

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

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

Vol. 155 1987 Deaths—Rock County, Wisconsin (0001 - 0630)

Local File Number: 0521

FREDERICK E. FULLER

TRANSCRIBED

1. Deceased-Name: Frederick E. Fuller
2. Sex: Male
3. Date of Death: June 14, 1987
4. Race: White
5. Age Last Birthday: Years: 95
6. Date of Birth: April 13, 1892
7. a) County of Death: Rock d) Hospital or Other Institution Name: Mercy Hospital
b) Inside City or Village Limits? Yes e) If Hospital or Institution: DOA OP/Emer Rm Inpatient
c) City, Village, or Township of Death: Janesville
8. State of Birth: Wisconsin
9. Citizen of What Country? U.S.A.
10. Marital Status: Widowed
11. Surviving Spouse: -----
12. Was Decedent Ever in U.S. Armed Forces? No
13. Social Security Number: 392-01-9757
14. a) Usual Occupation: Inspector b) Kind of Business or Industry: Automobile Mfg.
15. a) Residence-State: Wisconsin b) County: Rock
c) City, Village, Township of Residence: Janesville d) Inside City or Village Limits? Yes
e) Street and Number: 1105 Ruger Avenue
16. Father-Name: Alfred J. Fuller
17. Mother-Maiden Name: Ella S. Hayford
18. a) Informant-Name: E. Lucille Hruska
b) Mailing Address: 5400 N. River Road, Janesville, Wisconsin 53545
19. a) Burial, Cremation, Entombment, or Removal: Burial b) Cemetery or Crematory Name: Mt. Olivet Cemetery
c) Location: Janesville, Wisconsin 53545
20. a) Funeral Service Licensee or Person Acting as Such: Wm. T. Schneider
b) Name of Facility: Schneider Funeral Home c) Funeral Director License No.: 4308
d) Address of Facility: 1800 E. Racine Street, Janesville, Wisconsin 53545
e) Date Signed by Funeral Service Licensee: June 16, 1987
21. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.
a) Signature and Title: David A. Smith, M.D. b) Date Signed: 6/15/87 c) Hour of Death: 1:20 p.m.
22. Medical Examiner or Coroner: -----
23. Name and Address of Certifier: David A. Smith, M.D., 580 N. Washington St., Janesville, WI 53545
24. a) Registrar-Signature: Esther A. Gage, Register of Deeds b) Date Received by Registrar: June 16, 1987
25. Part I: Cause of Death
a) Immediate Cause: Cerebral Thrombosis – 14 Days
b) Due to or as a Consequence of: Generalized Arteriosclerosis – Yrs.
Part II: Other Significant Conditions: -----
26. Autopsy? No
27. Was Medical Examiner or Coroner Notified: No
28. Injury: -----