



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000018

EDR No 00000172885

State No

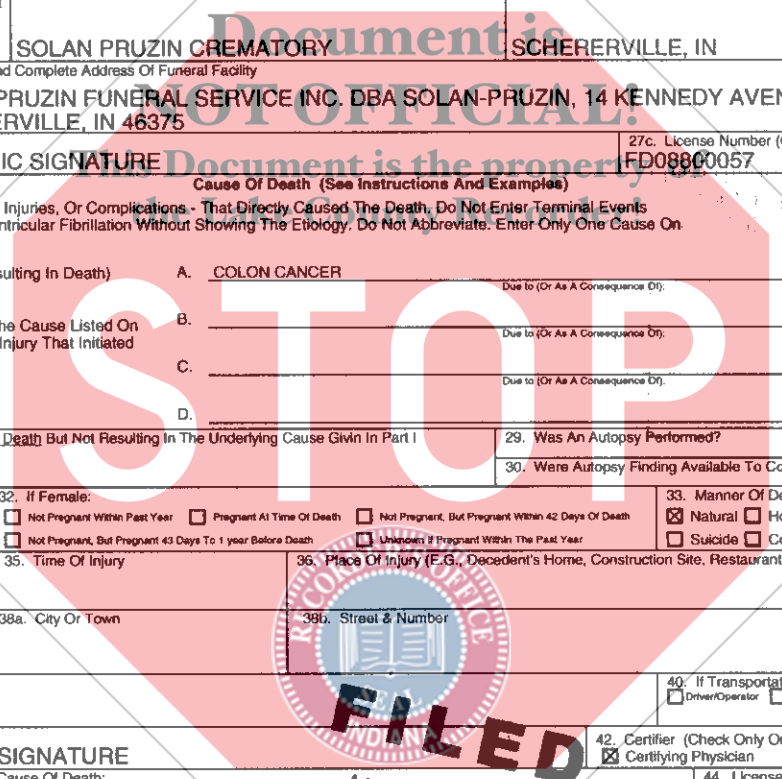
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45-19-25-153-007.000-008

Main form containing fields for decedent information (Name, Sex, Date of Death), social security number, date of birth, residence, education, and cause of death (Colon Cancer).

Chicago Title Insurance Company

Chicago Title Insurance Company



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