



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1596-09

State No.

Form with fields for decedent information (Albert L. Chambers), date of death (April 19, 2009), cause of death (Cancer of unknown primary), certifier (M. Kassar, M.D.), and registrar (Susan W. Best, D.O.). Includes a large 'STOP' watermark and a 'FILED' stamp dated May 07 2009.