





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1311-08

State No.

Form containing fields for decedent information (CHARLES THOMAS EVANS), date of death (APRIL 9, 2008), cause of death (aspiration pneumonia), certifier information (DON H. DUMONT, M.D.), and local health officer signature (Susan W. Best, D.O.).

