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.

Local No. 02 0748

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. 49-152-41

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEDENT—NAME (First, Middle, Last)	Marshall Jackson
2. SEX	Male
3a. TIME OF DEATH	6:18P M
3b. DATE OF DEATH (Month, Day, Yr)	December 17, 2002
4. *SOCIAL SECURITY NUMBER	307-42-9951
5a. AGE—Last Birthday (Years)	62
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	Jun. 3, 1940
7. BIRTHPLACE (City and State or Foreign Country)	Jefferson County, AL
8a. WAS DECEDENT A U.S. VETERAN?	Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	1972
9a. PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number)	6412 Black Oak Road
9c. CITY, TOWN, OR LOCATION OF DEATH	Gary
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Carol Dolly
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Millwright
12b. KIND OF BUSINESS/INDUSTRY	Union
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Gary
13d. STREET AND NUMBER	6412 Black Oak Road
13e. ZIP CODE	46406
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5 +)	12

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Marshall Jackson
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Jimmie L. Dunn

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Carol Jackson
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	6412 Black Oak Rd., Gary, IN 46406
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☐ Entombment ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	December 20, 2002 Regional Cremation Service
21c. LOCATION—City or Town, State	Munster, Indiana
22a. EMBALMER'S NAME	None
22b. EMBALMER'S LICENSE NO.	N/A
23. WAS DEATH REPORTED TO CORONER?	☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	James Slocum [signature]
24b. LICENSE NUMBER (of Licensee)	FDO 1010850
25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME	Kuiper Funeral Home FH19900008 9039 Kleinman Rd. Highland, IN 46322

CAUSE OF DEATH

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Cardiac arrest

DUE TO (OR AS A CONSEQUENCE OF)

b. coronary artery disease

DUE TO (OR AS A CONSEQUENCE OF)

c. GI Bleeding anemia

DUE TO (OR AS A CONSEQUENCE OF)

d. HTN & DIABETES MELL

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

FILED

DEC 26 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	no	

CERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated

☐ 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

☐ 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

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
[signature] MD MRCP	01027333	12-18-2002

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): M. U. PARSAONKER, 1212 N. BROAD GRIFFITH IN 46319

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
[signature] (MD, MPH)	DEC 19 2002

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

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RECORDED 2002 DEC 26 PM 2:41

SDH06-004 State Form 10110 (R5/1-99)