

STATE OF WISCONSIN—DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
ORIGINAL CERTIFICATE OF DEATH  
Rock County Courthouse, 51 S. Main St., Janesville, WI 53545  
Deaths—Rock County, January 1989- Vol. 159 (0001 - 0620) Local File Number: 0611  
**AUDREY MAXINE RULESTEAD**

TRANSCRIBED

1. Decedent Name: Audrey Maxine Rulestead
2. Sex: Female
3. Social Security Number: 395-30-7575
4. Pronounced Dead At: a) Date: June 29, 1989 b) Hour: 2:07 p.m.
5. Body Found: No
6. Age: 54 Years
7. Date of Birth: April 30, 1935
8. a) County of Death: Rock  
b) City, Village or Township of: Janesville c) Check One:  City  Village  Township
9. Death at Hospital: 1.  Inpatient 2.  Outpatient 3.  DOA-From Nursing Home  
4.  ER-From Nursing Home 5.  DOA-From Other 6.  ER-From Other
10. Other Place:  Nursing Home  Residence of Deceased  Other
11. a) Hospital or Nursing Home: Mercy Hospital 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) Check One:  City  Village  Twp.
14. Number and Street: 409 Milton Avenue 53545
15. State of Birth: Wisconsin
16. Father-Name: William Gleason
17. Mother-Maiden Name: Mamie Hillebrandt
18. Race: White
19. Hispanic Origin: No
20. a) Usual Occupation: Homemaker b) Kind of Business: Own Home
21. Highest Education Completed: 12
22. Was Decedent Ever in the U.S. Armed Forces: No
23. Surviving Spouse: Ralph H. Rulestead
24. a) Informant-Name: Ralph H. Rulestead  
b) Mailing Address: 409 Milton Ave., Janesville, Wisconsin 53545
25. Burial, Cremation, Entombment, Removal: Burial
26. Cemetery or Crematory: Milton Lawns Memorial Park
27. Location: Janesville, Wisconsin
28. Date Signed by Funeral Service Licensee: June 30, 1989
29. Date Received From Medical Certifier: June 30, 1989
30. a) Funeral Service Licensee or Person Acting as Such: Gail A. Gohlke  
b) Funeral Director License No.: 743
31. a) Name of Facility: Overton Funeral Home  
b) Address of Facility: 15 N. Jackson Street, Janesville, Wisconsin 53545
32. Medical Certifier:  Certified Physician
33. Date of Death: June 29, 1989
34. Autopsy: Yes
35. a) Medical Certifier Signature and Title: R. Rao, M.D. b) Date Signed: June 30, 1989
36. a) Medical Certifier Name: R. Rao, M.D. b) Wisconsin License No.: 18911
37. Certifier's Mailing Address: 3524 East Milwaukee Street, PO Box 5008, Janesville, WI 53547
38. Manner of Death: Natural 39 – 43. ----
39. Registrar's Signature: Esther A. Gage, Reg. Of Deeds
40. Date Signed: July 3, 1989
41. Cause of Death: Part I:  
a) Immediate Cause: Cardiorespiratory Arrest; Interval Between Onset and Death—1 Hour  
b) Due to or as a Consequence of: Gangrene with Toxemia; Interval Between Onset and Death—6 Mos.  
Part II: Other Significant Conditions: Chronic Renal Failure