



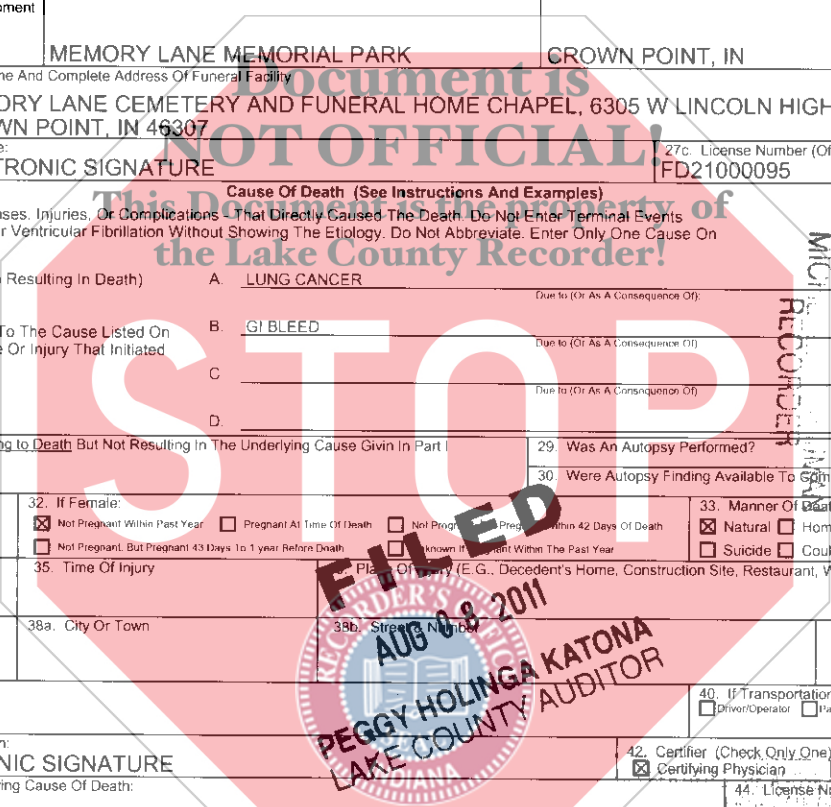
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 002051

EDR No 00000207823

State No 029456

Form containing fields for decedent name (BOBBIE SUE SHELTON), date of death (07/02/2011), cause of death (LUNG CANCER), and certifier information (SUSAN W. BEST).



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CA

Parcel # 45-11-05-129-002-000-036

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