005275 7636-88

INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

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State No.	

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•	DECEDENT	96 FACILITY NAME (#				9c CITY TO	OWN OR LOCATIO	N OF DEATH	94 COUNTY OF DEATH		
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20	R ST	IN		Lake		_	1				
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30				AS DOCUM Removal from State	other place)	cember 23,	1088	20,01	TOE LOCATION	—City or Town State	
A	DISPOSITION		ther (Specify)	the Lake	CRidgellaw	n Cemetery	1700		Gary,	TN	
W :	Diarosition	21. SIGNATURE OF FU	NERAL DIRECTO	OR .		ENSE NUMBER				OF FUNERAL HOME	
2 4	γ			"		(Licensee)				Home#3004968	
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18	PRONOUNCING	Complete dems 23a c on	4	To the best of my know				236 LICENS		23c DATE SIGNES	
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10	NITEMS 24-26 MUST	to certify cause of death		Signature and Title <							
12.3	BE COMPLETED BY	24 TIME OF DEATH	2	S DATE PRONOUNCED D	EAD (Month Day Year)					O MEDICAL EXAMINER/CORO	ONERI
13 3	PRONOUNCES DE	I P.	M	December	17. 1988			(Yes or	no) No		
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	- 74						•			On	
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