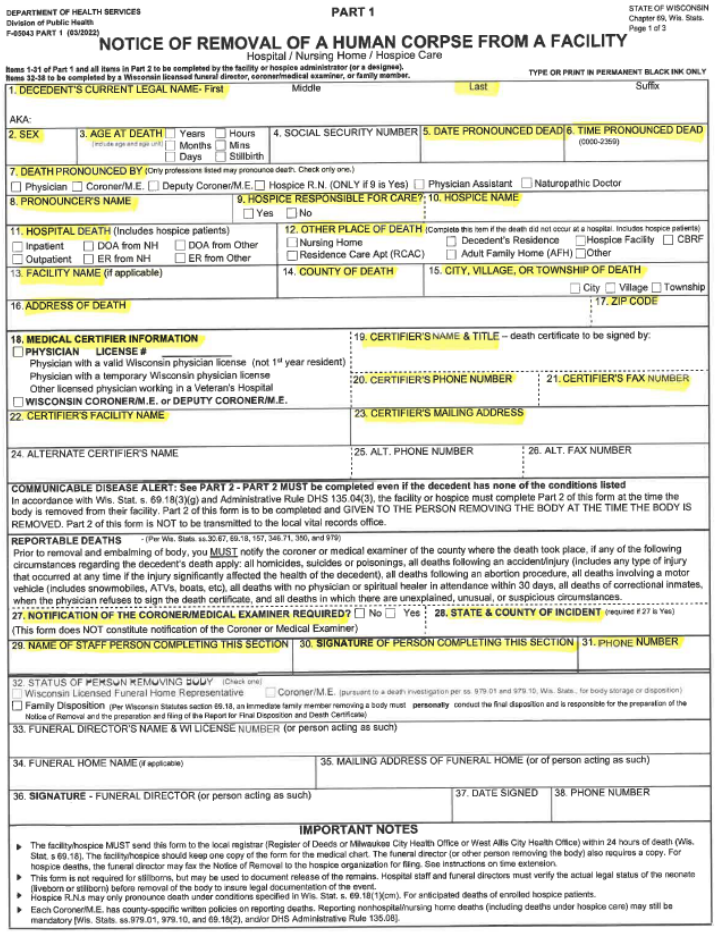
- Signing and filing of death certificates
- Transfer orders / cremation permits
- Further collection of data

Current Death Reporting Models

Faxing Information To Doctor

- Funeral Director enters phone number, fax and address of doctor
- Doctor may be at different phone/fax when we send paperwork
- Doctor has 5 business days to send information back
- If we need a different phone/fax, the 5-business day process starts over
- Funeral Director enters information (not doctor)
- Illegible and possibly not accurate

Notice Of Removal



DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-05043 PART 1 (03/2022)

PART 1

STATE OF WISCONSIN
Chapter 69, Wis. Stats.
Page 1 of 3

NOTICE OF REMOVAL OF A HUMAN CORPSE FROM A FACILITY

Hospital / Nursing Home / Hospice Care

Items 1-21 of Part 1 and all items in Part 2 to be completed by the facility or hospice administrator (or a designee).
Items 32-38 to be completed by a Wisconsin licensed funeral director, coroner/medical examiner, or family member.

TYPE OR PRINT IN PERMANENT BLACK INK ONLY

1. DECEDENT'S CURRENT LEGAL NAME- First | Middle | Last | Suffix

AKA:

2. SEX | 3. AGE AT DEATH (include age and age unit) ☐ Years ☐ Hours ☐ Months ☐ Mins ☐ Days ☐ Stillbirth | 4. SOCIAL SECURITY NUMBER | 5. DATE PRONOUNCED DEAD | 6. TIME PRONOUNCED DEAD (0000-2359)

7. DEATH PRONOUNCED BY (Only professions listed may pronounce death. Check only one.)
☐ Physician ☐ Coroner/M.E. ☐ Deputy Coroner/M.E. ☐ Hospice R.N. (ONLY if 9 is Yes) ☐ Physician Assistant ☐ Naturopathic Doctor

8. PRONOUNCER'S NAME | 9. HOSPICE RESPONSIBLE FOR CARE? ☐ Yes ☐ No | 10. HOSPICE NAME

11. HOSPITAL DEATH (Includes hospice patients)
☐ Inpatient ☐ DOA from NH ☐ DOA from Other
☐ Outpatient ☐ ER from NH ☐ ER from Other

12. OTHER PLACE OF DEATH (Complete this item if the death did not occur at a hospital. Includes hospice patients)
☐ Nursing Home ☐ Decedent's Residence ☐ Hospice Facility ☐ CBRF
☐ Residence Care Apt (RCAC) ☐ Adult Family Home (AFH) ☐ Other

13. FACILITY NAME (if applicable) | 14. COUNTY OF DEATH | 15. CITY, VILLAGE, OR TOWNSHIP OF DEATH ☐ City ☐ Village ☐ Township | 17. ZIP CODE

16. ADDRESS OF DEATH

18. MEDICAL CERTIFIER INFORMATION
☐ PHYSICIAN LICENSE #
Physician with a valid Wisconsin physician license (not 1st year resident)
Physician with a temporary Wisconsin physician license
Other licensed physician working in a Veteran's Hospital
☐ WISCONSIN CORONER/M.E. or DEPUTY CORONER/M.E.

19. CERTIFIER'S NAME & TITLE – death certificate to be signed by:

20. CERTIFIER'S PHONE NUMBER | 21. CERTIFIER'S FAX NUMBER

22. CERTIFIER'S FACILITY NAME | 23. CERTIFIER'S MAILING ADDRESS

24. ALTERNATE CERTIFIER'S NAME | 25. ALT. PHONE NUMBER | 26. ALT. FAX NUMBER

COMMUNICABLE DISEASE ALERT: See PART 2 - PART 2 MUST be completed even if the decedent has none of the conditions listed
In accordance with Wis. Stat. s. 69.18(3)(g) and Administrative Rule DHS 135.04(3), the facility or hospice must complete Part 2 of this form at the time the body is removed from their facility. Part 2 of this form is to be completed and GIVEN TO THE PERSON REMOVING THE BODY AT THE TIME THE BODY IS REMOVED. Part 2 of this form is NOT to be transmitted to the local vital records office.

REPORTABLE DEATHS - (Per Wis. Stats. ss.30.67, 69.18, 157, 346.71, 350, and 979)
Prior to removal and embalming of body, you MUST notify the coroner or medical examiner of the county where the death took place, if any of the following circumstances regarding the decedent's death apply: all homicides, suicides or poisonings, all deaths following an accident/injury (includes any type of injury that occurred at any time if the injury significantly affected the health of the decedent), all deaths following an abortion procedure, all deaths involving a motor vehicle (includes snowmobiles, ATVs, boats, etc), all deaths with no physician or spiritual healer in attendance within 30 days, all deaths of correctional inmates, when the physician refuses to sign the death certificate, and all deaths in which there are unexplained, unusual, or suspicious circumstances.

27. NOTIFICATION OF THE CORONER/MEDICAL EXAMINER REQUIRED? ☐ No ☐ Yes | 28. STATE & COUNTY OF INCIDENT (required if 27 is Yes)
(This form does NOT constitute notification of the Coroner or Medical Examiner)

29. NAME OF STAFF PERSON COMPLETING THIS SECTION | 30. SIGNATURE OF PERSON COMPLETING THIS SECTION | 31. PHONE NUMBER

32. STATUS OF PERSON REMOVING BODY (Check one)
☐ Wisconsin Licensed Funeral Home Representative ☐ Coroner/M.E. (pursuant to a death investigation per ss. 979.01 and 979.10, Wis. Stats., for body storage or disposition)
☐ Family Disposition (Per Wisconsin Statutes section 69.18, an immediate family member removing a body must personally conduct the final disposition and is responsible for the preparation of the Notice of Removal and the preparation and filing of the Report for Final Disposition and Death Certificate)

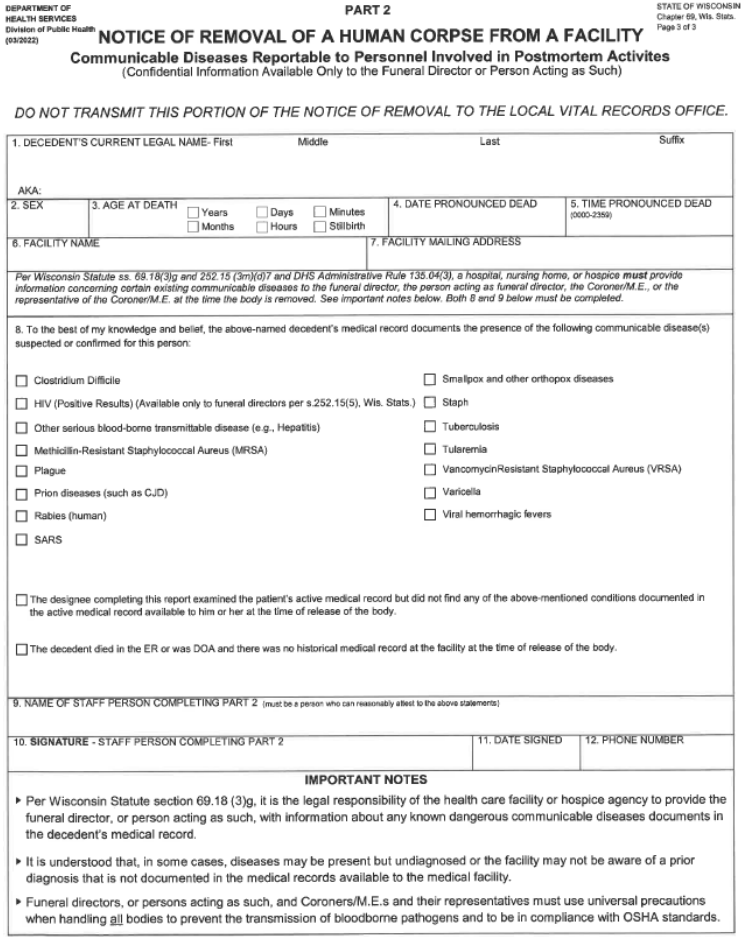
33. FUNERAL DIRECTOR'S NAME & WI LICENSE NUMBER (or person acting as such)

34. FUNERAL HOME NAME (if applicable) | 35. MAILING ADDRESS OF FUNERAL HOME (or of person acting as such)

36. SIGNATURE - FUNERAL DIRECTOR (or person acting as such) | 37. DATE SIGNED | 38. PHONE NUMBER

IMPORTANT NOTES

- The facility/hospice MUST send this form to the local registrar (Register of Deeds or Milwaukee City Health Office or West Allis City Health Office) within 24 hours of death (Wis. Stat. s 69.18). The facility/hospice should keep one copy of the form for the medical chart. The funeral director (or other person removing the body) also requires a copy. For hospice deaths, the funeral director may fax the Notice of Removal to the hospice organization for filing. See instructions on time extension.
- This form is not required for stillborns, but may be used to document release of the remains. Hospital staff and funeral directors must verify the actual legal status of the neonate (liveborn or stillborn) before removal of the body to insure legal documentation of the event.
- Hospice R.N.s may only pronounce death under conditions specified in Wis. Stat. s. 69.18(1)(cm). For anticipated deaths of enrolled hospice patients.
- Each Coroner/M.E. has county-specific written policies on reporting deaths. Reporting nonhospital/nursing home deaths (including deaths under hospice care) may still be mandatory (Wis. Stats. ss.979.01, 979.10, and 69.18(2), and/or DHS Administrative Rule 135.08).



DEPARTMENT OF HEALTH SERVICES
Division of Public Health
(03/2022)

PART 2

STATE OF WISCONSIN
Chapter 69, Wis. Stats.
Page 3 of 3

NOTICE OF REMOVAL OF A HUMAN CORPSE FROM A FACILITY

Communicable Diseases Reportable to Personnel Involved in Postmortem Activites
(Confidential Information Available Only to the Funeral Director or Person Acting as Such)

DO NOT TRANSMIT THIS PORTION OF THE NOTICE OF REMOVAL TO THE LOCAL VITAL RECORDS OFFICE.

1. DECEDENT'S CURRENT LEGAL NAME- First | Middle | Last | Suffix

AKA:

2. SEX | 3. AGE AT DEATH ☐ Years ☐ Days ☐ Minutes ☐ Months ☐ Hours ☐ Stillbirth | 4. DATE PRONOUNCED DEAD | 5. TIME PRONOUNCED DEAD (0000-2359)

6. FACILITY NAME | 7. FACILITY MAILING ADDRESS

*Per Wisconsin Statute ss. 69.18(3)g and 252.15 (3m)(d)7 and DHS Administrative Rule 135.04(3), a hospital, nursing home, or hospice **must** provide information concerning certain existing communicable diseases to the funeral director, the person acting as funeral director, the Coroner/M.E., or the representative of the Coroner/M.E. at the time the body is removed. See important notes below. Both 8 and 9 below must be completed.*

8. To the best of my knowledge and belief, the above-named decedent's medical record documents the presence of the following communicable disease(s) suspected or confirmed for this person:

- ☐ Clostridium Difficile
- ☐ HIV (Positive Results) (Available only to funeral directors per s.252.15(5), Wis. Stats.)
- ☐ Other serious blood-borne transmittable disease (e.g., Hepatitis)
- ☐ Methicillin-Resistant Staphylococcal Aureus (MRSA)
- ☐ Plague
- ☐ Prion diseases (such as CJD)
- ☐ Rabies (human)
- ☐ SARS
- ☐ Smallpox and other orthopox diseases
- ☐ Staph
- ☐ Tuberculosis
- ☐ Tularemia
- ☐ VancomycinResistant Staphylococcal Aureus (VRSA)
- ☐ Varicella
- ☐ Viral hemorrhagic fevers

☐ The designee completing this report examined the patient's active medical record but did not find any of the above-mentioned conditions documented in the active medical record available to him or her at the time of release of the body.

☐ The decedent died in the ER or was DOA and there was no historical medical record at the facility at the time of release of the body.

9. NAME OF STAFF PERSON COMPLETING PART 2 (must be a person who can reasonably attest to the above statements)

10. SIGNATURE - STAFF PERSON COMPLETING PART 2 | 11. DATE SIGNED | 12. PHONE NUMBER

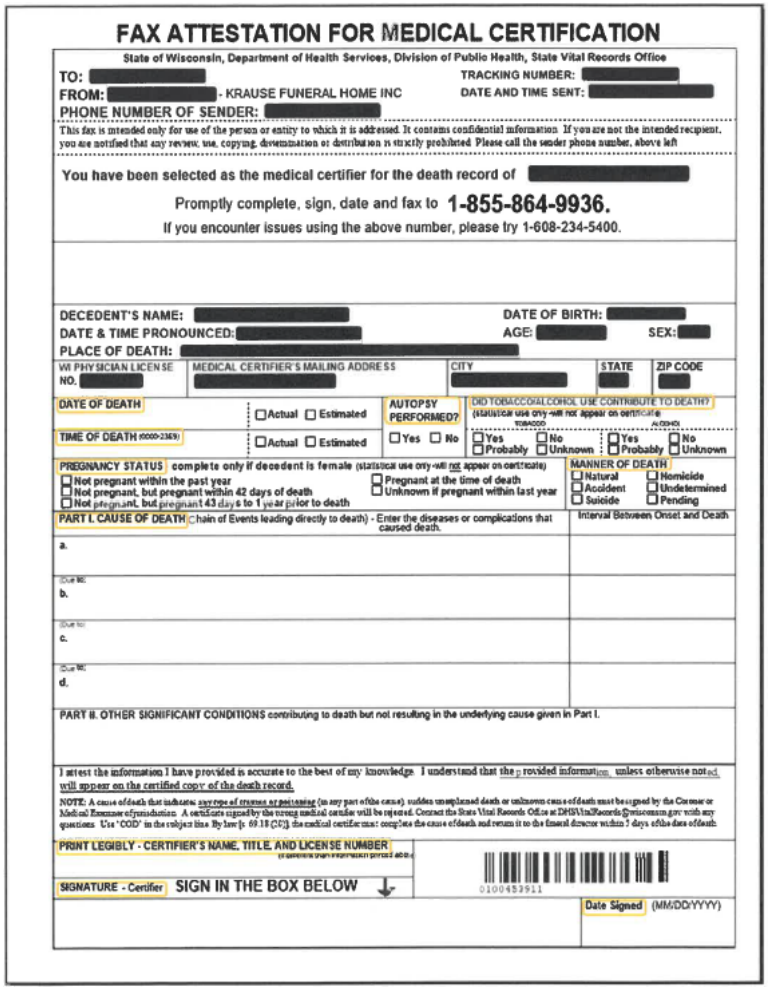
IMPORTANT NOTES

- Per Wisconsin Statute section 69.18 (3)g, it is the legal responsibility of the health care facility or hospice agency to provide the funeral director, or person acting as such, with information about any known dangerous communicable diseases documents in the decedent's medical record.
- It is understood that, in some cases, diseases may be present but undiagnosed or the facility may not be aware of a prior diagnosis that is not documented in the medical records available to the medical facility.
- Funeral directors, or persons acting as such, and Coroners/M.E.s and their representatives must use universal precautions when handling all bodies to prevent the transmission of bloodborne pathogens and to be in compliance with OSHA standards.

Blank Attestation

What Funeral Homes send for Doctors to obtain:

- Cause Of Death
- Doctor's Signature.



FAX ATTESTATION FOR MEDICAL CERTIFICATION

State of Wisconsin, Department of Health Services, Division of Public Health, State Vital Records Office

TO: [redacted] TRACKING NUMBER: [redacted]

FROM: [redacted] - KRAUSE FUNERAL HOME INC DATE AND TIME SENT: [redacted]

PHONE NUMBER OF SENDER: [redacted]

This fax is intended only for use of the person or entity to which it is addressed. It contains confidential information. If you are not the intended recipient, you are notified that any review, use, copying, dissemination or distribution is strictly prohibited. Please call the sender phone number, above left

You have been selected as the medical certifier for the death record of [redacted]

Promptly complete, sign, date and fax to **1-855-864-9936.**

If you encounter issues using the above number, please try 1-608-234-5400.

DECEDENT'S NAME: [redacted] DATE OF BIRTH: [redacted]

DATE & TIME PRONOUNCED: [redacted] AGE: [redacted] SEX: [redacted]

PLACE OF DEATH: [redacted]

WI PHYSICIAN LICENSE NO.	MEDICAL CERTIFIER'S MAILING ADDRESS	CITY	STATE	ZIP CODE
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

DATE OF DEATH		AUTOPSY PERFORMED?	DID TOBACCO/ALCOHOL USE CONTRIBUTE TO DEATH? (statistical use only -will not appear on certificate)	
	☐ Actual ☐ Estimated		TOBACCO	ALCOHOL
TIME OF DEATH (0000-2359)	☐ Actual ☐ Estimated	☐ Yes ☐ No	☐ Yes ☐ Probably ☐ No ☐ Unknown	☐ Yes ☐ Probably ☐ No ☐ Unknown

PREGNANCY STATUS complete only if decedent is female (statistical use only -will not appear on certificate)

☐ Not pregnant within the past year
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year prior to death
☐ Pregnant at the time of death
☐ Unknown if pregnant within last year

MANNER OF DEATH

☐ Natural ☐ Homicide
☐ Accident ☐ Undetermined
☐ Suicide ☐ Pending

PART I. CAUSE OF DEATH Chain of Events leading directly to death) - Enter the diseases or complications that caused death. Interval Between Onset and Death

a.
Due to:
b.
Due to:
c.
Due to:
d.

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.

I attest the information I have provided is accurate to the best of my knowledge. I understand that the provided information, unless otherwise noted, will appear on the certified copy of the death record.

NOTE: A cause of death that indicates any type of trauma or poisoning (in any part of the cause), sudden unexplained death or unknown cause of death must be signed by the Coroner or Medical Examiner of jurisdiction. A certificate signed by the wrong medical certifier will be rejected. Contact the State Vital Records Office at DHSVitalRecords@wisconsin.gov with any questions. Use "COD" in the subject line. By law [s. 69.18 (2)], the medical certifier must complete the cause of death and return it to the funeral director within 7 days of the date of death.

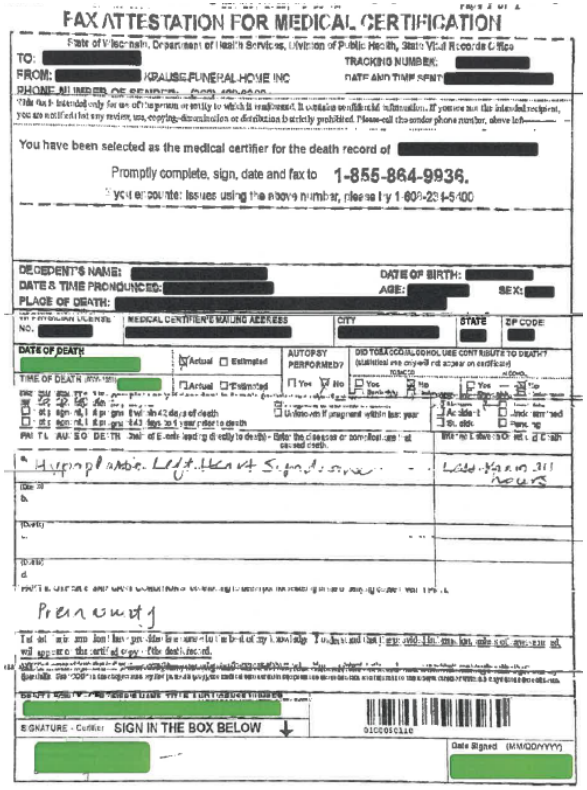
PRINT LEGIBLY - CERTIFIER'S NAME, TITLE, AND LICENSE NUMBER

SIGNATURE - Certifier SIGN IN THE BOX BELOW ↓

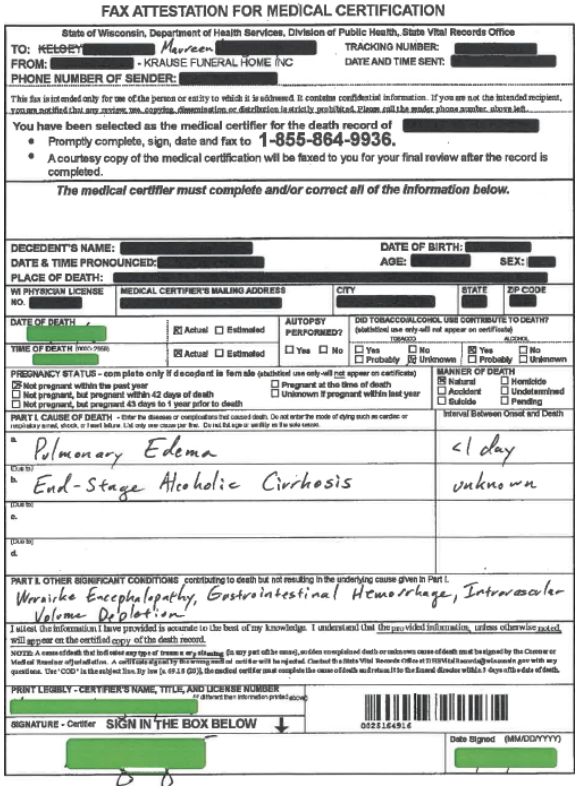
0100453911

Date Signed (MM/DD/YYYY)

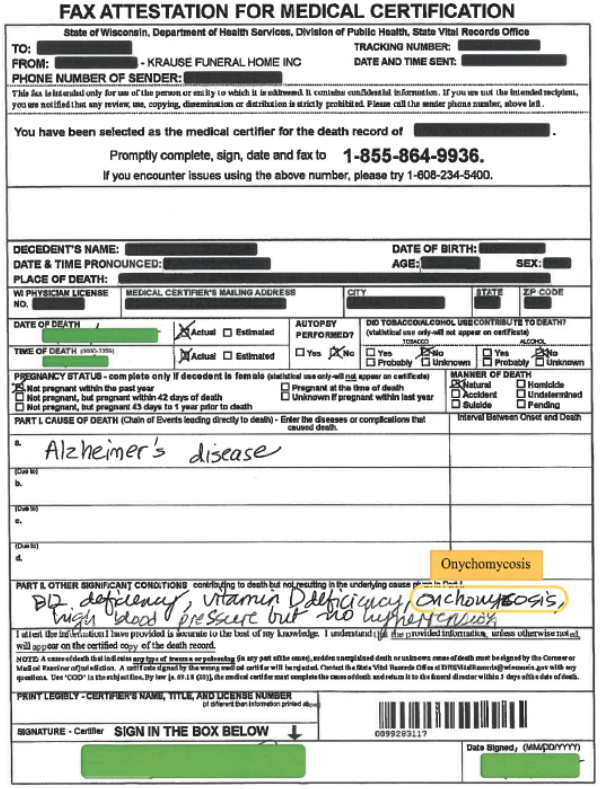
Different Faxed Attestations Received



Poor Faxing Quality (Multiple Attempts)



Doctor Changed



Illegible Writing & Incorrect Spelling

Current Death Reporting Models

Electronically Signing Doctor

- Select doctor from a drop down and information is already in system
- Assistant can enter information into system
- Doctor proofs and signs information
- Legible and accurate

Faxed vs Electronic Attestation

FAX ATTESTATION FOR MEDICAL CERTIFICATION

State of Wisconsin, Department of Health Services, Division of Public Health, State Vital Records Office

TO: [redacted]
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FROM: [redacted] KRAUSE FUNERAL HOME INC
DATE AND TIME SENT: [redacted]
PHONE NUMBER OF SENDER: [redacted]

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If you encounter issues using the above number, please try 1-608-234-5400.

DECEDENT'S NAME: [redacted]. DATE OF BIRTH: [redacted]
DATE & TIME PRONOUNCED: [redacted] AGE: [redacted] SEX: [redacted]
PLACE OF DEATH: [redacted]

WI PHYSICIAN LICENSE NO. [redacted] | MEDICAL CERTIFIER'S MAILING ADDRESS [redacted] | CITY [redacted] | STATE [redacted] | ZIP CODE [redacted]

DATE OF DEATH [redacted] ☒ Actual ☐ Estimated
TIME OF DEATH (military) [redacted] ☒ Actual ☐ Estimated
AUTOPSY PERFORMED? ☐ Yes ☒ No
DID TOBACCO/ALCOHOL USE CONTRIBUTE TO DEATH? (statistical use only-will not appear on certificate)
TOBACCO: ☐ Yes ☐ Probably ☒ No ☐ Unknown
ALCOHOL: ☐ Yes ☐ Probably ☒ No ☐ Unknown

PREGNANCY STATUS - complete only if decedent is female (statistical use only-will not appear on certificate)
☒ Not pregnant within the past year
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year prior to death
☐ Pregnant at the time of death
☐ Unknown if pregnant within last year

MANNER OF DEATH
☒ Natural ☐ Homicide
☐ Accident ☐ Undetermined
☐ Suicide ☐ Pending

PART I. CAUSE OF DEATH (Chain of Events leading directly to death) - Enter the diseases or complications that caused death. | Interval Between Onset and Death

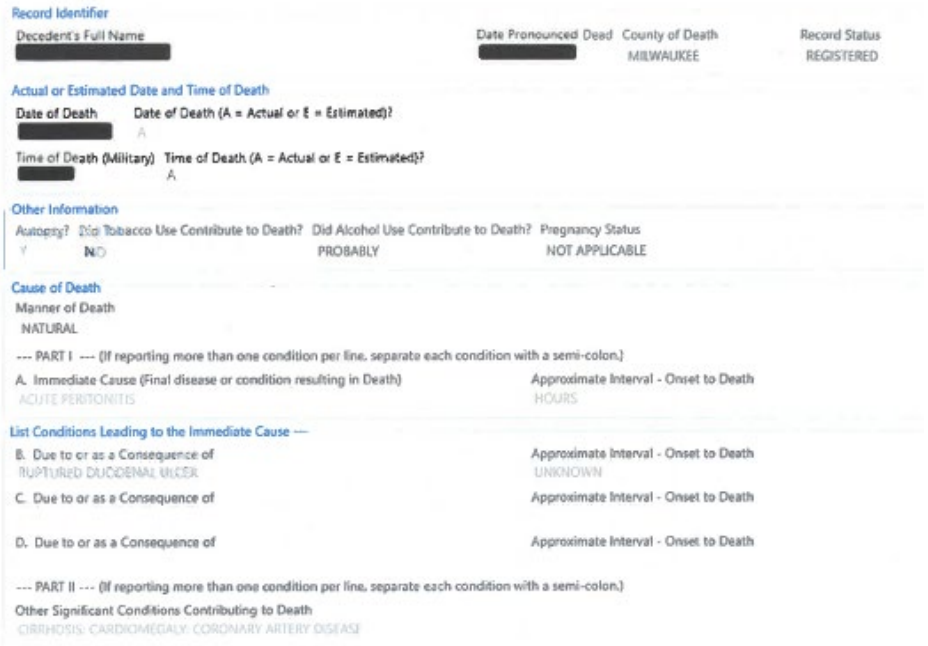
a. Acute hypoxic respiratory failure
(Due to)
b. Aspiration pneumonia
(Due to)
c. Dysphagia
(Due to)
d.

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.

I attest the information I have provided is accurate to the best of my knowledge. I understand that the provided information, unless otherwise noted, will appear on the certified copy of the death record.

NOTE: A cause of death that indicates any type of trauma or poisoning (in any part of the cause), sudden unexplained death or unknown cause of death must be signed by the Coroner or Medical Examiner of jurisdiction. A certificate signed by the wrong medical certifier will be rejected. Contact the State Vital Records Office at DHSVitalRecords@wisconsin.gov with any questions. Use "COD" in the subject line. By law (s. 69.18 (3)), the medical certifier must complete the cause of death and return it to the funeral director within 5 days of the date of death.

PRINT LEGIBLY - CERTIFIER'S NAME, TITLE, AND LICENSE NUMBER (if different than information printed above)
SIGNATURE - Certifier SIGN IN THE BOX BELOW
0094907513
Date Signed (MM/DD/YYYY)



Record Identifier
Decedent's Full Name [redacted]
Date Pronounced Dead [redacted]
County of Death MILWAUKEE
Record Status REGISTERED

Actual or Estimated Date and Time of Death
Date of Death [redacted]
Date of Death (A = Actual or E = Estimated)? A
Time of Death (Military) [redacted]
Time of Death (A = Actual or E = Estimated)? A

Other Information
Autopsy? Y
Did Tobacco Use Contribute to Death? NO
Did Alcohol Use Contribute to Death? PROBABLY
Pregnancy Status NOT APPLICABLE

Cause of Death
Manner of Death NATURAL

--- PART I --- (If reporting more than one condition per line, separate each condition with a semi-colon.)
A. Immediate Cause (Final disease or condition resulting in Death) ACUTE PERITONITIS — Approximate Interval - Onset to Death HOURS
List Conditions Leading to the Immediate Cause ---
B. Due to or as a Consequence of RUPTURED DUODENAL ULCER — Approximate Interval - Onset to Death UNKNOWN
C. Due to or as a Consequence of — Approximate Interval - Onset to Death
D. Due to or as a Consequence of — Approximate Interval - Onset to Death

--- PART II --- (If reporting more than one condition per line, separate each condition with a semi-colon.)
Other Significant Conditions Contributing to Death CIRRHOSIS; CARDIOMEGALY; CORONARY ARTERY DISEASE

Typed and legible (can still lead to human error)

E-Signer – less human error, only 1 person entering

Current Issues Involving Uniform Death Reporting

- Burial vs Cremation
- Steps for applying for cremation permit
  - Doctor's signature
  - Cremation Viewing by Medical Examiner
  - No time frame for receiving cremation permit
- Doctor vs Medical Examiner Discrepancies

Basics Of Requesting a Permit

Faxing for a Cremation Permit

Milwaukee County

- Need Cover Sheet
- Need Abstract
- Need Attestation

Waukesha County

- Need Cover Sheet
- Need Attestation

ANY other County

- Cremation Release Form off of SVRIS
  - Must have Cause of Death filled out
  - Write in person requesting cremation – Informant Info
  - Signed by the Director
- Final Dispo signed by the Director (Ozaukee ONLY)
- ***See example***

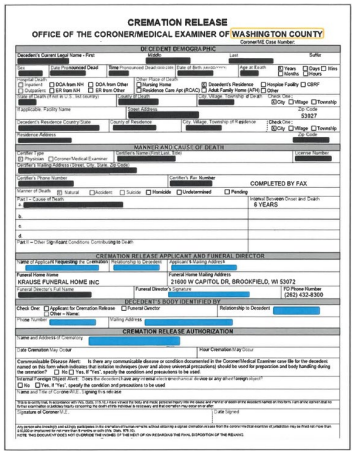
*If this is a Medical Examiner case in Milwaukee or Waukesha, you do **NOT** need to wait for Cause of Death to be filled out. Once we know the ME is signing the death certificate, you will not get a fax attestation, so fax a cover sheet and the abstract to the ME right away.

Medical Examiner Fees

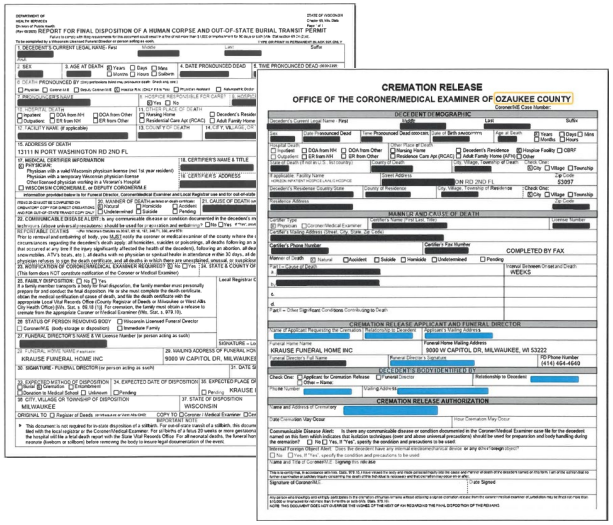
ME Fees 2022		
MILWAUKEE COUNTY	**414-223-1200**	
Death Certificate		~~$153.00~~
Cremation Permit: Will waive for Human Service only with written verification from Human Service office		$357.00
Transportation of Body		$153.00
Disinterment Permit		$50.00
Body Storage		$35.00
WAUKESHA COUNTY	**262-548-7575**	
Death Certificate		$85.00
Cremation Permit: Will waive for Human Service only with written verification from Human Service office		$265.00
Transportation of Body		$204
Disinterment Permit		$65.00
Body Storage After 1st Day		$50 /Day
Cremation Trip Charge		$50.00 each
WASHINGTON COUNTY	**262-335-4460**	
Death Certificate		$108.00
Cremation Permit: Will waive for Human Service only with written verification from Human Service office		$263.00
Transportation of Body		$273.00
Disinterment Permit		$76.00
Body Storage		$45/day
OZAUKEE COUNTY	**262-238-8455**	
Death Certificate		$100.00
Cremation Permit: Will waive for Human Service only with written verification from Human Service office		$200.00
Transportation of Body		$150.00
Disinterment Permit		$75.00
Body Storage Per Day		$50.00
Use of Ozaukee County Morgue		$500.00
Bag Fee		$100.00
RACINE COUNTY	**262-636-3303**	
Death Certificate		$82.00
Cremation Permit: Will waive for Human Service only with written verification from Human Service office Waived for 17yrs and under		$219.00
Transportation of Body		N/A
Disinterment Permit		$82.00
Body Storage		N/A

KENOSHA COUNTY	**262-653-3869**	
Death Certificate		$167.00
Removal of Body from Scene of Death		$195.00
Cremation Permit: Will waive for Human Service only with written verification from Human Service office		$306.00
Transportation of Body		$186.00
Disinterment Permit		$65.00
Bio-Seal (per case)		$200.00
Body Storage		$50/ day
DODGE COUNTY	**920-386-3941**	
Death Certificate		$50.00
Cremation Permit: Will waive for Human Service only with written verification from Human Service office		$175.00
Transportation of Body		
Disinterment Permit		$100.00
Body Storage		
WALWORTH COUNTY	**262-741-4729**	
Death Certificate		No Charge
Cremation Permit: Will waive for Human Service only with written verification from Human Service office		$250.00
Transportation of Body		No Charge
Disinterment Permit		No Charge
Body Storage		N/A
JEFFERSON COUNTY	**920-674-7119**	
Death Certificate		$25
Cremation Permit: Will waive for Human Service only with written verification from Human Service office		$212.00
Transportation of Body		No Charge
Disinterment Permit		$50
Body Storage		N/A

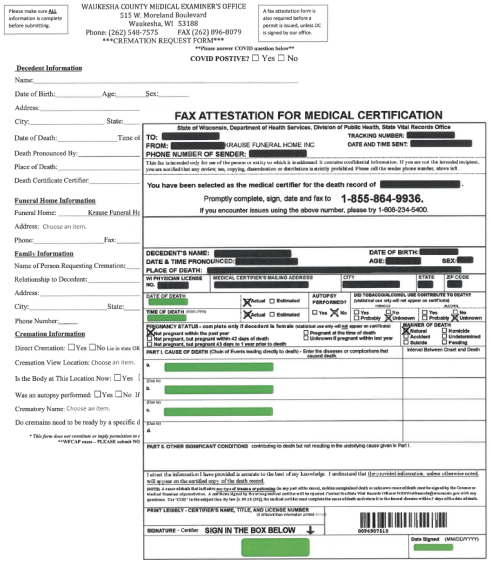
Requesting a Cremation Permit



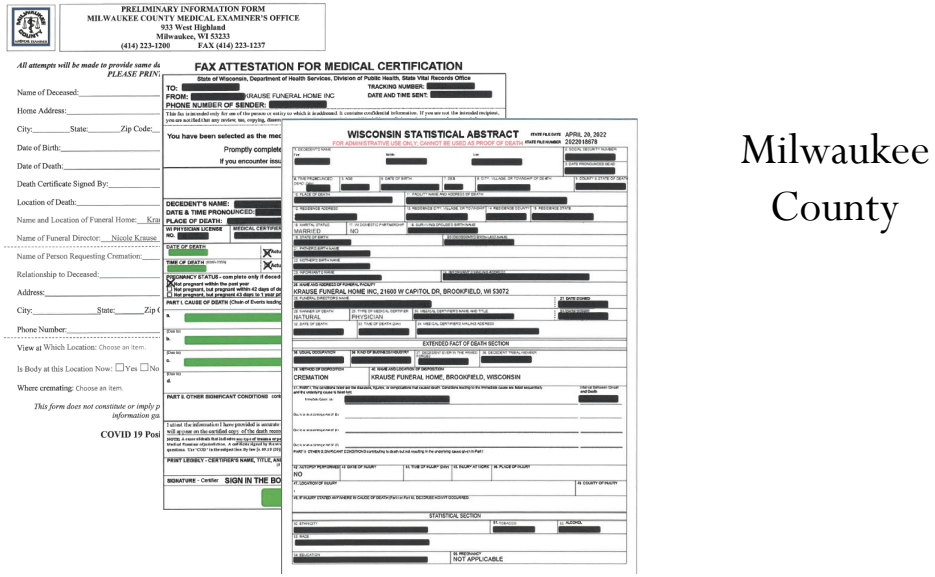
Washington County



Ozaukee County

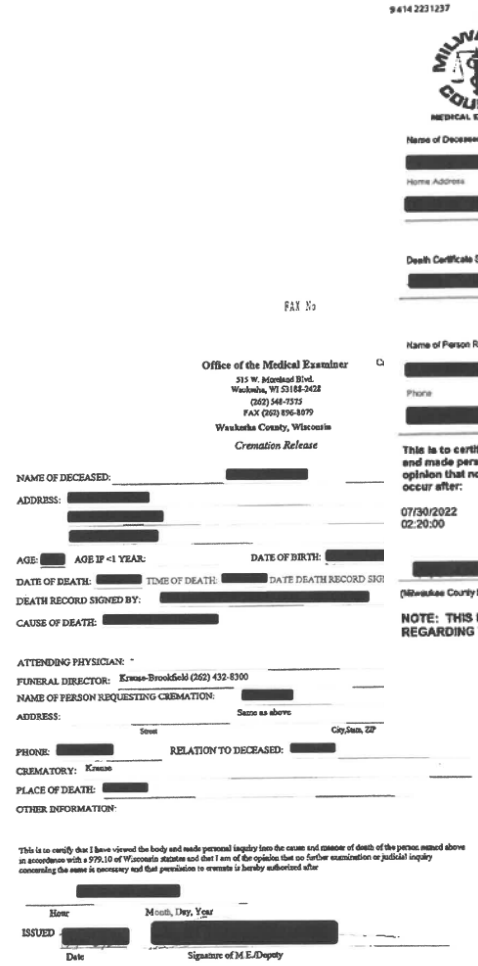


Waukesha County



Milwaukee County

Cremation Permit Differences By County



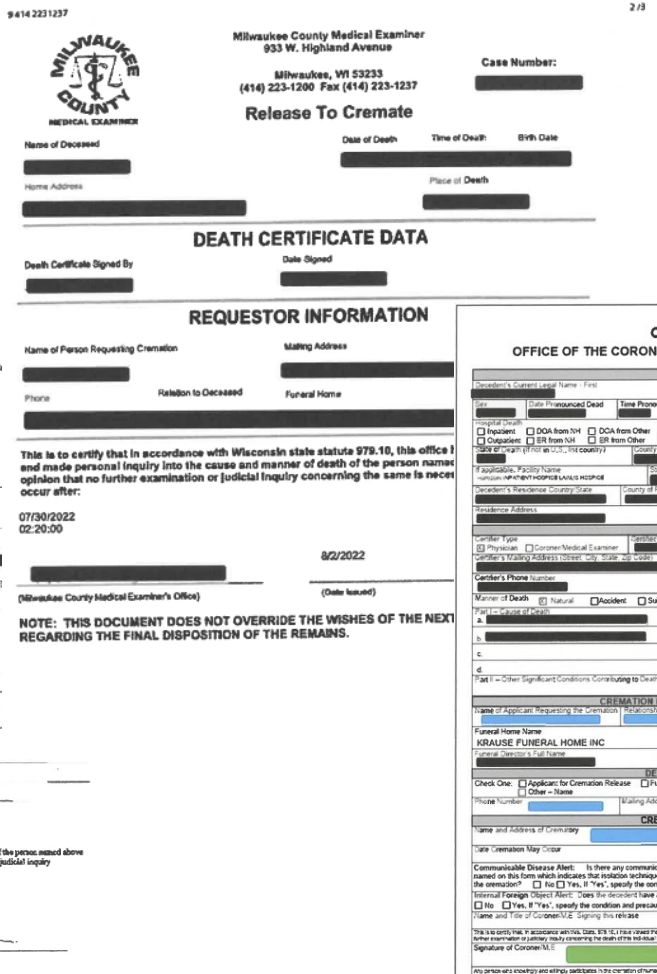
Office of the Medical Examiner
315 W. Moreland Blvd.
Waukesha, WI 53188-2428
(262) 548-7575
FAX (262) 896-8079
Waukesha County, Wisconsin

Cremation Release

NAME OF DECEASED:
ADDRESS:
AGE: AGE IF <1 YEAR: DATE OF BIRTH:
DATE OF DEATH: TIME OF DEATH: DATE DEATH RECORD SIGN
DEATH RECORD SIGNED BY:
CAUSE OF DEATH:
ATTENDING PHYSICIAN:
FUNERAL DIRECTOR: Krause-Brookfield (262) 432-8300
NAME OF PERSON REQUESTING CREMATION:
ADDRESS: Same as above
Street City,State, ZIP
PHONE: RELATION TO DECEASED:
CREMATORY: Krause
PLACE OF DEATH:
OTHER INFORMATION:

This is to certify that I have viewed the body and made personal inquiry into the cause and manner of death of the person named above in accordance with s 979.10 of Wisconsin statutes and that I am of the opinion that no further examination or judicial inquiry concerning the same is necessary and that permission to cremate is hereby authorized after

Hour Month, Day, Year
ISSUED
Date Signature of M.E./Deputy



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Milwaukee County Medical Examiner
933 W. Highland Avenue
Milwaukee, WI 53233
(414) 223-1200 Fax (414) 223-1237

MILWAUKEE COUNTY MEDICAL EXAMINER

Case Number:

Release To Cremate

Name of Deceased
Date of Death Time of Death: Birth Date
Home Address
Place of Death

DEATH CERTIFICATE DATA

Death Certificate Signed By
Date Signed

REQUESTOR INFORMATION

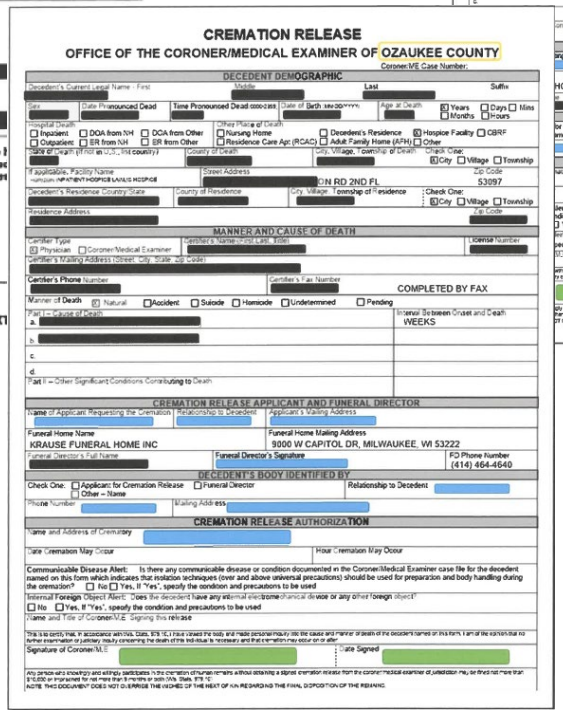
Name of Person Requesting Cremation
Mailing Address
Phone
Relation to Deceased
Funeral Home

This is to certify that in accordance with Wisconsin state statute 979.10, this office h
and made personal inquiry into the cause and manner of death of the person named
opinion that no further examination or judicial inquiry concerning the same is neces
occur after:

07/30/2022
02:20:00

8/2/2022
(Waukesha County Medical Examiner's Office) (Date Issued)

NOTE: THIS DOCUMENT DOES NOT OVERRIDE THE WISHES OF THE NEXT
REGARDING THE FINAL DISPOSITION OF THE REMAINS.

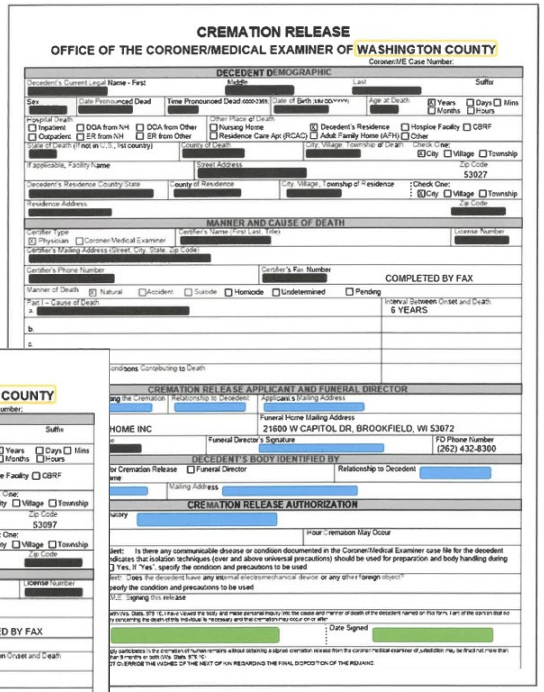


CREMATION RELEASE

OFFICE OF THE CORONER/MEDICAL EXAMINER OF OZAUKEE COUNTY

Coroner/ME Case Number:

DECEDENT DEMOGRAPHIC
MANNER AND CAUSE OF DEATH
CREMATION RELEASE APPLICANT AND FUNERAL DIRECTOR
Funeral Home Name: KRAUSE FUNERAL HOME INC
Funeral Home Mailing Address: 9000 W CAPITOL DR, MILWAUKEE, WI 53222
FD Phone Number: (414) 464-4640
DECEDENT'S BODY IDENTIFIED BY
CREMATION RELEASE AUTHORIZATION



CREMATION RELEASE

OFFICE OF THE CORONER/MEDICAL EXAMINER OF WASHINGTON COUNTY

Coroner/ME Case Number:

DECEDENT DEMOGRAPHIC
MANNER AND CAUSE OF DEATH
COMPLETED BY FAX
CREMATION RELEASE APPLICANT AND FUNERAL DIRECTOR
Funeral Home Mailing Address
HOME INC 21600 W CAPITOL DR, BROOKFIELD, WI 53072
FD Phone Number (262) 432-8300
DECEDENT'S BODY IDENTIFIED BY
CREMATION RELEASE AUTHORIZATION

Benefits of Consistent Reporting

- Removes uncertainty in timelines and methods of reporting
- Provides a uniform set of rules for all parties
- Levels expectations to families

More efficient statewide death reporting begins with uniform county reporting. Having one method of reporting at the county level increases the success of death reporting at a state level.