boing requested	STATE: The Social Security	#is MUH	15-	-08	17	-22/1-	031	. PY	OG I
pursue its statut	by this state agency in ord tory responsibility. Disclosu are will be no penalty for refu	re is INDIANAS	STATE DEP	ARTME	ŃT'O	F HEALTH			009
Local No	04 022		CERTIFICA	TE OF D	EATH	i s	tate No.		
,	THE RECORDS IN THIS	SERIES ARE CONFIDENTIAL F	PER IC 16-37-1-10		/			T Prefer	4 2004
TYPE/PRINT IN	Marvis	S.	Standfield	i	2 SEX Fem	ale 9:00		DATE OF DEATH April 15	, 2004
PERMANENT BLACK INK	4. *SOCIAL SECURITY NUMBER 422-58-1047	Se. AGE—Lest Birthday (Years) 65	5b. UNDER I YEAR Months Days			DATE OF BIRTH (Mo. Day).		THPLACE (Gity and Exar, Ala	State or Foreign Cou
	8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	<u> </u>	9		No. PLACE OF DEATH (Check only one. Se			
	NO	N/A	HOSPITAL Inpetient ER/Outpetient I		OTHER: Turning Home			Other (Specify)	
DECEDENT	96. FACILITY NAME (If not institution give street and number) 2140 APthur Street		9c. CITY.			TOWN OR LOCATION OF DEATH		94 COUNTY OF DEATH Lake	
	10. MARITAL STATUS (Specify) Married 11. SURVIVING SPOUSE (If wife, give meiden name) Eddie		tandfield 124 DECEDENTS USU			If 19/0/7000 life (10 00f use caticad)		126. KIND OF BUSINESS/INDUSTRY Gary Community Scho	
	13a RESIDENCE—STATE Indiana	136. COUNTY Lake	13c. CITY, TOWN, OR Gary	LOCATION		13d STREET AN 2140	ND NUMBER	Street	
		13e. ZIP CODE 13f. INSIDE CITY LIMITS 14. CITIZEN OF WHAT COUNTRY		15. WAS DECEDENT OF HISPANIC ORIGIN?		16. RACE—American Indian, ban. Black White arc.		17. DECEDENT'S EDUCATION	
	46407 139 ON A FAI	RIM? IT S A	Mexican, Puerto Rican, etc.)		eciry Cuoan,	(Specify)		(Specify only high 17/Secondary (0-12	est grade completed)
PARENTS	18. FATHER'S NAME (First Middle	Yes	1	1	19. MOTHE	Black	eides Suranna)		4 Year
	Karey Wal		<u>-</u>		Lι	ucrecy Wes	t		
NFORMANT	Eddie D. Sta		206 MAILING	ADDRESS (Street)	rand Numba treet	Gary, India	na 464	2 Zip Code) 20	Relationship Husband
•	21a METHOD OF DISPOSITION		216 DATE AND PLACE	OF DISPOSITION	N (Name of co		-,	FIQN—City or Tow	
	☐ Donetion ☐ Other (Spec	Removal from State	other place) Apr	H111 C		су		يت پيIndia	
ISPOSITION	228 EMBALMER'S NAME 220 EMBALMER'S LICENSE NO. 23. WAS DEATH REPORTED TO CORONER?								
	24 SIGNATURE OF FUNERAL DE	IRPCTOR	246 LI	CENSE NUMBER	A	5. NAME ADDRESS AND		PER OF FUNEDAL	
	Carmely	DUZ	cument is ake Co#2	CENSE NUMBER of Licenses)	ord	s NAME ADDRESS AND Cuy & Allen 1959 West 11 Cary Indiana	Funera Funera Ith Ave a 46404	ıl Direc t enue	ors, Inc
	28 PART I Enter the disease	heart failure List only one ceuse on	ake Co#21	CENSE NUMBER of Licensee) 9700070 or nonspecific terms	ord	Suy & Allen 1959 West 11 2007 Indiana	Funera	ıl Direc t enue	OG4 Approximate Approximate
ALISE OF	26. PART I Enter the disease errest, shock or IMMEDIATE CAUSE (Finel disease or condition	nes, injuries, or complications that cau heart failure List only one cause on Metasta	ake Co#20	CENSE NUMBER of Licensed) 9700070 er nonspecific termi	ord	s NAME ADDRESS AND Cuy & Allen 1959 West 11 Cary Indiana	Funera Funera Ith Ave a 46404	ıl Direc t enue	OG4 Approximate Interval Betw
	26. PART I Enter the disease arrest, shock or IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave	hear, injuries, or complications that cause heart failure. List only one cause on Metas ta	red the deeth. Do not enter each into	CENSE NUMBER of Licensed) 9700070 er nonspecific termi	ord	Suy & Allen 1959 West 11 2007 Indiana	Funera th Ave 46404	ıl Direc t enue	OG4 Approximate Approximate
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