

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 1995 Vol. 171 (0366 - 1000) Local File Number: 0609  
**HOWARD DRAKE**

TRANSCRIBED

1. Decedent Name: Howard Drake
2. Sex: Male
3. Social Security Number: 394-10-8065
4. a) Pronounced Dead Date: June 27, 1995 b) Hour: 10:20 a.m.
5. Body Found 24 Hours After Death: No
6. Age: 90 Years
7. Date of Birth: Feb. 19, 1905
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:  Inpat.
10. Other Place:  N.H.  Other  Residence of Deceased
11. a) Street Address: Mercy Hospital  
b) Nursing Home License No.: -----
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: 1329 Mt. Zion Ave. b) ZIP Code: 53545
15. State of Birth: Wisconsin
16. Father-Name: Erwin Drake
17. Mother-Maiden Name: Edith Main
18. Race: White
19. Hispanic Origin? No
20. a) Usual Occupation: Carpenter b) Kind of Business: Own Business
21. Education—Highest Level Completed: Elem/Sec. (0-12): \_\_\_\_\_ College (1-5+): 2
22. Decedent Ever in the U.S. Armed Forces: No
23. Surviving Spouse: Berneice Schultz
24. a) Informant-Name: Berneice Drake  
b) Mailing Address: 1329 Mt. Zion Ave., Janesville, WI 53545
25. Method of Disposition: Burial
26. Place of Disposition: Milton Cemetery
27. Location: Milton, Wisconsin
28. Date Signed by Funeral Service Licensee: June 28, 1995
29. Date Received from Medical Certifier: July 5, 1995
30. a) Funeral Service Licensee: Robert Albrecht b) WI License No.: 3206
31. Name and Mailing Address of Facility:  
Albrecht Funeral Home, 828 S. Janesville St., P.O. Box 231, Milton, WI 53563
32. Medical Certifier: Certifying Physician
33. Date of Death: June 27, 1995
34. Autopsy? No
35. a) Medical Certifier Signature: F. Keller b) Date: 6-30-95
36. a) Medical Certifier Name: Francis L. Keller, M.D. b) WI License No: 19424
37. Certifier Mailing Address: 3524 E. Milwaukee St., Janesville, WI 53545
38. Manner of Death: Natural
39. To 43. -----
40. Registrar's Signature: Donna L. Berkley
41. Date Received by Registrar: 7-5-1995
42. Part I: Cause of Death  
a) Immediate Cause: Cardiopulmonary Arrest – Minutes  
b) Due to or as a Consequence of: Cerebrovascular Accident – 2 Weeks  
Part II: Other Significant Conditions: -----