

INDIANA STATE BOARD OF HEALTH

Local No. 4913-89

CERTIFICATE OF DEATH

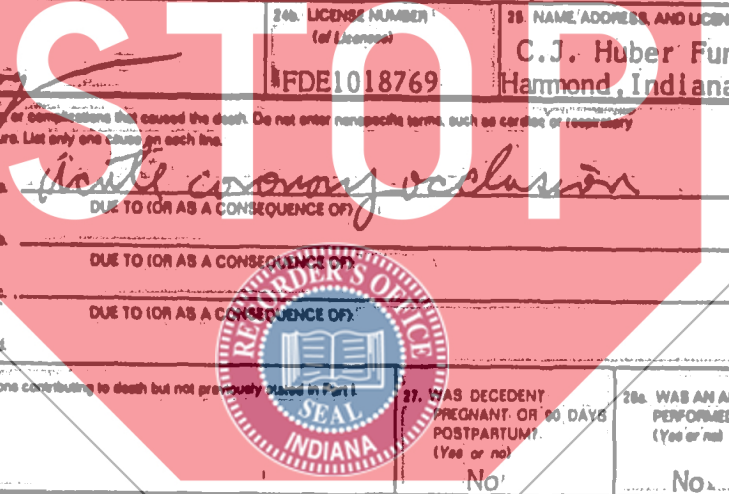
State No. ....

93045590

TYPE/PRINT IN: PERMANENT BLACK INK

Form with fields for DECEASED NAME (Willis V. Havlin), SOCIAL SECURITY NUMBER (312-34-8272), DATE OF BIRTH (July 24, 1936), PLACE OF BIRTH (Roodhouse, Illinois), FACILITY NAME (Munster Community), MARRITAL STATUS (Married), SURVIVING SPOUSE (Carol Schrum), DECEASED'S USUAL OCCUPATION (Warehouse man), RESIDENCE (Hammond, Indiana), FATHER'S NAME (Willis Havlin), MOTHER'S NAME (Essie Cisco), INFORMANT'S NAME (Carol Havlin), METHOD OF DISPOSITION (Cremation), EMBALMER'S NAME (Rod A. Ivy), LICENSE NUMBER (FDE1018769), NAME AND ADDRESS OF FUNERAL HOME (C.J. Huber Funeral Home), CAUSE OF DEATH (acute coronary occlusion), SIGNATURE AND TITLE OF CERTIFIER (Stanley J. Sroka), DATE FILED (Dec. 27, 1989).

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7/14/93-41  
THIS CERTIFICATE COMPLETELY FILLED WITH THE LAKE COUNTY HEALTH DEPARTMENT  
L. H. B. 1  
32-204-41  
CORONER USE ONLY

STATE OF INDIANA  
FILED FOR  
COUNTY OF LAKE  
DEC 27 1989  
Crown Point, Indiana

FILED

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