

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

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

Vol. 150 Deaths—Rock County, Wisconsin (75001 - 75600)

State Death No. 75347

**DORIS HEUVELMAN**

TRANSCRIBED

1. Deceased-Name: Doris Heuvelman
2. Sex: Female
3. Date of Death: March 3, 1985
4. Race: White
5. Age Last Birthday: Years: 71
6. Date of Birth: May 12, 1913
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: Wis.
9. Citizen of What Country? U.S.A.
10. Marital Status: Married
11. Surviving Spouse: Edward Heuvelman
12. Was Decedent Ever in U.S. Armed Forces? No
13. Social Security Number: 388-38-8603
14. a) Usual Occupation: Homemaker b) Kind of Business or Industry: ----
15. a) Residence-State: Wisc. b) County: Rock  
c) City, Village, Township of Residence: Janesville d) Inside City or Village Limits? Yes  
e) Street Number: 460 Johnson Street
16. Father-Name: Arthur Peich
17. Mother-Maiden Name: Mabel Pratt
18. a) Informant-Name: Edward Heuvelman b) Mailing Address: 460 Johnson St., Janesville, WI 53545
19. a) Burial, Cremation, or Removal: Burial b) Cemetery or Crematory Name: Milton Lawns Memorial Park  
c) Location: Janesville, WI
20. a) Funeral Service Licensee or Person Acting as Such: Allen I. Schoenfeld  
b) Name of Facility: Henning Funeral Home c) Funeral Director License No.: 2649  
d) Address of Facility: 220 S. Academy St., Janesville, WI 53545  
e) Date Signed by Funeral Service Licensee: March 4, 1985
21. To the best of my knowledge, death occurred at the time and place and due to the cause(s) stated.  
a) Signature and Title: J. A. Austinma b) Date Signed: 3-4-85 c) Hour of Death: 1:45 p.m.
22. Medical Examiner or Coroner: ----
23. Name and Address of Certifier: John A. Austinma, 580 N. Washington, Janesville, Wis. 53545
24. a) Registrar-Signature: Esther A. Gage, Register of Deeds b) Date Received by Registrar: Mar. 05, 1985
25. Part I: Cause of Death  
a) Immediate Cause: Cardiac Arrest – Immed.  
b) Due to or as a Consequence of: Ischemic Heart Disease – 5-10 Years  
Part II: Other Significant Conditions: 1) Metastatic Osteosarcoma 2) Diabetes Mellitus
26. Autopsy? No
27. Was Medical Examiner or Coroner Notified? No
28. Injury: -----