

PRINT WITH INK

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Use

599

LICENSE No.

EMBALMER'S NAME Dennis R. Smith

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S LICENSE No. 288

FUNERAL HOME No. 491

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

000583

Local No. 76-48

State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED - NAME, RACE, AGE, BIRTH, DEATH, RESIDENCE, PARENTS, OCCUPATION, etc.

PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE; PART II. OTHER SIGNIFICANT CONDITIONS

DATE & TIME OF DEATH, PHYSICIAN'S NAME, SIGNATURE OF PHYSICIAN, PATHOLOGISTS ASSOCIATED, BURIAL, CREMATION, REMOVAL, etc.