

Key# 45-08-17-226-021-000,004
INDIANA STATE DEPARTMENT OF HEALTH

* 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. 04 0223

CERTIFICATE OF DEATH

State No. 14 2004

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) Marvis S. Standfield		2. SEX Female	3a. TIME OF DEATH 9:00 P M	3b. DATE OF DEATH (Month, Day, Year) April 15, 2004
4. SOCIAL SECURITY NUMBER 422-58-1047	5a. AGE—Last Birthday (Years) 65	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) March 10, 1939
7. BIRTHPLACE (City and State or Foreign Country) Bxar, Alabama	8a. WAS DECEDENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9b. FACILITY NAME (If not institution, give street and number) 2140 Arthur Street	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) Eddie Standfield	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Teacher		12b. KIND OF BUSINESS/INDUSTRY Gary Community School
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 2140 Arthur Street
13e. ZIP CODE 46407	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U S A	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) Black		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 Years College (1-4 or 5+)		
18. FATHER'S NAME (First, Middle, Last) Karey Walker		19. MOTHER'S NAME (First, Middle, Maiden Surname) Lucrecy West		
20a. INFORMANT'S NAME (Type/Print) Eddie D. Standfield Sr.		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2140 Arthur Street Gary, Indiana 46404		20c. Relationship Husband
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) April 22, 2004 Oak Hill Cemetery		21c. LOCATION—City or Town, State Gary, Indiana
22a. EMBALMER'S NAME Roosevelt Allen Jr.		22b. EMBALMER'S LICENSE NO. #01051701		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Carmelita</i>		24b. LICENSE NUMBER (of License) #29700070		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404, 830077044
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) <i>metastatic carcinoma of the colon</i>		a. DUE TO (OR AS A CONSEQUENCE OF)		
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. DUE TO (OR AS A CONSEQUENCE OF)		
		c. DUE TO (OR AS A CONSEQUENCE OF)		
		d. DUE TO (OR AS A CONSEQUENCE OF)		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
29a. CERTIFIER (Check only one) <input checked="" 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 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				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Christy Levy</i>		29c. MEDICAL LICENSE NO. 01030614 Indiana		29d. DATE SIGNED (Month, Day, Year) April 24, 2004
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. C. Levy 7905 Calumet Avenue Munster, Indiana 46321				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) APR 29 2004
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"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
		34d. DESCRIBE HOW INJURY OCCURRED <i>1100 CRASH</i>		34e. PLACE OF INJURY—At home farm street factory office building etc. (Specify) 015042
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc.		

DECEDENT

PARENTS

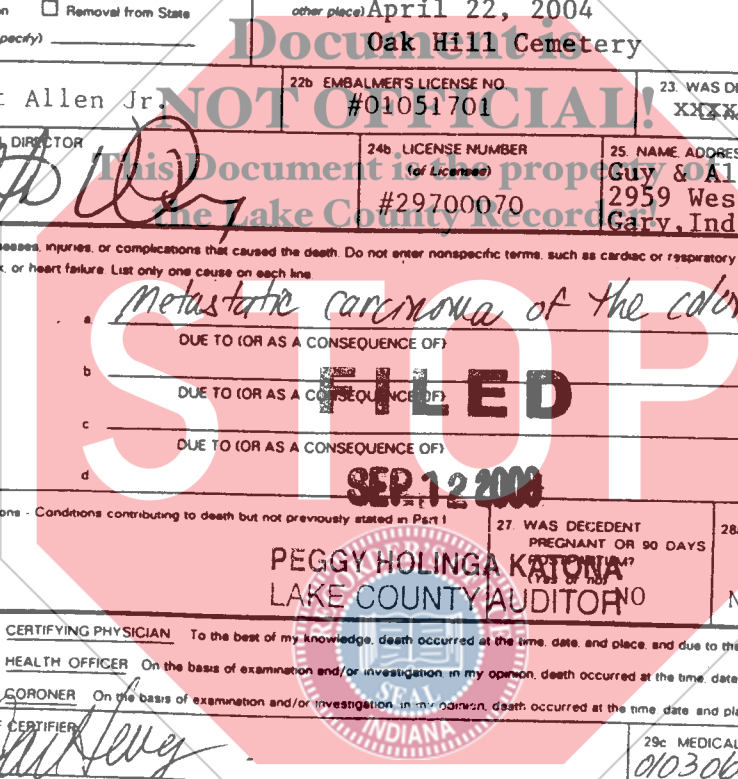
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



Vertical stamp: MICROFILMED FROM ORIGINAL RECORDS FILED IN 12 MONTHS