

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 265-88

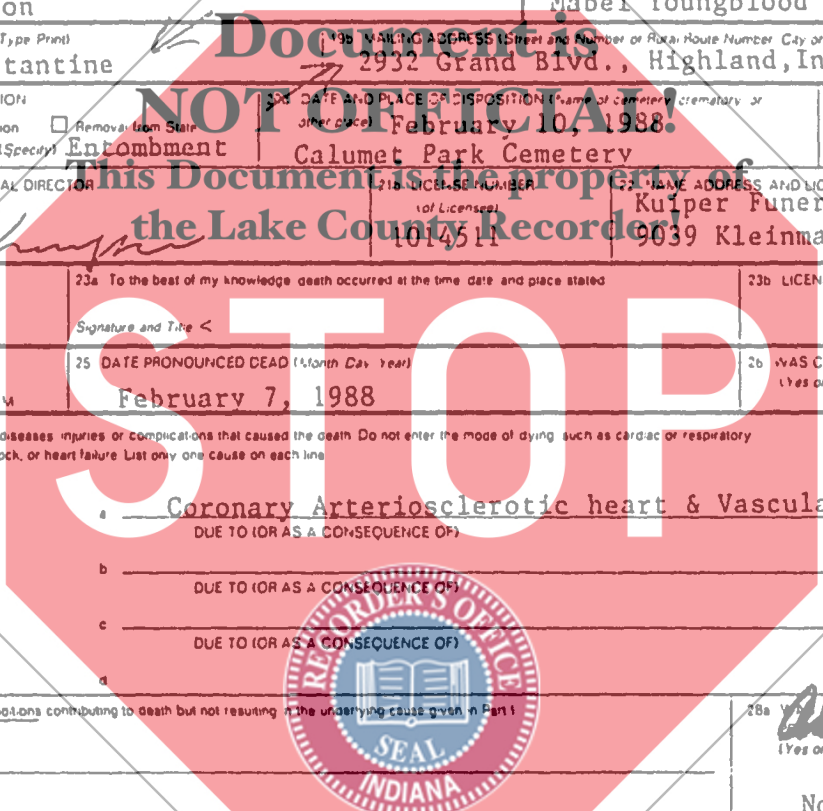
094359

State No.

TYPE/PRINT IN PERMANENT BLACK INK

Form with sections: 1. DECEASED—NAME, 4. SOCIAL SECURITY NUMBER, 8. YEAR LAST SERVED IN U.S. ARMED FORCES, 9b. FACILITY NAME, 10. MARITAL STATUS, 13a. RESIDENCE—STATE, 17. FATHER'S NAME, 19a. INFORMANT'S NAME, 20a. METHOD OF DISPOSITION, 21a. SIGNATURE OF FUNERAL DIRECTOR, 23a. To the best of my knowledge, death occurred at the time, date and place stated, 24. TIME OF DEATH, 25. DATE PRONOUNCED DEAD, 27. PART I, 29a. CERTIFIER, 29b. SIGNATURE AND TITLE OF CERTIFIER, 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, 31. HEALTH OFFICER'S SIGNATURE, 33. MANNER OF DEATH.

Vertical handwritten notes on the left margin: 'L-7 13e 14', 'HIGHLAND TOWNSHIP', '27-233-7'.



FILED

APR 09 1990

STATE OF INDIANA
FILED
APR 9 1990
ROBERT RECORDED

2/9/88

400