

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. 161 (0001-0615) Jan. 1990 - ? Local File Number: 0324

CORA L. BOBOLZ

TRANSCRIBED

1. Decedent Name: Cora L. Bobolz
2. Sex: Female
3. Social Security Number: 394-42-4144
4. Pronounced Dead Date: March 26, 1990 Hour: 09:05 p.m.
5. Body Found 24 Hours After Death: No
6. Age: 83 Years
7. Date of Birth: Aug. 09, 1906
8. a) County of Death: Rock c) City Village Township
b) Death Occurred Inside City, Village or Township : Clinton
9. Death at Hospital: -----
10. Other Place: N.H. Other Residence of Deceased
11. a) Street Address: 418 Highland Avenue
b) Nursing Home License No.: -----
12. Marital Status: Married
13. Residence: a) State: Wisconsin b) County: Rock
c) Residence Inside City, Village or Township: Clinton d) City Village Township
14. a) Number and Street: 418 Highland Avenue b) ZIP Code: 53525
15. State of Birth: Wisconsin
16. Father-Name: Ervin Peich
17. Mother-Maiden Name: Irene Godfrey
18. Race: White
19. Hispanic Origin? No
20. a) Usual Occupation: Housewife b) Kind of Business: Own Home
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: Edwin G. Bobolz
24. a) Informant-Name: Edwin Bobolz
b) Mailing Address: 418 Highland Avenue, Clinton, Wisconsin 53525
25. Method of Disposition: Burial
26. Place of Disposition: Clinton Cemetery
27. Location: Clinton, Wisconsin
28. Date Signed by Funeral Service Licensee: March 27, 1990
29. Date Received from Medical Certifier: March 29, 1990
30. a) Funeral Service Licensee: Allen D. (?). Schoenfeld b) WI License No.: 3616
31. Name and Mailing Address of Facility:
Schoenfeld Funeral Home, 1000 Inman Pkwy, Beloit, WI 53511
32. Medical Certifier: Certifying Physician
33. Date of Death: Mar. 26, 1990
34. Autopsy? No
35. a) Medical Certifier Signature: Roger G. Lim, M.D. b) Date Signed: March 29, 1990
36. a) Medical Certifier Name: Dr. Roger Lim b) WI License No: 18096
37. Certifier Mailing Address: 1905 Huebbe Pkwy, Beloit, WI 53511
38. Manner of Death: Natural
39. To 43. -----
40. Registrar's Signature: Esther A. Gage, Reg. Of Deeds
41. Date Received by Registrar: Mar. 29, 1990
42. Part I: Cause of Death
a) Immediate Cause: Cardiopulmonary Arrest – Probably Less than 12 Hours
b) Due to or as a Consequence of: Arteriosclerotic Heart Disease – Since 1983
Part II: Other Significant Conditions: Diabetic Mellitus, At. Fibrillation