

PLAINLY WITH UNFADING INK

THIS IS A PERMANENT RECORD

Help for State Office Use

Local No. 5385

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. 01744

EMBALMER'S NAME Elden B. 050999 LICENSE No. 85 FUNERAL DIRECTOR'S SIGNATURE Elden B. 050999 LICENSE No. 2013 FUNERAL HOME No. 288

DECEASED TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK DECEASED USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN HOME RESIDENCE BEFORE ADMISSION

Form with fields for DECEASED-NAME (Judith A. Shotwell), SEX (Female), DATE OF DEATH (January 7, 1985), COUNTY OF DEATH (Lake), SOCIAL SECURITY NUMBER (403-48-4546), OCCUPATION (Physical Therapist), HUSBAND (Hugh V. Shotwell), and PHYSICIAN (H. M. Mishoulam, M.D.). Includes a cause of death section: 'Respiratory arrest due to pneumonia'. Includes a large 'FILED' stamp and a 'RECEIVED BY LOCAL HEALTH OFFICER' stamp dated JUN 27 2005.

OS45001107 Key No. 3a-234-30

SBH 06-003 STATE FORM 35430 REV. 10/77

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Handwritten initials and marks at the bottom left.