



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 45-08-23-328-008 State No. 000-020

Form with fields for Decedent's Name (HERBERT D. WARREN), Sex (Male), Time of Death (8:05 A.M.), Date of Death (November 26, 2009), Social Security Number (411-44-2227), Age (84), Date of Birth (July 4, 1925), Birthplace (Eaton, Tennessee), Facility Name (VNA Hospice Center), City (Valparaiso, IN), County (Porter), Marital Status (Married), Occupation (Steelworker), Residence (3357 Florida St., Lake Station, IN), Education (9-12 No Diploma), Race (White), Informant (Lavonia Warren), Cause of Death (Aspiration pneumonia, dysphagia, agut), and Certifier (Jose Agusti MD).



Vertical stamp: 2009 DEC 31 08:03:17 MICHAEL A. BROWN RECORDS

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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