

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 1996 Vol. 173 (0431 - 1110) Local File Number: 0727

MARJORIE EVELYN MARIE KETTLESON

TRANSCRIBED

1. Decedent Name: Marjorie Evelyn Marie Kettleson
2. Sex: Female
3. Social Security Number: 391-07-5926
4. a) Pronounced Dead Date: July 29, 1996 b) Hour: 3:25 p.m.
5. Body Found 24 Hours After Death: No
6. Age: 80 Years
7. Date of Birth: January 22, 1916
8. a) County of Death: Rock c) City Village Twp.
b) Death Occurred in City, Village or Township: Janesville
9. Death at Hospital: -----
10. Other Place: N.H. Other Residence of Deceased
11. a) Hospital (and Campus) or Nursing Home: Rock County Health Care Center
b) Nursing Home License No.: 2425
12. Marital Status: Widowed
13. Residence: a) State: Wisconsin b) County: Rock
c) Residence-City, Village or Township: Janesville d) City Village Twp.
14. a) Number and Street: 3530 N. County Highway F b) ZIP Code: 53547
15. State of Birth: Wisconsin
16. Father-Name: Alfred Larsen
17. Mother-Maiden Name: Myrtle Hofstrom
18. Race: White
19. Hispanic Origin? No
20. a) Usual Occupation: Office Worker b) Kind of Business: Precision Parts Manufacturer
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: None
24. a) Informant-Name: Audrey Kvistad
b) Mailing Address: 4007 Dorchester Drive, Janesville, WI 53546
25. Method of Disposition: Burial
26. Place of Disposition: Clinton Cemetery
27. Location: Clinton, Wisconsin
28. Date Signed by Funeral Service Licensee: July 31, 1996
29. Date Received from Medical Certifier: August 1, 1996
30. a) Funeral Service Licensee: Neal Schneider b) WI License No.: 3436
31. Name and Mailing Address of Facility:
Schneider Funeral Directors, Inc., P.O. Box 71, Janesville, WI 53547
32. Medical Certifier: Certifying Physician
33. Date of Death: 07-29-1996
34. Autopsy Performed? No
35. a) Medical Certifier Signature: R. Rao, M.D. b) Date Signed: 7-30-96
36. a) Medical Certifier Name: R. Rao, M.D. b) WI Physician License No C/ME Code: 18911
37. Certifier Mailing Address: 3530 North County Trunk Highway F, Janesville, Wisconsin 53545
38. Manner of Death: Natural
39. To 43. -----
40. Registrar's Signature: K. Randal Leyes
41. Date Received by Registrar: Aug. 2, 1996
42. Part I: Cause of Death
a) Immediate Cause: Cachexia & Dehydration –1 Month
b) Due to or as a Consequence of: Organic Affective Syndrome—Several Years
Part II: Other Significant Conditions: Hypertension, Cerebrovascular Accident

8/2/96: Item #24b Corrected Before Filing per FD ROD-KRL