

1012 VET

* 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

Local No. 6160-03 CERTIFICATE OF DEATH State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

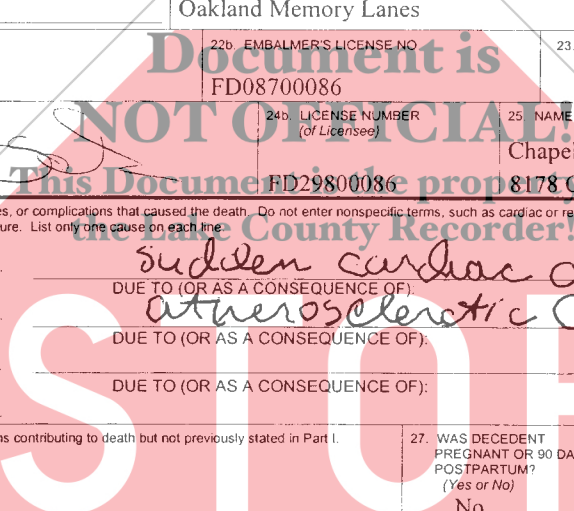
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

COMMUNITY TITLE COMPANY FILE NO L25H06

Form with fields for DECEASED-NAME, SOCIAL SECURITY NUMBER, AGE, DATE OF BIRTH, BIRTHPLACE, FACILITY NAME, MARRITAL STATUS, RESIDENCE, FATHER'S NAME, MOTHER'S NAME, MAILING ADDRESS, METHOD OF DISPOSITION, DATE AND PLACE OF DISPOSITION, EMBALMER'S NAME, SIGNATURE OF FUNERAL DIRECTOR, LICENSE NUMBER, NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME, PART I. Enter the diseases, injuries, or complications that caused the death, PART II. Other significant conditions, CERTIFIER, SIGNATURE AND TITLE OF CERTIFIER, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, HEALTH OFFICER'S SIGNATURE, MANNER OF DEATH, DATE OF INJURY, TIME OF INJURY, INJURY AT WORK, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT.



FILED APR 8 2003

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. JAN 0005024

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