

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

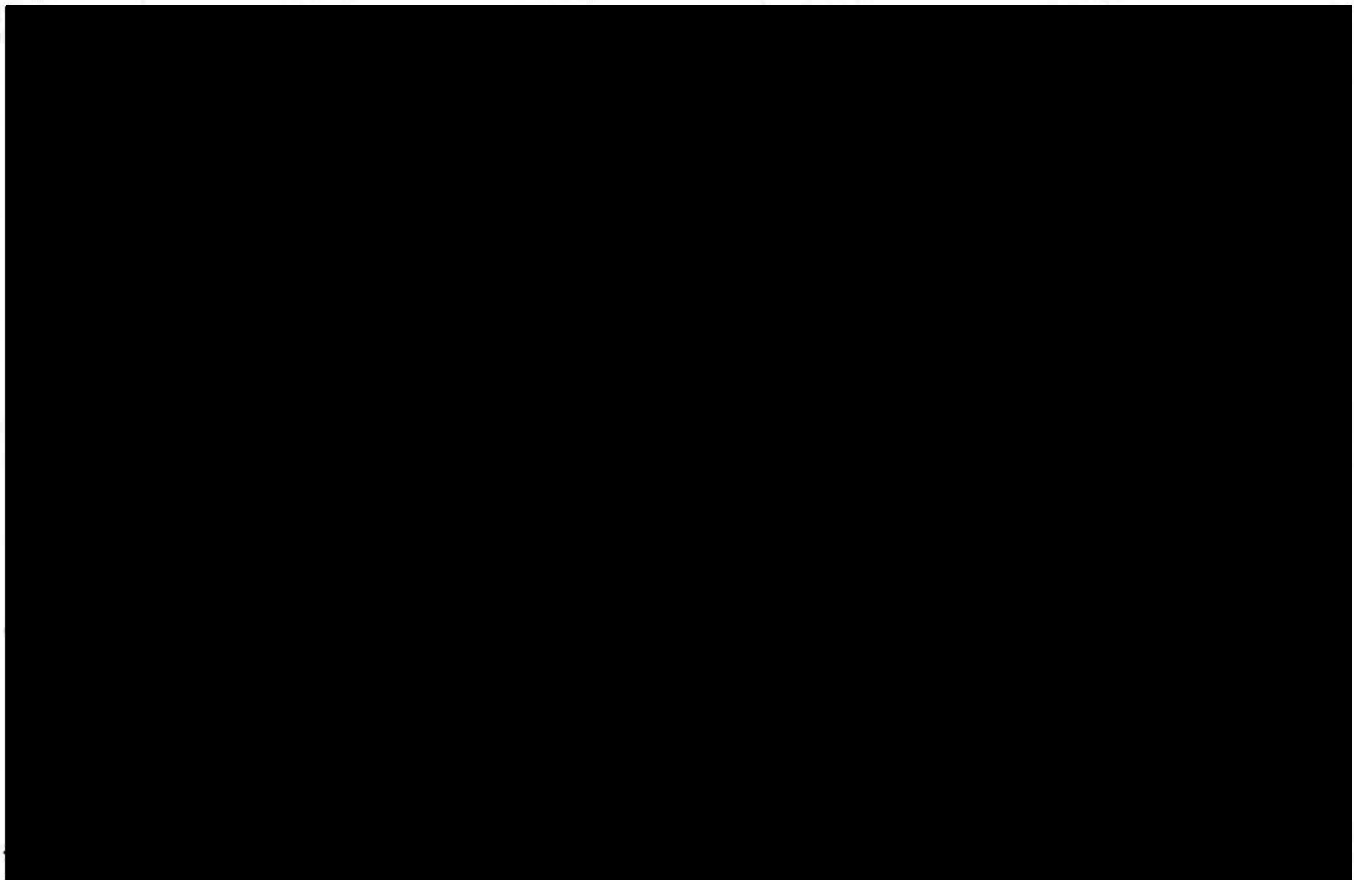
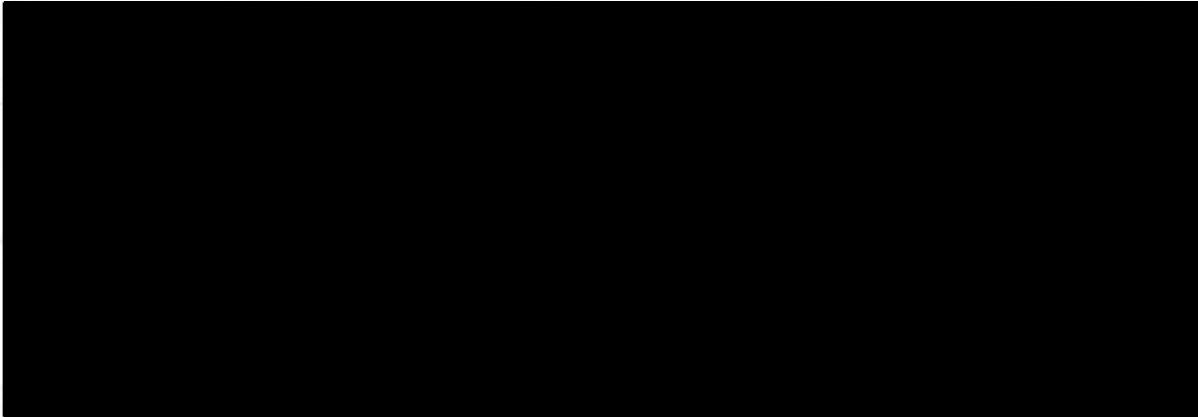
STATE FILE NUMBER: [REDACTED]

DATE ISSUED: [REDACTED]

DECEDENT INFORMATION

DATE FILED: [REDACTED]

NAME: MICHAEL A HISCOCK



, STATE REGISTRAR

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



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