

* 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. 050247

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Viola Carter), SOCIAL SECURITY NUMBER (242-34-2774), DATE OF BIRTH (December 30, 1922), PLACE OF DEATH (Timberview Health Care Center), MANNER OF DEATH (Natural), and SIGNATURE OF CERTIFIER (Sverdyts).

DECEDENT

PARENTS

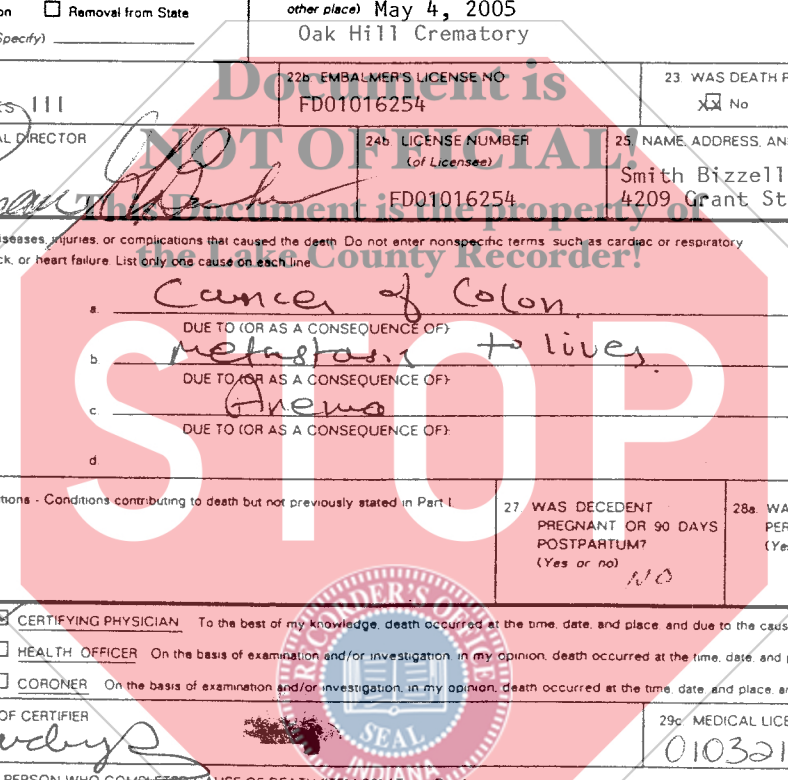
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



Vertical stamp: MICHAEL A. TROMPER, RECORDER, LAKE COUNTY, INDIANA, FILED FOR RECORD, 2005 JUN 10 AM 10:17

FILED JUN 10 2005 00960

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

Handwritten initials: 9-HP-CB