

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. 0047-98

16-27-0439-0001

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

18763 TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME, SEX, TIME OF DEATH, DATE OF DEATH, SOCIAL SECURITY NUMBER, AGE, UNDER 1 YEAR, DATE OF BIRTH, BIRTHPLACE, etc.

DECEASED

PARENTS

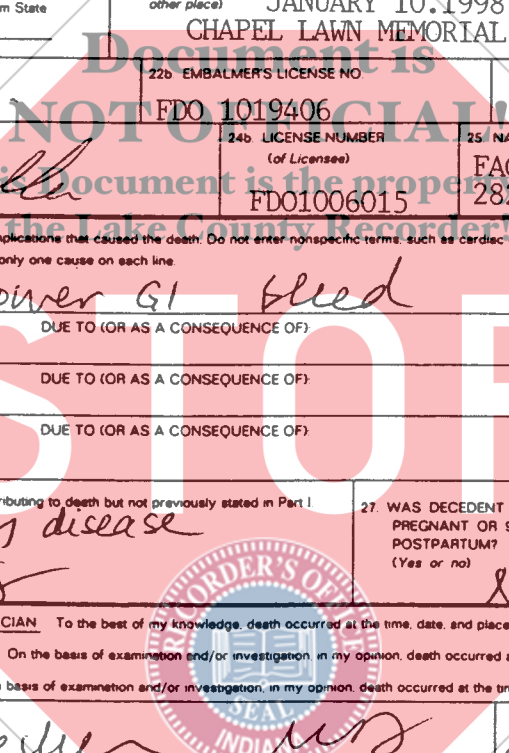
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



FILED January 12, 1998 WIN 04 2007 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR