



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1318-09

State No.

Form containing fields for decedent's name (Paul M. Salcich), sex (Male), date of death (March 16, 2009), birth date (June 19, 1927), place of death (St. Margaret Mercy Hospital), cause of death (Cardio-Respiratory Failure), and certifier information (Dr. K. Trivedi).

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Vertical stamps and handwritten notes including '2011', '843147', 'MICHIGAN', 'APPROXIMATE INTERVAL ONSET DO DEATH', 'MAY 11 AM 11:45', 'FD01020366', and '11:00 CASH LR'.