



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3630-08

State No.

Main form containing fields for decedent information (Kimberly Walters), date of death (Oct. 19, 2008), cause of death (Cardio Respiratory Arrest), and certifier information (Mary Prem, MD).

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Vertical stamp: 200808069, MICHAEL A. OWEN, RECORDER, NOV 26 11:38 AM '08

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Funeral Home License Number: 99000666, STATE OF INDIANA, LAKE COUNTY, RECORDER