

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No.

#381273

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (JOHN MISECKO), SOCIAL SECURITY NUMBER (316-18-6723), DATE OF BIRTH (JAN 6 1923), PLACE OF DEATH (ST. CATHERINE HOSPITAL), and SIGNATURE OF CERTIFIER (Dr. Timothy Ray Koivick).

DECEDENT

PARENTS

INFORMANT

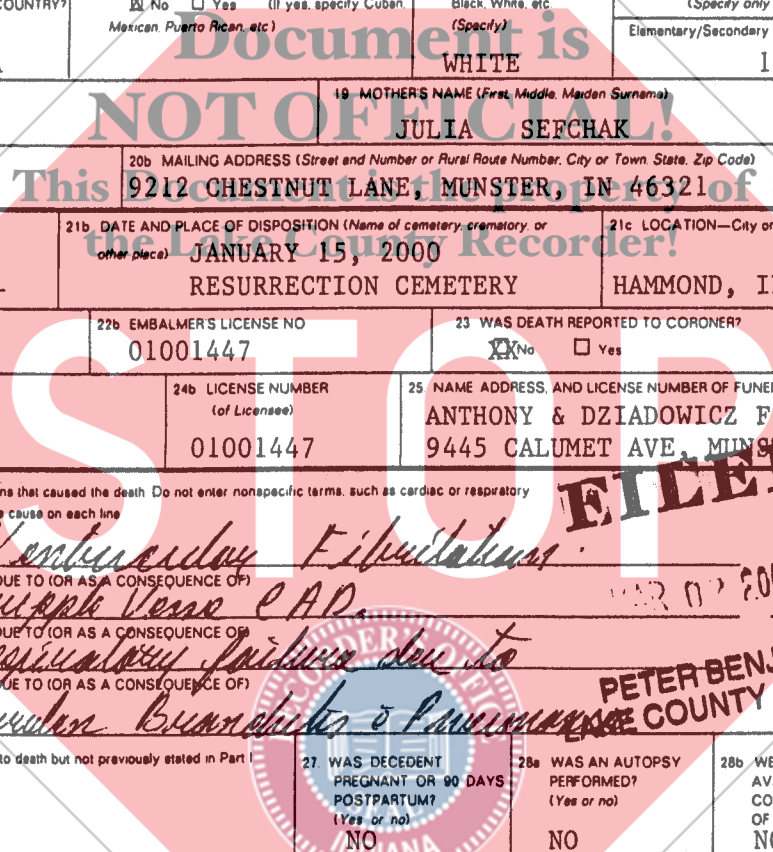
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Handwritten notes: 77, 2000 016262, 920006445, 30-390-23, K14



FILED

PETER BENJAMIN COUNTY AUDITOR