8cc + 3 vets

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* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is INDIANA STATE DEPARTMENT OF HEALTH

MTC
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GARY. FYLYOZ

DE/DDINIT	1 DECEASED-NAME (First	Middle, Leet)		2. 6EX	3a TIME OF DEAT	1 36 DATE OF D	EATH GALLAND Day Yell
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	yes	1956	HOSPITAL Inpet		OTHER Nursing Home	Other (Specify)	
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	10 MARITAL STATUS	11 SURVIVING SPOUSE (If wife give maiden name)		12s DECEDENT'S USUAL OC done during most of works	CUPATION (Give kind of work	7	JSINESS/INDUSTRY
	(Specify) married	Odilia Car		Inland St		Steel	Worker
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	Jose Pedroz	a /	Documen		le B Wartin	6 7	
DRMANT	20s INFORMANTS NAME (Type	e/Print th	e La Roberting	ADDRESS (Street and Number	or Aural Rouse Number, City or To	own State Zip Code)	20c Relationship
	Odilia Pedr				ary Indiana		wife
	21a METHOD OF DISPOSITION G Survei	Entombment Removal from State	21b DATE AND PLACE	OF DISPOSITION (Name of cer	netery, crematory, or 21	c LOCATION—City	or Town. State
	Buriel Cremetion Donetion Dither (Spe						• • •
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OSITION	Christopher	T Podgovo			□ No □ Yes		
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