



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 699-09

45-06-01-301-005-000-023

State No.

Form containing fields for Decedent's Name (Florian P. Kan), Sex (Male), Time of Death (12:24 PM), Date of Death (June 5, 2009), Social Security Number (334-14-6176), Age (90), Date of Birth (May 4, 1919), Birthplace (Chicago, IL), Facility Name (St. Margaret Mercy Hospital), County of Death (Lake), Marital Status (Never Married), Usual Occupation (Laborer), Business/Industry (Steel Mill), Residence (Hammond, IN), Education (3), Race (White), Cause of Death (Cardiac arrhythmia, Cardiovascular disease), and Certifier (Peggy Holinga Katona, Lake County Auditor).

2000 553393

MAILED RECORDS SECTION SEP 15 AM 11:36

FILED SEP 15 2010

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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

JUN 10 2009

June 10, 2009

Handwritten initials and marks on the right side of the form.