



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1413-10

State No.

Main form containing fields for decedent information (Name, SSN, Age, Birth Date, Sex), residence (Address, City, State, Zip), cause of death (Chain of Events, Underlying Cause), and certifying officer details.

Document is the property of the Lake County Recorder!

STOP SEP 27 2011

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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

2011 SEP 27 AM 10:08

STATE OF INDIANA DEPARTMENT OF HEALTH

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