	094257
Local No.	685-90

## INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

	1. DECEASED—NAME (First, Middle, Lost)						2. 8	_	3a TIME OF DE		36 DATE OF DEATH (Name), Day, YYJ		
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1 Noothingshift	29s CERTIFIER (Check only one)  29b SIGNATURE A  30 NAME AND AD	DO THE OF PE	CERTIFYING HEALTH OFI CORONER CHAIFIER LESON WHO	PHYSICIAN To the FICER On the basis of example COMPLETED CAU	e best of my knowled of examination and/or mination and/or investi	ige, death occurr or investigation, in ligation, in my op	PRI PO (Ye red at the time in my opinion, death od	GNANT OR STPARTUME  is or no)  date and place  death occurred	DAYS PERFO (Yes o  IIC  and due to the causel  the time, date and pla  me date, and place, and	RMED?  ( no)  ) as stated  ce, and due to the due to the cause(	AVAILA COMPL OF DEA cause(s) as state s) and manner as	ABLE PRIOR TO LETION OF CAUSE ATH? (Yes or no)  ed	
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2/1-8	290 CERTIFIER (Check only one)  29b SIGNATURE A  30 NAME AND AD Dr. Sal	IND-HALE OF PE	CERTIFYING HEALTH OFI CORONER CHAIFIER LERSON WHO	PHYSICIAN To the FICER On the basis of example COMPLETED CAU	e best of my knowled of examination and/or investion and/or investion.  SE OF DEATH (ITEM CTILL 7)	ige, death occurr or investigation, in ligation, in my op	PRI PO (Ye red at the time in my opinion, death od	date and place death occurred at the te	DAYS PERFO (Yes o  IIC  and due to the causel  the time, date and pla  me date, and place, and	RMED?  ( no)  ) as stated  ce, and due to the due to the cause(	Cause(s) as state of DATE Si 29d DATE Si	ABLE PRIOR TO LETION OF CAUSE ATH? (Yes or no)  ed a stated IGNED (Month Day, Ye	
58-1	290 CERTIFIER (Check only one)  29b SIGNATURE A  30 NAME AND AD Dr. Sal	DISTRICT OF PERS SIGNATURE	CERTIFYING HEALTH OFI CORONER CHAIFIER LERSON WHO	PHYSICIAN To the FICER On the basis of example COMPLETED CAU	e best of my knowled of examination and/or investion and/or investion.  SE OF DEATH (ITEM SPILL 17)	oge, death occurr or investigation, in my op  1 28) (Type/Print  1 1 2 1 11	PRI PO (Ye red at the time in my opinion, death od	date and place dueth occurred at the tie	DAYS PERFO (Yes o  IIC  and due to the causel  the time, date and pla  me date, and place, and	RIMED?  r no)  as stated  ce, and due to the due to the cause( SE NO	Cause(a) as state a) and manner as 29d DATE Si 32407 Per IL	ABLE PRIOR TO LETION OF CAUSE ATH? (Yes or no)  ed a stated IGNED (Month Day, Ye	
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H /5-28-1	29a CERTIFIER (Check only one)  29b SIGNATURE A  30 NAME AND AD  Dr Sal  31. HEALTH OFFIC  33 MANNER OF D  Netural  Accident	DIPLOTE OF PERS SIGNATURE EATH  Pending Investigation  Could not	CERTIFYING MEALTH OFI CORONER CORONIFIER  LO O O D O D O D O D O D O D O D O D O	PHYSICIAN To the FICER On the basis of example COMPLETED CAU and WAY. If Month Day.	e best of my knowled of examination and/or investing and/or investing and/or investing and investing	oge, death occurr or investigation, in my op  1 26) (Type/Print)  1 1 e . In  The . In	PRI PO (Yea or n	date and place death occurred at the tie	DAYS  PERFO (Yes o  11c  and due to the causele  It the time, date and pla  me date, and place, and  29c MEDICAL LICEN  / 5 3 4 f	RIMED?  r no)  s stated  ce, and due to the due to the cause( SE NO	COURTED	ABLE PRIOR TO LETION OF CAUSE ATH? (Yes or no)  ed a stated IGNED (Month Day, Ye 3/// ED (Month Day Year)	
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H /5-28-1	29a CERTIFIER (Check only one)  29b SIGNATURE A  30 NAME AND AD  Dr. Sal  31. HEALTH OFFIC  33 MANNER OF D    Natural   Suicide   Homicide	DISTRICT OF PERSONNELLE OF PERSONNEL	CERTIFYING HEALTH OFF CORONER	PHYSICIAN To the FICER On the basis of earn of the basis of the ba	e best of my knowled of examination and/or investing the second of the s	oge, death occurr or investigation, in my op ligation, in my op ligati	PRI PO (Year of the time of time o	date and place death occurred at the te	DAYS  PERFO (Yes o  11c  and due to the causeli  at the time, data and pla  me data, and place, and  29c MEDICAL LICEN  / 5 3 4 6  DESCRIBE I	RIMED?  In no)  Is a stated  ce, and due to the due to the causes  SE NO  HOW INJURY OC	AVAILA COMPLOF DEA	ABLE PRIOR TO ETION OF CAUSE ATH? (Yes or no)  ed a stated  IGNED (Month Day, Yes)  ED (Month Day Yes)  Your Town State)	
H /5-28-1	29a CERTIFIER (Check only one)  29b SIGNATURE A  30 NAME AND AD  Dr Sal  31. HEALTH OFFIC  33 MANNER OF D  Netural  Accident  Suicide	DISTRICT OF PERSONNELLE OF PERSONNEL	CERTIFYING HEALTH OFF CORONER	PHYSICIAN To the FICER On the basis of earn of the basis of the ba	e best of my knowled of examination and/or investing the second of the s	oge, death occurr or investigation, in my op ligation, in my op ligati	PRI PO (Year of the time of time o	date and place death occurred at the te	DAYS  PERFO (Yes o  IIC  and due to the causelre  the time, date and place, and 29c MEDICAL LICEN  / 5 3 4 6	RIMED?  In no)  Is a stated  ce, and due to the due to the causes  SE NO  HOW INJURY OC	COURTED	ABLE PRIOR TO ETION OF CAUSE ATH? (Yes or no)  ed a stated  IGNED (Month Day, Yes)  ED (Month Day Yes)  Your Town State)	

State Form 10110 (R2/3-89)