

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

Local No. 12-1720-07

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

045272

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 10-3

Form with sections: DECEASED, DECEASED, PARENTS, INFORMANT, DISPOSITION, CAUSE OF DEATH, CERTIFIER, HEALTH OFFICER. Includes fields for name, date of birth, place of death, marital status, occupation, education, and cause of death.