





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1817-09

RESUBMIT

State No.

Form containing fields for decedent information (Nenette R. Matonovich Haskell), birth details (Jan. 26, 1963), residence (6745 Wicker Ave., Hammond, IN), cause of death (Respiratory and hepatic failure), and certifier information (Jeffrey R. Wells, Chief Deputy).

