TYPE OR PRINT PLAINLY WITE UNFADING INE	Local No	INDIANA STATE BOARD OF HEALTH  MEDICAL CERTIFICATE OF DEATH  71-0 16373  State No.
THIS IS A PERMANENT RECORD	e l	DICEASED—NAME PIRET MIDDLY LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  1. MANAGERIYAL UNDER I YEAR UNDER I EAR DATE OF BERTH 2 23, COUNTY OF DEATH, BEST LONGY YEARS WOS, DAYS HOURS MIN, (MONTH, DAY, 12 23, COUNTY OF DEATH, WAS DAYS HOURS MIN, (MONTH, DAY, 12 23, COUNTY OF DEATH, WAS DAYS OF DEATH INSIDE CITY LINKS MIN, (MONTH, DAY, 12 22, COUNTY OF DEATH, WAS DAYS OF DEATH INSIDE CITY LINKS MIN, (MONTH, DAY, 12 22, COUNTY OF DEATH, WAS DAYS OF DEATH INSIDE CITY LINKS MIN, (MONTH, DAY, 12 22, COUNTY OF DEATH, WAS DAYS OF DEATH INSIDE CITY LINKS MIN, (MONTH, DAY, 12 22, COUNTY OF DEATH, WAS DAYS OF DEATH INSIDE CITY LINKS MIN, (MONTH, DAY, 12 22, COUNTY OF DEATH, WAS DAYS OF DAYS OF DEATH INSIDE CITY LINKS MIN, (MONTH, DAY, 12 22, COUNTY OF DAYS OF DA
Below for State Office Use  A	D DECEASED  USUAL RESIDENCE WHERE OCCURATED LIVED. W DEATH	Hauttond City Tes or NO.  74 Black ford  MARKED THEFT MARKED TO WAR SOUSE (I WHE GIVE MAIDEN NAME)  MARKED THEFT MARKED TO WAR SOUSE (I WHE GIVE MAIDEN NAME)  MICROSOFT STATES OF THE MARKED THEFT MARKED TO WIND OR WAR DEPORTED TO THE MARKED THEFT MARKE
	OCCURRED IN INSTITUTION, GIVI RESIDENCE BEFOR ADMISSION.	MOST OF WORLENS LIFE, EVEN IF RETIRED)
	SE No. Age	16. Welliam Worther LAST WOMEN-MAILING ADDRESS (GITTEET ON R. P. D. NO. FITT SHOWN, STATE, ZIP)
G H H T T T T T T T T T T T T T T T T T	FUNERAL LICENSE	175 Male Waller Nothing 175 Meller 175 Melle
1	CAUSE	STATING THE UNDER LOST DUE TO, ON AS A CONSEQUENCE OF:  (1)  FART II. OTHER SIGNIF CANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE  (2)  FART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE  (3)  FOR THE UNDER LOST  (4)  FOR THE VICE THE UNDER LOST  (5)  FOR THE UNDER LOST  (6)  FOR THE UNDER LOST  (7)  FOR THE UNDER LOST  (7)  FOR THE UNDER LOST  (8)  FOR THE UNDER LOST  (9)  FOR THE UNDER LOST  (10)  FOR THE UNDER LOST  (10)  FOR THE UNDER LOST  (11)  FOR THE UNDER LOST  (12)  FOR THE UNDER LOST  (13)  FOR THE UNDER LOST  (14)  FOR THE UNDER LOST  (15)  FOR THE UNDER LOST  (16)  FOR THE UNDER LOST  (17)  FOR THE UNDER LOST  (17)  FOR THE UNDER LOST  (17)  FOR THE UNDER LOST  (18)  FOR THE UNDER LOST  (1
	6	LATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR  TO MAIN S, 1971 9:45/8 is 21a.  SIGNATURE OF PHYSICIAN DESCRIPTION DESC
NAME AS	M. D. OR D. O.	226. EFORGE O, PARKS M.D. 226. A WALLE STATE LIP STATE L
Disposition Pertait of Issued / / 2	SIGNATURE CONTISONS OF SIGNATURE	DATE (MONTH, DAY, YEAR). FUNEZAL HOME-NAME AND DIDESS (STREETER R. F. O. NO., CITY-18, TOWN, STATE, ZAR.)  14d. May 19, 1971 STAPPENEL TENERAL HOME AND DIDESS. (STREETER R. F. O. NO., CITY-18, TOWN, STATE, ZAR.)  14d. May 19, 1971 STAPPENEL TENERAL HOME AND DIDESS. (STREETER R. C. EVED ON ACCAL HEATH OFFICER  14d. May 19, 1971 STAPPENEL TENERAL HOME AND DIDESS. (STREETER DE NACCAL HEATH OFFICER  14d. May 19, 1971 STAPPENEL TENERAL HOME AND DIDESS. (STREETER DE NACCAL HEATH OFFICER  14d. May 19, 1971 STAPPENEL TENERAL HOME AND DIDESS. (STREETER DE NACCAL HEATH OFFICER DE NACCAL HEATH DE NACCA
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