



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 481-10

State No.

Form containing fields for decedent's name (RUTH ANN CASH), date of death (FEBRUARY 16, 2010), cause of death (Line Sepsis, Cholecystitis), and certifier information (PEGGY HOLINGA KATONA).

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Vertical stamps: MICHAEL REEF, MICHAEL REEF, CLERK OF INDIANA, LAKE COUNTY, CLERK OF RECORD, APPROXIMATE INTERVAL: ONSET TO DEATH 3 weeks, 3 weeks, #11, CS, CRX