

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. 163 (0001-0599) 1991 Deaths Local File Number: 0257

RUTH IRENE BARKER

TRANSCRIBED

1. Decedent Name: Ruth Irene Barker
2. Sex: Female
3. Social Security Number: 392-01-8455
4. Pronounced Dead Date: March 18, 1991 Hour: 12:03 p.m.
5. Body Found 24 Hours After Death: No
6. Age: 94 Years
7. Date of Birth: August 2, 1986
8. a) County of Death: Rock c) Inside City or Village Limits: City
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: Cedar Crest Health Center
b) Nursing Home License No.: 2201
12. Marital Status: Widowed
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: 1700 S. River Road b) ZIP Code: 53546
15. State of Birth: Wisconsin
16. Father-Name: Elmer Ellsworth Van Pool
17. Mother-Maiden Name: Effie Hoy Smart
18. Race: White
19. Hispanic Origin? No
20. a) Usual Occupation: Assembler b) Kind of Business: Pen Manufacturing Company
21. Education—Highest Level Completed: Elem/Sec. (0-12): 12 College (1-5+):
22. Decedent Ever in the U.S. Armed Forces: No
23. Surviving Spouse: -----
24. a) Informant-Name: Robert E. Johnston
b) Mailing Address: 1948 Fir Drive, Apt. 25, Beloit, Wisconsin 53511
25. Method of Disposition: Burial
26. Place of Disposition: Milton Lawns Memorial Park
27. Location: Janesville, Wisconsin
28. Date Signed by Funeral Service Licensee: March 18, 1991
29. Date Received from Medical Certifier: March 20, 1991
30. a) Funeral Service Licensee: Gale A. Gohlke b) WI License No.: 3640
31. Name and Mailing Address of Facility:
Overton Funeral Home, 15 N. Jackson Street, Janesville, WI 53545
32. Medical Certifier: Certifying Physician
33. Date of Death: March 18, 1991
34. Autopsy? No
35. a) Medical Certifier Signature: Ram Rao, M.D. b) Date: March 19, 1991
36. a) Medical Certifier Name: Ram Rao, M.D. b) WI License No: 18911
37. Certifier Mailing Address: 3524 E. Milwaukee St., Janesville, WI 53546
38. Manner of Death: Natural
39. To 43. -----
40. Registrar's Signature: Esther A. Gage, Reg. Of Deeds
41. Date Received by Registrar: March 20, 1991
42. Part I: Cause of Death
a) Immediate Cause: Cardiac Arrest – Few Mins.
b) Due to or as a Consequence of: Arteriosclerotic Heart Disease – Sev. Years.
Part II: Other Significant Conditions: -----