

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

Rock County Courthouse, 51 S. Main St., Janesville, WI 53545
Vol. 143 (71001 – 71600), State Death No. 71111

NORMAN VANDLE KETTLESON

TRANSCRIBED

1. Decedent Name: Norman Vandle Kettleison
2. Sex: Male
3. Date of Death: October 24, 1981
4. Race: White
5. Age Last Birthday: 67 Years
6. Date of Birth: January 8, 1914
7. a) County of Death: Rock b) Inside City or Village Limits: Yes
c) City, Village, or Township: Janesville
d) Hospital or Other Institution: 1316 North Washington Street
8. State of Birth: Wisconsin
9. Citizen of What Country: U.S.A.
10. Single, Married, Widowed, Divorced: Married
11. Surviving Spouse: Marjorie Larsen
12. Ever in U.S. Armed Forces: Yes
13. Social Security Number: 392-01-6652
14. a) Usual Occupation: Machinist (ret.) b) Kind of Business: Small Tool Manufacturer
15. a) Residence-State: Wisconsin b) County: Rock
c) City, Village or Township: Janesville d) Inside City or Village Limits: Yes
e) Street and Number: 1316 North Washington Street
16. Father-Name: Michael Kettleison
17. Mother-Maiden Name: Theoline Lee
18. a) Informant-Name: Audrey Kvistad
b) Mailing Address: 1549 King Street, Janesville, Wisconsin 53545
19. a) Burial, Cremation or Removal: Burial b) Place: Clinton Cemetery
c) Location: Clinton, Wisconsin
20. a) Funeral Service Licensee: E.J. Overton b) Facility: Overton Funeral Home
c) Address of Facility: 15 N. Jackson, Janesville, WI 53545
21. a) Signature and Title of Certifying Physician: F.L. Keller b) Date Signed: 10/26/81
c) Hour of Death: Early A.M. of 10/24/81
22. ----
23. Name and Address of Certifier: F.L. Keller, M.D., Janesville Medical Center, Ltd.
2020 E. Milwaukee St., Janesville, WI
24. a) Registrar: Esther A. Gage, Reg. of Deeds b) Date Received by Registrar: Oct. 26, 1981
25. Part I: Cause of Death
a) Immediate Cause: Acute MI; Interval Between Onset & Death: Minutes
b) Due to or as a Consequence of: Coronary Artery Disease;
Interval Between Onset & Death: Undetermined
Part II: Other Significant Conditions: ----
26. Autopsy: No
27. Was Medical Examiner or Coroner Notified: Yes
28. ----