





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 000002

EDR No 00000424800

State No

1. Decedent's Legal Name (First, Middle, Last) **LAVERNE WOODS** 1d. Maiden Name (if female) **THOMPSON** 2. Sex **FEMALE** 3. Time Of Death **12:50 PM** 4. Date Of Death (Month/Day/Year) **01/04/2015**

5. Social Security Number [REDACTED] 6a. Age - Yrs **64** 6b. Under 1 Year: Months **03** Days **07** Hours **19** Minutes **50** 7. Date of Birth (Month/Day/Year) **03/07/1950** 8. Birthplace (City and State or Foreign Country) **MEMPHIS, TN**

9. Ever in U.S. Armed Forces?  Yes  No  Unknown 10. If Death Occurred In A Hospital:  Inpatient  Emergency Department Outpatient  Dead on Arrival 10a. If Death Occurred Somewhere Other Than A Hospital:  Hospice Facility  Decedent's Home  Nursing Home/Long-term Care Facility  Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number) **600 RALSTON STREET**

12. City Or Town, State, And Zip Code **GARY, IN, 46406** 13. County Of Death **LAKE** 14. Marital Status At Time Of Death:  Married  Married, But Separated  Divorced  Widowed  Never Married  Unknown

15. Surviving Spouse's Name **JIMMIE WOODS** 15a. (If Wife) Give Maiden Last Name **THOMPSON** 16. Decedent's Usual Occupation **EXTRUSION** 17. Kind Of Business/Industry **SMITH MEDICAL**

18. Residence - State **INDIANA** 18a. County **LAKE** 18b. City Or Town **GARY**

18c. Street And Number **600 RALSTON STREET** 18d. Apt. No. 18e. Zip Code **46406** 18f. Inside City Limits?  Yes  No

19. Decedent's Education **HIGH SCHOOL GRADUATE OR GED COMPLETED** 20. Decedent Of Hispanic Origin **NOT HISPANIC** 21. Decedent's Race **Black or African American**

22. Father's Name (First, Middle, Last) **MORGAN THOMPSON SR** 23. Mother's Name (First, Middle, Last) **MARY MARIE THOMPSON** 23a. Mother's Maiden Last Name **KIMBROUGH**

24. Informant's Name **JIMMIE WOODS** 24a. Relationship To Decedent **HUSBAND** 24b. Mailing Address (Street And Number, City, State, Zip Code) **600 RALSTON STREET, GARY, IN 46406**

25a. Method Of Disposition:  Burial  Cremation  Donation  Entombment  Removal From State  Other (Specify): 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **EVERGREEN MEMORIAL PARK** 25c. Location - City, Town, And State **HOBART, IN**

26. Was Coroner Contacted?  Yes  No 27. Name And Complete Address Of Funeral Facility **MANUEL MEMORIAL FUNERAL HOME, 421 W 5TH ST, GARY, IN 46402** 27a. Funeral Home License Number: **FH11100005**

27b. Signature Of Indiana Funeral Service Licensee: **DANA ALICIA KELLY-WHITE, BY ELECTRONIC SIGNATURE** 27c. License Number (Of Licensee): **FD21400020**

28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.  
Immediate Cause (Final Disease Or Condition Resulting In Death) **A. PANCREATIC CANCER** Due to (Or As A Consequence Of):  
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) 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. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause Given In Part I. 29. Was An Autopsy Performed?  Yes  No 30. Were Autopsy Finding Available To Complete The Cause Of Death?  Yes  No

31. Did Tobacco Use Contribute To Death?  Yes  Probably  No  Unknown 32. If Female:  Not Pregnant Within Past Year  Pregnant At Time Of Death  Not Pregnant, But Pregnant Within 42 Days Of Death  Not Pregnant, But Pregnant 43 Days To 1 year Before Death  Unknown If Pregnant Within The Past Year 33. Manner Of Death:  Natural  Homicide  Accident  Pending Investigation  Suicide  Could Not Be Determined

34. Date Of Injury (Month/Day/Year) 35. Time Of Injury 36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) 37. Injury At Work?  Yes  No

38. Location Of Injury - State 38a. City Or Town 38b. Street & Number 38c. Apt. No. 38d. Zip Code

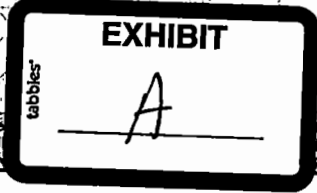
39. Describe How Injury Occurred 40. If Transportation Injury, Specify:  Driver/Operator  Passenger  Pedestrian  Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: **MATTHEW A. MAZUR, BY ELECTRONIC SIGNATURE** 42. Certifier (Check Only One):  Certifying Physician  Coroner  Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: **MATTHEW A. MAZUR, 5454 HOMAN AVE., HAMMOND, IN 46311** 44. License Number **02003607A** 45. Date Certified **01/08/2015**

46. Additional Funeral Service Provider: 47. "Akas": 48. Signature of Local Health Officer: **ROLAND H WALKER, VIA ELECTRONIC SIGNATURE** 49. For Registrar Only - Date Filed (Month/Day/Year): **JAN 08 2015**

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)





State of Indiana

Original

# Marriage Certificate

I, Judge Sheila M. Moss, hereby certify  
that on the 3rd day of February, two thousand  
and ~~seventeen~~ at Cassa Point  
in the County of Lake, State of Indiana,

Groom Document is NOT OFFICIAL! James Mills Wood of  
Lake County, State of Indiana,

This Document is the property of  
the Lake County Recorder!

Bride Janeene Woods of  
Lake County, State of Indiana,  
were by me united in  
Marriage

as authorized by a marriage license issued for that purpose by the Clerk of  
the Circuit Court of



Lake County,  
and State of Indiana, dated the 3rd

day of February, 2014

Signed Sheila M. Moss

Official Designation Judge, Lake

Witnesses: Lynne Ann Duv 2



EXHIBIT  
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