

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

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

Vol. 166 Deaths—Rock County, Wisconsin (1992: 0671-1220 to 1993: 001-0150)

Local File Number: 0709

TRANSCRIBED

DOROTHY BENTZ

1. Deceased-Name: Dorothy Bentz
2. Sex: Female
3. Social Security Number: 398-05-0839
4. a) Pronounced Dead Date: August 3, 1992 b) Hour: 4:05 a.m.
5. Body Found 24+ Hours After Death: No
6. Age: Years: 76
7. Date of Birth: March 16, 1916
8. a) County of Death: Rock b) Death Occurred Inside City, Village, or Township: Edgerton
9. c) Check One: City Vill. Twp
9. Death at Hospital: Inpat. Outpat. DOA-From N.H. ER-From H.H.
 DOA-From Other ER-From Other
10. Other Place: Nursing Home Residence of Deceased Other
11. a) Hospital (and Campus) or Nursing Home: Memorial Community Hospital
11. b) Nursing Home License No: -----
12. Marital Status: Married
13. a) Residence-State: Wisconsin b) Residence-County: Rock
13. c) Residence Inside City, Village, Township: Edgerton d) Check One: City Vill. Twp
14. a) Number and Street: 313 Stoughton Road b) Zip Code: 53534
15. State of Birth: Wisconsin
16. Father-Name: Joe Hruska
17. Mother-Maiden Name: Bess Scott
18. Race: White
19. Decedent of Hispanic Origin? No
20. a) Usual Occupation: Housewife b) Kind of Business or Industry: Own Home
21. Highest Education Completed: 12
22. Was Decedent Ever in U.S. Armed Forces? No
23. Surviving Spouse: Albert Bentz
24. a) Informant-Name: Albert Bentz b) Mailing Address: 244 E. High St., Milton, Wisconsin 53563
25. Method of Disposition: Burial
26. Place of Disposition: St. Mary's Cemetery
27. Location: Milton, Wisconsin
28. Date Signed: August 4, 1992
29. Date Received from Medical Certifier: Aug. 7, 1992
30. a) Funeral Service Licensee or Person Acting as Such: Robert A. Albrecht b) WI License No: 4289
31. Name and Mailing Address of Facility: Albrecht Funeral Home, 828 S. Janesville St., Milton, Wisconsin 53563
32. Medical Certifier: Certifying Physician
33. Date of Death: August 3, 1992
34. Autopsy Performed? No
35. a) Medical Certifier Signature and Title: V. S. Falk, M.D. b) Date Signed: 8-4-92
36. a) Medical Certifier Name: V. S. Falk b) WI License No: 9605
37. Certifier Mailing Address: 1011 N. Main St., Edgerton, WI 53534
38. Manner of Death: Natural
39. To 43. -----
40. Registrar's Signature: Esther A. Gage, Register of Deeds
41. Date Received by Registrar: Aug. 07, 1992
42. Part I: Cause of Death
42. a) Immediate Cause: Carcinoma of Rectum – 7 Years
- Part II: Other Significant Conditions: a) Droshilto (??? Can't Read)