





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2309-08

State No.

Form containing fields for decedent information (JUAN RAMIREZ), birth details (March 28, 1931), cause of death (SEPTIC SHOCK, EMPYEMA, ENDSTAGE RENAL DISEASE, COPD, CAD), and certifier information (VENKAT R VAVILALA).