



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

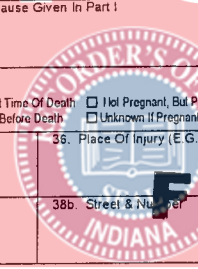
Local No. 707-09

BT900370

State No.

Main form containing fields for decedent's name (ANTOINETTE T. CIGLER), date of death (JUNE 15, 2009), cause of death (END STAGE CONGESTIVE HEART FAILURE), and certifier information (PEGGY HOLINGA-KATONA).

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FILED

SEP 18 2009

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