

PE W 1/2 W 1/2 E 1/2 NE 1/4 Section 25-36-9

450-218-EPD

TYPE OR PRINT PLAINLY WITH INK THIS IS A PERMANENT RECORD

See State Office Use

Disposition Permit Issued Provisional Certificate Yes No

137891

FUNERAL HOME No. 750

108

LICENSE No.

EMBALMER'S NAME Ronald A. Reed

FUNERAL DIRECTOR'S LICENSE No. 94

FUNERAL DIRECTOR'S SIGNATURE

Local No. 81-0379

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK FOR INSTRUCTIONS FOR COMPLETION OF THIS CERTIFICATE

CHICAGO TITLE INSURANCE COMPANY INDIANA DIVISION IDENTIFIER

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

State No.

Form with fields for DECEASED-NAME, RACE, AGE, SEX, DATE OF DEATH, HOSPITAL OR OTHER INSTITUTION, SOCIAL SECURITY NUMBER, USUAL OCCUPATION, RESIDENCE-STATE, CITY, TOWN OR LOCATION, FATHER-MOTHER, INFORMANT, BURIAL, DATE, HEALTH OFFICER, IMMEDIATE CAUSE, PART I, PART II, ACCIDENT, INJURY, etc.

Document is NOT OFFICIAL!

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FILED

NOV-30-1990

AUDITOR N. Antox

187100

STATE OF INDIANA

[Handwritten mark]



CERTIFIED COPY
E. M. Caldwell, M.D.
HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE: MAY 21 1981