



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2757-08

State No.

Form with fields for decedent's name (CAROLE JOYCE HAAGER), date of death (AUGUST 5, 2008), birth date (MARCH 29, 1933), cause of death (Vascular Collapse), and certifier information (CAROLINA V. OCAMPO, MD).

TICOR HO 928-6029
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