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\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

STATE OF INDIANA  
LAKE COUNTY  
INDIANA STATE DEPARTMENT OF HEALTHCARE

Local No. 99-109 ..... 2000 011796 CERTIFICATE OF DEATH State No. ....  
2000 JAN 10 AM 11:02

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

RESUB  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>Beverly Sandidge</b>		2 SEX <b>Female</b>	3a TIME OF DEATH <b>9:40 P M</b>	3b DATE OF DEATH (Month, Day, Yr.) <b>February 14, 1999</b>
4 *SOCIAL SECURITY NUMBER <b>313-62-1798</b>	5a AGE—Last Birthday (Years) <b>43</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) <b>October 31, 1955</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Gary, Indiana</b>	8a WAS DECEDENT A U.S. VETERAN? <b>No</b>			
8b YEAR LAST SERVED IN U.S. ARMED FORCES?	8c PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) <b>Gary Methodist Northlake</b>		9c CITY, TOWN, OR LOCATION OF DEATH <b>Gary</b>		9d COUNTY OF DEATH <b>Lake</b>
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Theophilus Sandidge</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Draftsman</b>	
12b KIND OF BUSINESS/INDUSTRY <b>Labor</b>		13a RESIDENCE—STATE <b>Indiana</b>		
13b COUNTY <b>Lake</b>		13c CITY, TOWN, OR LOCATION <b>Gary</b>		13d STREET AND NUMBER <b>1100 West 36th Avenue</b>
13e ZIP CODE <b>46408</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) <b>Black</b>
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>2</b> College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) <b>Andrew Graham</b>		
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Mae Bell Taylor</b>		20a INFORMANT'S NAME (Type/Print) <b>Theophilus Sandidge</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1100 West 36th Avenue Gary, Indiana 46408</b>		20c Relationship <b>Husband</b>		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>February 19, 1999 Oak Hill Cemetery</b>		21c LOCATION—City or Town, State <b>Gary, Indiana</b>
22a EMBALMER'S NAME <b>Sherman Banks III</b>		22b EMBALMER'S LICENSE NO. <b>FDO 1016254</b>		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Sherman Banks</i>		24b LICENSE NUMBER (of Licensee) <b>FDO 1016254</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Smith Bizzell &amp; Warner Funeral Home 114 09 Grand Street, Gary, Indiana 46408 FH19600034</b>
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Dissection of ascending aorta</b>				Approximate Interval Between Onset and Death <b>Unknown</b>
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>Yes</b>		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>
29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <b>Deputy</b>				
29b SIGNATURE AND TITLE OF CERTIFIER <i>Deputy</i>			29c MEDICAL LICENSE NO. <b>N/A</b>	29d DATE SIGNED (Month, Day, Year) <b>February 26, 1999</b>
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307</b>				
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month, Day, Year) <b>MAR 02 2000</b>
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e DESCRIBE HOW INJURY OCCURRED <b>00339</b>		
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)		34g DATE PRONOUNCED DEAD (Month, Day, Year) <b>February 14, 1999</b>		
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				

