







INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

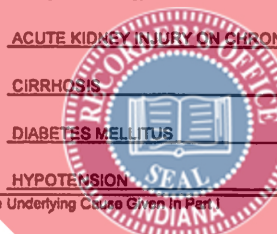
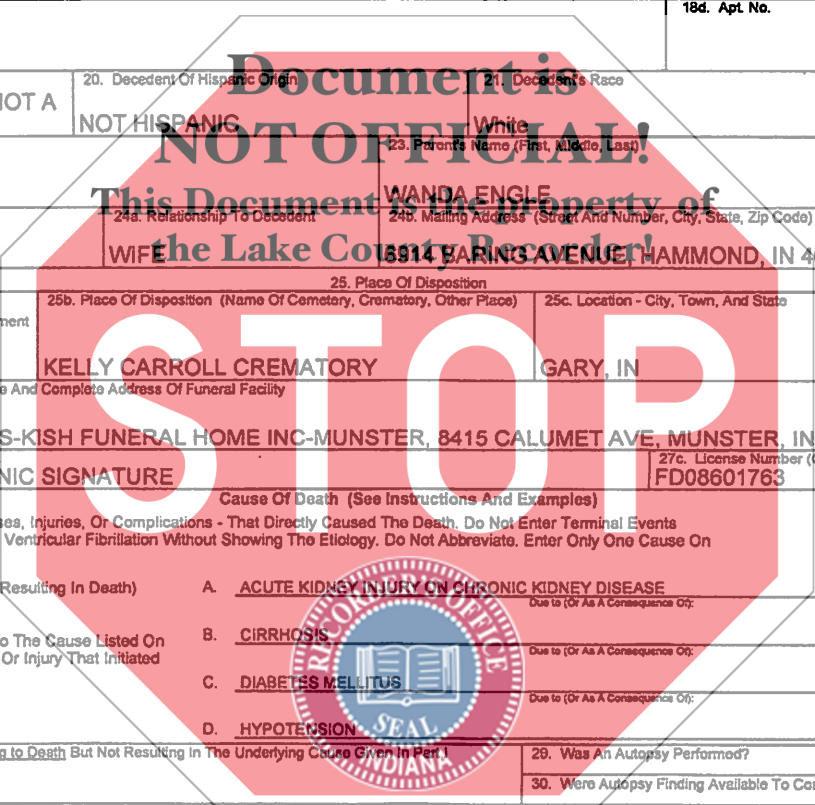
Tracking No. 129528

Local No 002459

EDR No 000000588276

State No 035118

Form with fields for decedent name (WILLIAM E ENGLE), date of death (07/15/2017), facility name (COMMUNITY HOSPITAL), cause of death (ACUTE KIDNEY INJURY ON CHRONIC KIDNEY DISEASE), and certifying officer (WADDAH AHDAB).



NOT VALID UNLESS