# WISCONSIN CERTIFICATE OF VITAL RECORD

**STATE OF WISCONSIN**
**DEPARTMENT OF HEALTH SERVICES**
**ORIGINAL CERTIFICATE OF DEATH**
FACT OF DEATH

**STATE FILE DATE:** FEBRUARY 21, 2014
**STATE FILE NUMBER:** 2014006533

| 1. DECEDENT'S NAME First | Middle | Last | 2. SOCIAL SECURITY NUMBER | 3. DATE PRONOUNCED DEAD |
|---|---|---|---|---|
| THEODORE | | JACOBSON | 398-20-4580 | FEBRUARY 16, 2014 |

| 4. TIME PRONOUNCED DEAD (24hr) | 5. AGE | 6. DATE OF BIRTH | 7. SEX | 8. CITY, VILLAGE, OR TOWNSHIP OF DEATH | 9. COUNTY OF DEATH |
|---|---|---|---|---|---|
| 21:30 | 84 YEARS | JUNE 23, 1929 | MALE | MOUNT PLEASANT (VILLAGE) | RACINE |

| 10. PLACE OF DEATH | 11. FACILITY NAME AND ADDRESS OF DEATH |
|---|---|
| RESIDENTIAL CARE APARTMENT COMPLEX - HOSPICE CARE | 8600 CORPORATE DRIVE (HOSPICE ALLIANCE-MOUNT PLEASANT) |

| 12. RESIDENCE ADDRESS | 13. RESIDENCE CITY, VILLAGE, OR TOWNSHIP | 14. RESIDENCE COUNTY | 15. RESIDENCE STATE |
|---|---|---|---|
| 8600 CORPORATE DRIVE | MOUNT PLEASANT (VILLAGE) | RACINE | WISCONSIN |

| 16. MARITAL STATUS | 17. WI DOMESTIC PARTNERSHIP | 18. SURVIVING SPOUSE'S BIRTH NAME | 19. STATE OF BIRTH | 20. DECEDENT'S BIRTH LAST NAME |
|---|---|---|---|---|
| WIDOWED | NO | | NORTH DAKOTA | JACOBSON |

| 21. FATHER'S BIRTH NAME | 22. MOTHER'S BIRTH NAME |
|---|---|
| THEODORE JACOBSON | MARTHA WICKUM |

| 23. INFORMANT'S NAME | 24. INFORMANT'S MAILING ADDRESS |
|---|---|
| STEVE JACOBSON | 7140 ASPEN COURT, FRANKSVILLE, WI 53216 |

| 25. NAME AND ADDRESS OF FUNERAL FACILITY | 26. FUNERAL DIRECTOR'S NAME | 27. DATE SIGNED |
|---|---|---|
| DRAEGER LANGENDORF FUNERAL HOME & CREMATORY, 4600 COUNTY LINE RD, RACINE, WI 53403 | LANGENDORF, GARY A | FEBRUARY 20, 2014 |

| 28. MANNER OF DEATH | 29. TYPE OF MEDICAL CERTIFIER | 30. MEDICAL CERTIFIER'S NAME AND TITLE | 31. DATE SIGNED |
|---|---|---|---|
| NATURAL | PHYSICIAN | MARK DECHECK, MD | FEBRUARY 19, 2014 |

| 32. DATE OF DEATH | 33. TIME OF DEATH (24hr) | 34. MEDICAL CERTIFIER'S MAILING ADDRESS |
|---|---|---|
| FEBRUARY 16, 2014 | 21:30 | 3805 SPRING STREET B, STE 250, RACINE, WI 53405 |

## EXTENDED FACT OF DEATH

| 35. USUAL OCCUPATION | 36. KIND OF BUSINESS/INDUSTRY | 37. EVER IN US ARMED FORCES | 38. DECEDENT TRIBAL MEMBER |
|---|---|---|---|
| SCHOOL ADMINISTRATOR | UNIFIED ACHOOL DISTRICT | YES | NO TRIBE NAME(S): |

| 39. METHOD OF DISPOSITION | 40. PLACE AND LOCATION OF DISPOSITION |
|---|---|
| CREMATION | DRAEGER-LANGENDORF CREMATORY, MOUNT PLEASANT, WISCONSIN |

**41. PART I.** The conditions listed are the diseases, injuries, or complications that caused death. Conditions leading to the immediate cause are listed sequentially and the underlying cause is listed last.

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate Cause: (a) | INANITION | 2 MONTHS |
| Due to or as a consequence of: (b) | ADVANCED DEMENTIA | 1 YEAR |
| Due to or as a consequence of: (c) | | |
| Due to or as a consequence of: (d) | | |

**41. PART II. OTHER SIGNIFICANT CONDITIONS** contributing to death but not resulting in the underlying cause given in Part I.

| 42. AUTOPSY PERFORMED | 43. DATE OF INJURY | 44. TIME OF INJURY (24hr) | 45. INJURY AT WORK | 46. PLACE OF INJURY |
|---|---|---|---|---|
| NO | | | | |

| 47. LOCATION OF INJURY | 48. COUNTY OF INJURY |
|---|---|
| | |

49. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED.

1026297

NO AMENDMENTS PRESENT

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

TYSON FETTES
RACINE COUNTY REGISTER OF DEEDS

11725055 Date Issued: FEBRUARY 21, 2014

WARNING: IT IS A FELONY TO COPY OR REPRODUCE THIS CERTIFICATE - STATE STATUTE 69.24(1)

THIS CERTIFICATE HAS A BLUE/PINK/BLUE BACKGROUND ON THE FACE AND TWO RAISED SEALS - THE PAPER CONTAINS A VISIBLE CHAIN LINK WATERMARK - HOLD TO LIGHT TO VERIFY PRESENCE