

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH
FACT OF DEATHSTATE FILE DATE: FEBRUARY 21, 2014
STATE FILE NUMBER: 2014006533

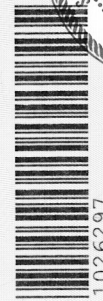
1. DECEDENT'S NAME First THEODORE Middle JACOBSON Last JACOBSON		2. SOCIAL SECURITY NUMBER 398-20-4580		3. DATE PRONOUNCED DEAD FEBRUARY 16, 2014	
4. TIME PRONOUNCED DEAD (24hr) 21:30		5. AGE 84 YEARS		6. DATE OF BIRTH JUNE 23, 1929	
7. SEX MALE		8. CITY, VILLAGE, OR TOWNSHIP OF DEATH MOUNT PLEASANT (VILLAGE)		9. COUNTY OF DEATH RACINE	
10. PLACE OF DEATH RESIDENTIAL CARE APARTMENT COMPLEX - HOSPICE CARE 8600 CORPORATE DRIVE		11. FACILITY NAME AND ADDRESS OF DEATH 8600 CORPORATE DRIVE (HOSPICE ALLIANCE-MOUNT PLEASANT)		12. RESIDENCE ADDRESS 8600 CORPORATE DRIVE	
13. RESIDENCE CITY, VILLAGE, OR TOWNSHIP MOUNT PLEASANT (VILLAGE)		14. RESIDENCE COUNTY RACINE		15. RESIDENCE STATE WISCONSIN	
16. MARITAL STATUS WIDOWED		17. WI DOMESTIC PARTNERSHIP NO		18. SURVIVING SPOUSE'S BIRTH NAME NORTH DAKOTA	
19. STATE OF BIRTH NORTH DAKOTA		20. DECEDENT'S BIRTH LAST NAME JACOBSON		21. FATHER'S BIRTH NAME THEODORE JACOBSON	
22. MOTHER'S BIRTH NAME MARTHA WICKUM		23. INFORMANT'S NAME STEVE JACOBSON		24. INFORMANT'S MAILING ADDRESS 7140 ASPEN COURT, FRANKSVILLE, WI 53216	
25. NAME AND ADDRESS OF FUNERAL FACILITY DRAEGER LANGENDORF FUNERAL HOME & CREMATORY, 4600 COUNTY LINE RD, RACINE, WI 53403		26. FUNERAL DIRECTOR'S NAME LANGENDORF, GARY A		27. DATE SIGNED FEBRUARY 20, 2014	
28. MANNER OF DEATH NATURAL		29. TYPE OF MEDICAL CERTIFIER PHYSICIAN		30. MEDICAL CERTIFIER'S NAME AND TITLE MARK DECHECK, MD	
31. DATE OF DEATH FEBRUARY 16, 2014		32. TIME OF DEATH (24hr) 21:30		33. MEDICAL CERTIFIER'S MAILING ADDRESS 3805 SPRING STREET B, STE 250, RACINE, WI 53405	
EXTENDED FACT OF DEATH					
34. KIND OF BUSINESS/INDUSTRY SCHOOL ADMINISTRATOR		35. EVER IN US ARMED FORCES YES		36. DECEDENT TRIBAL MEMBER NO	
37. PLACE AND LOCATION OF DISPOSITION CREMATION		38. PLACE AND LOCATION OF DISPOSITION DRAEGER-LANGENDORF CREMATORY, MOUNT PLEASANT, WISCONSIN		39. MEDICAL CERTIFIER'S MAILING ADDRESS 3805 SPRING STREET B, STE 250, RACINE, WI 53405	
40. 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.					
Immediate Cause: (a) <u>INANITION</u>					
Due to or as a consequence of: (b) <u>ADVANCED DEMENTIA</u>					
Due to or as a consequence of: (c) _____					
Due to or as a consequence of: (d) _____					
Interval Between Onset and Death 2 MONTHS 1 YEAR					
41. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.					
42. AUTOPSY PERFORMED NO					
43. DATE OF INJURY		44. TIME OF INJURY (24hr)		45. INJURY AT WORK	
46. PLACE OF INJURY		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.					

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



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