

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 1991 Vol. 164 (0600 - 1185) Local File Number: 0690
JAMES LAVERN KVISTAD

TRANSCRIBED

1. Decedent Name: James Lavern Kvistad
2. Sex: Male
3. Social Security Number: 267-56-7690
4. a) Pronounced Dead Date: July 27, 1991 b) Hour: 5:55 p.m.
5. Body Found 24 Hours After Death: No
6. Age: 59 Years
7. Date of Birth: May 20, 1932
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: -----
10. Other Place: N.H. Other Residence of Deceased
11. a) Street Address: 1549 King Street
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: 1549 King Street b) ZIP Code: 53546
15. State of Birth: Wisconsin
16. Father-Name: Albert Kvistad
17. Mother-Maiden Name: Sadie Unknown
18. Race: White
19. Hispanic Origin? No
20. a) Usual Occupation: Custodian and Assembler b) Kind of Business: Advertising Specialties Supplies
21. Education—Highest Level Completed: Elem/Sec. (0-12): 12 College (1-5+):
22. Decedent Ever in the U.S. Armed Forces: Yes
23. Surviving Spouse: Audrey Kettleon
24. a) Informant-Name: Audrey Kvistad
b) Mailing Address: 1549 King Street, Janesville, WI 53546
25. Method of Disposition: Burial
26. Place of Disposition: Clinton Cemetery
27. Location: Village of Clinton
28. Date Signed by Funeral Service Licensee: July 30, 1991
29. Date Received from Medical Certifier: July 30, 1991
30. a) Funeral Service Licensee: Daniel S. Schneider b) WI License No.: 4605
31. Name and Mailing Address of Facility:
Schneider Funeral Home, 1800 E. Racine St., P.O. Box 71, Janesville, WI 53547-0071
32. Medical Certifier: Coroner/Medical Examiner
33. Date of Death: July 27, 1991
34. Autopsy? Yes
35. a) Medical Certifier Signature: Karen Gilbertson, Chief Deputy Coroner b) Date: July 30, 1991
36. a) Medical Certifier Name: Karen Gilbertson, Chief Deputy Coroner b) WI License No: 000053
37. Certifier Mailing Address: P.O. Box 109, Afton, WI 53501
38. Manner of Death: Homicide
39. Date of Injury: July 27, 1991
40. Hour of Injury: 2:30 p.m.
41. Place of Injury: Residence
42. Injury at Work? No
43. a) Location: 1549 King Street, Janesville, WI b) County: Rock
44. Registrar's Signature: Esther A. Gage, Reg. Of Deeds
45. Date Received by Registrar: July 30, 1991
46. Part I: Cause of Death
a) Immediate Cause: Laceration of Pulmonary Artery -- Minutes
b) Due to or as a Consequence of: Stab Wound to Chest
Part II: Other Significant Conditions: Multiple Lacerations to Throat and Back of Neck
47. If Injury, Describe How Injury Occurred: Victim was stabbed and cut repeatedly with kitchen filet knife.