

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

EMBALMER'S NAME Keith Dillon

LICENSE No. 205

FUNERAL DIRECTOR'S SIGNATURE *Robert J. Heiser*

FUNERAL DIRECTOR'S LICENSE No. 367

FUNERAL HOME No. 776

Local No.

95-864

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

NAME SANDBERG, Walter R. Male DATE OF BIRTH January 26, 1984

RESIDENCE 3611 West 129th Avenue, Westfield, Indiana 46084

PLACE OF DEATH St. Anthony Medical Center, Ellettsville, Indiana 47404

DATE OF DEATH November 27, 1997

COUNTY OF DEATH Lake

SEX Male

RACE White

RELIGION Catholic

EDUCATION High School Graduate

MARITAL STATUS Single

USUAL RESIDENCE Indiana

DECEASED IN USUAL RESIDENCE

DECEASED IN INSTITUTION

DECEASED IN OTHER PLACE

CAUSE OF DEATH

ICD-9-CM

ICD-10

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THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
NOV 27 2013

Stewart D. B. Jr.
LAKE COUNTY HEALTH OFFICER

Walter R. Sandberg
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SBH 96-003
REV 10/77
State Form 36-130

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