



INDIANA STATE BOARD OF HEALTH

101177

COMMUNITY TITLE CO.

Local No. 1436-88

CERTIFICATE OF DEATH

State No. 1st Avenue IN 46410

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (CLARA R. TIMKOVICH), SOCIAL SECURITY NUMBER (304-14-6404), DATE OF DEATH (JULY 3, 1988), PLACE OF DEATH (MUNSTER), SURVIVING SPOUSE (Frank Timkovich), and SIGNATURE OF CERTIFIER (Fred Adler, M.D.).



THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

JUL 08 1988

Health Johnson

APR 11 1990

NO WAS AN AUTOPSY PERFORMED... YES OR NO

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

Key # 28-133-6 Jackson Memorial Hosp. Ind. 101177