



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 109-09

State No.

Form with fields for decedent name (MARY A. GOFF), date of death (January 13, 2009), birth date (January 11, 1940), place of death (Hobart, IN), and certifier information (Milton Gasparis MD).



Vertical stamp: FILED SEP 04 2009 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT