

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 503-84

State No.

91021910

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME, SEX, DATE OF DEATH, SOCIAL SECURITY NUMBER, AGE, BIRTHPLACE, FACILITY NAME, MARITAL STATUS, SURVIVING SPOUSE, RESIDENCE, FATHER'S NAME, MOTHER'S NAME, METHOD OF DISPOSITION, SIGNATURE OF FUNERAL DIRECTOR, TIME OF DEATH, CAUSE OF DEATH, CERTIFIER, and MANNER OF DEATH.

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

Handwritten notes: 1-7 Bl. 4, Key # 50-253-7



Handwritten notes: 91021910, 4-23-88, 7-25-88

Handwritten number: 600