

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. 0215-97

CERTIFICATE OF DEATH

State No.

41704 TYPE/PRINT IN PERMANENT BLACK INK

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

Form with fields for DECEASED (JUSTINE A. PUPLAVA), SOCIAL SECURITY NUMBER (316-24-6886), DATE OF BIRTH (February 5, 1928), PLACE OF DEATH (Whiting, Indiana), MANNER OF DEATH, and SIGNATURES.

DECEASED

PARENTS

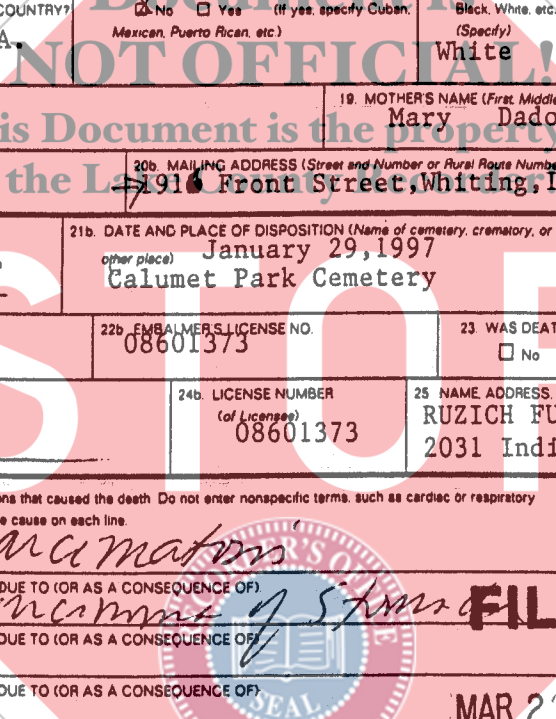
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



20000222

STATE OF INDIANA DEPARTMENT OF HEALTH

FILED

MAR 20 2000

THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH AS FILED WITH THE LAKE COUNTY HEALTH DEPT.

JAN 28 1997

Alexander J. Williams, M.D. LAKE COUNTY HEALTH COMMISSIONER

PETER BENJAMIN LAKE COUNTY AUDITOR

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