

* 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.

INDIANA STATE DEPARTMENT OF HEALTH

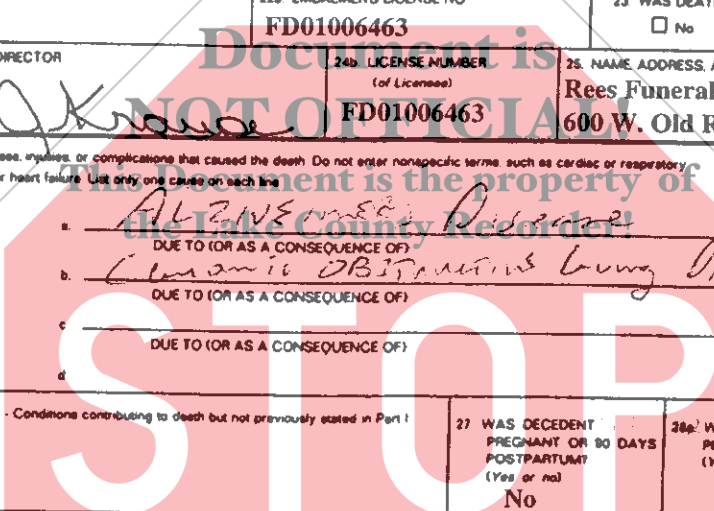
Local No. 902-9 CERTIFICATE OF DEATH State No. #45-09-21-330-001.000-045

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (MARJORIE A. STANGEBYE), SEX (Female), TIME OF DEATH (12:00 AM), DATE OF DEATH (December 4, 2003), SOCIAL SECURITY NUMBER, AGE (80), DATE OF BIRTH (August 5, 1923), BIRTHPLACE (Tolleston Indiana), FACILITY NAME (3917 E. 34th Lane), CITY/TOWN (Hobart), COUNTY (Lake), MARRITAL STATUS (Married), SURVIVING SPOUSE (H. Norman Stangebye), DECEASED'S USUAL OCCUPATION (Piano Teacher/Church Organist), KIND OF BUSINESS/INDUSTRY (Self Employed), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN/LOCATION (Hobart), STREET AND NUMBER (3917 E. 34th Lane), ZIP CODE (46342), CITIZEN OF WHAT COUNTRY (U.S.A.), RACE (White), DECEASED'S EDUCATION (12), FATHER'S NAME (Frank A. Papke), MOTHER'S NAME (Ruth Elnora Carlson), INFORMANT'S NAME (H. Norman Stangebye), MAKING ADDRESS (3917 E. 34th Lane, Hobart, IN 46342), RELATIONSHIP (Husband), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (Dec 6, 2003, Calvary Cemetery), LOCATION (Portage IN), EMBALMER'S NAME (James J. Krause), EMBALMER'S LICENSE NO (FD01006463), WAS DEATH REPORTED TO CORONER (Yes), SIGNATURE OF FUNERAL DIRECTOR (James J. Krause), LICENSE NUMBER (FD01006463), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Rees Funeral Home, Inc. FH83003069, 600 W. Old Ridge Road, Hobart, IN 46342-0488), IMMEDIATE CAUSE (ALZHEIMER'S DISEASE), DUE TO (OR AS A CONSEQUENCE OF) (Lung and OBSTRUCTIVE Lung Disease), PART II (Other significant conditions), CERTIFIER (Certifying Physician), SIGNATURE AND TITLE OF CERTIFIER (Susan W. Best, D.O.), MEDICAL LICENSE NO (01034483), DATE SIGNED (12/5/03), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (John E. Carter MD 295 S. Wisconsin Street, Hobart, IN 46342), HEALTH OFFICER'S SIGNATURE (Susan W. Best, D.O.), DATE FILED (December 9, 2003), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY (554980), LOCATION (REGINA HOLINGA KATONA LAKE COUNTY AUDITOR), DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

CHICAGO TELETYPE UNIT COMPANY



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