

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

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

Rock County Deaths Vol. 170 (1994: 0911-1221 to 1995: 0001-0365) Local File Number: 0143

ROBERT ERNEST BARKER

TRANSCRIBED

1. Decedent Name: Robert Ernest Barker
2. Sex: Male
3. Social Security Number: 396-07-6501
4. a) Pronounced Dead Date: Feb. 13, 1995 b) Hour: 8:50 p.m.
5. Body Found 24 Hours After Death: No
6. Age: 76 Years
7. Date of Birth: June 20, 1918
8. a) County of Death: Rock c) Inside City or Village Limits: Township
b) City, Village or Township of Death: Janesville
9. Death at Hospital: -----
10. Other Place: N.H. Other Residence of Deceased
11. a) Street Address: Rock County Health Care Center
b) Nursing Home License No.: 2425
12. Marital Status: Married
13. Residence: a) State: Wisconsin b) County: Rock
c) City, Village or Township of Residence: Janesville d) Inside City or Village Limits: City
14. a) Number and Street: 2908 Randolph Road b) ZIP Code: 53545
15. State of Birth: Wisconsin
16. Father-Name: Clinton F. Barker
17. Mother-Maiden Name: Clara Belle Pollard
18. Race: White
19. Hispanic Origin? No
20. a) Usual Occupation: Dept. Supervisor b) Kind of Business: Paper Making
21. Education—Highest Level Completed: Elem/Sec. (0-12): College (1-5+): 2
22. Decedent Ever in the U.S. Armed Forces: Yes
23. Surviving Spouse: Hazel Hollis
24. a) Informant-Name: Hazel Barker
b) Mailing Address: 2908 Randolph Road, Janesville, WI 53545
25. Method of Disposition: Burial
26. Place of Disposition: Oak Hill Cemetery
27. Location: Janesville, Wisconsin
28. Date Signed by Funeral Service Licensee: Feb. 15, 1995
29. Date Received from Medical Certifier: Feb. 15, 1995
30. a) Funeral Service Licensee: Neal Schneider b) WI License No.: 3436
31. Name and Mailing Address of Facility:
Schneider Funeral Directors, Inc., P.O. Box 71, Janesville, WI 53547
32. Medical Certifier: Certifying Physician
33. Date of Death: 02-13-95
34. Autopsy? No
35. a) Medical Certifier Signature: Paul F. Frechette, M.D. b) Date: 02-14-95
36. a) Medical Certifier Name: Paul F. Frechette, M.D. b) WI License No: 14944
37. Certifier Mailing Address: 3530 North County Trunk Highway F, P.O. Box 351, Janesville
38. Manner of Death: Natural
39. To 43. -----
40. Registrar's Signature: Donna L. Berkley
41. Date Received by Registrar: Feb. 15, 1995
42. Part I: Cause of Death
a) Immediate Cause: Myocardial Infarction -- Immediate
b) Due to or as a Consequence of: -----
Part II: Other Significant Conditions: -----