DEATH / DISPOSITION LOG
NAME OF FACILITY / LOCATION RUNNING REPORT
01/01/2008 - 02/20/2008

Total Records: 6

Decedent's Name	Decedent's Date of Death	County of Death	Method of Disposition	Funeral Home of Record	Case Number
1234567890123456789012345678901234567890	99/99/9999	1234567890	Removal, Cremation	123456789012345678901234 5	123456789012345

Demographic Complete	Cause of Death Complete	Certifier's Authorization for Disposition Status	Date	Certifier Name	Coroner's Authorization for Cremation Status	Date	Coroner Name
YES	NO	Not Complete	99/99/9999	12345678901234567890	Not Complete	99/99/9999	12345678901234567890

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