

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

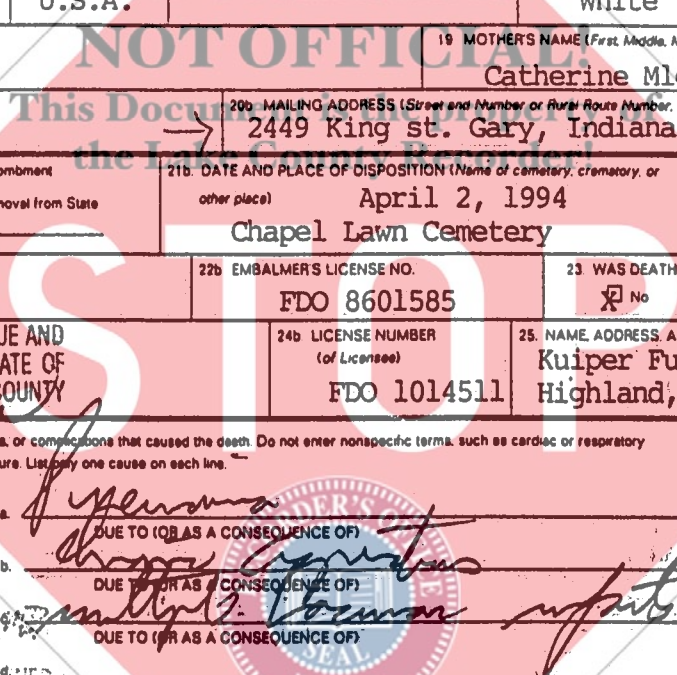
INDIANA STATE DEPARTMENT OF HEALTH

Local No. 079-94... 94027624 CERTIFICATE OF DEATH State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

Form with sections: TYPE/PRINT IN PERMANENT BLACK INK, DECEASED, PARENTS, INFORMANT, DISPOSITION, CAUSE OF DEATH, CERTIFIER, HEALTH OFFICER. Includes fields for name, sex, date of death, social security number, age, birth date, birthplace, marital status, occupation, residence, and cause of death.

Vertical handwritten text on the left margin: Key # 49-864-147 of Oak Center... 2 x all L. 1 Bl 3



Large red stamp: FILED APR 13 1994

Handwritten signature: Anna M. Anton