

STATE OF WISCONSIN—DEPARTMENT OF HEALTH AND SOCIAL SERVICES--DIVISION OF HEALTH
ORIGINAL CERTIFICATE OF DEATH

Rock County Courthouse, 51 S. Main St., Janesville, WI 53545

Vol. 127 Deaths—Rock County, Wisconsin (62651 – 63200)

State Death No. 62878

CLINTON FRANCIS BARKER

TRANSCRIBED

1. Deceased-Name: Clinton Francis Barker
2. Sex: Male
3. Date of Death: February 10, 1975
4. Race: White
5. Age: 86 Years
6. Date of Birth: May 29, 1888
7. a) County of Death: Green b) Name of City or Village: Monroe
c) Inside City or Village Limits? Yes d) Hospital or Other Institution Name: St. Clare Hospital
8. State of Birth: Wisconsin
9. Citizen of What Country? U.S.A.
10. Marital Status: Married
11. Surviving Spouse: Ruth Johnston
12. Social Security Number: 392-01-6021
13. a) Usual Occupation: Advertising in Shipping
b) Kind of Business or Industry: Pen Manufacturer
14. a) Residence-State: Wisconsin b) County: Rock
c) Name of City or Village: Janesville d) Inside City or Village Limits? Yes
e) Mailing Address: 18 S. Randall Ave.
15. Father-Name: Elbridge Barker
16. Mother-Maiden Name: Jessie Jacobs
17. a) Informant-Name: Mrs. Ruth Barker b) Mailing Address: 18 S. Randall, Janesville, Wis. 53545
c) Was Deceased Ever in U.S. Armed Forces? No
18. Part I: Death Was Caused By:
a) Immediate Cause: Cerebral Inxaret (?) – 3 weeks
b) Due to or as a Consequence of: Cerebral Thrombosus – 3 Weeks
c) Due to or as a Consequence of: Cerebral Arteriosclerosis – Years
Part II: Other Significant Conditions: Diabetes Mellitus; Dehydration
19. Autopsy? No
20. Accident: -----
21. Certification-Physician: I attended the deceased from a) 2-2-75 to b) 2/10/75
c) and last saw him alive on 2/9/75 d) Did you view the body after death? No
e) Death occurred at 4:40 a.m. at the place, on the date, and to the best of my knowledge, due to the cause(s) stated.
22. Certifier-Medical Examiner or Coroner: -----
23. a) Certifier Name: Robert F. Wichser, M.D. b) Signature-Certifier: Robert F. Wichser, M.D.
c) Date Signed: 2-10-75 d) Mailing Address: The Monroe Clinic, Monroe, Wisconsin 53566
24. a) Burial, Cremation, or Removal: Burial b) Cemetery or Crematory Name: Milton Lawns Memorial Park
c) Location: Janesville, Wisconsin d) Burial Date: Feb. 12, 1975
25. a) Funeral Home-Name and Address: Overton Funeral Home, 15 No. Jackson St., Janesville, Wis. 53545
b) Funeral Director-Signature: E. J. Overton
26. a) Registrar's Signature: Edward Zupanc, M.D. b) Date Received by Local Registrar: 2-13-'75