

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 619

CERTIFICATE OF DEATH

Date Issued July 20, 1993

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED, DECEASENT, PARENTS, DISPOSITION, CAUSE OF DEATH, CERTIFIER, HEALTH OFFICER, and CORONER. Includes handwritten entries for Beverly L. Chudy, Stanley Chudy, David F. McCoy, and Rabi Bhagwat M.D.

95023707

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD APR 11 1993

FILED

APR 12 1996

ALDIAN COUNTY SAMORLICK LAKE COUNTY

DECEASENT, PARENTS, DISPOSITION, CAUSE OF DEATH, CERTIFIER, HEALTH OFFICER, CORONER USE ONLY

Key # 32-26-23