

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

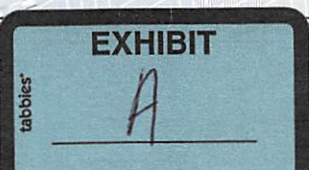


Local No 000114

EDR No 000000246213

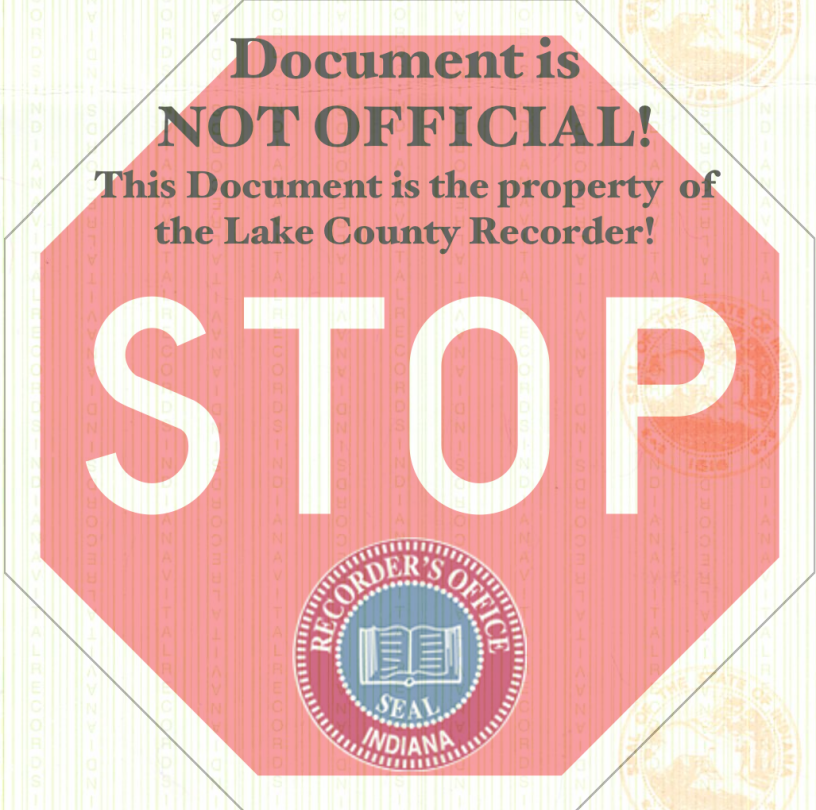
State No 014906

1. Decedent's Legal Name (First, Middle, Last) PHILIPPA CODY TOLLIVER				1a. Maiden Name (If female) CODY		2. Sex FEMALE	3. Time Of Death 12:20 AM	4. Date Of Death (Month/Day/Year) 02/13/2012			
5. Social Security Number [REDACTED]		6a. Age - Yrs 62	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 12/23/1949		8. Birthplace (City and State or Foreign Country) GARY, IN		
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) 6620 HEMLOCK AVENUE									12. City Or Town, State, And Zip Code GARY, IN, 46403		
13. County Of Death LAKE				14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			15. Surviving Spouse's Name CARLOS A. TOLLIVER		15a. Last Name Before First Marriage LAKE	16. Decedent's Usual Occupation COUNCIL WOMAN	17. Kind Of Business/Industry GOVERNMENT
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.	18e. Zip Code 46403	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American				22. Parent's Name (First, Middle, Last) FORDREY CODY	23. Parent's Name (First, Middle, Last) IDA CODY	23a. Parent's Last Name Before First Marriage NA
24. Informant's Name CARLOS TOLLIVER			24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 6620 HEMLOCK AVENUE, GARY, IN 46403						
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) RIDGELAWN CEMETERY			25c. Location - City, Town, And State GARY, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility RIDGELAWN FUNERAL HOME, INC., 4201 W. RIDGE ROAD, GARY, IN 46408						27a. Funeral Home License Number: FH10200007			
27b. Signature Of Indiana Funeral Service Licensee: SHELIA C KIRBY-NUSS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD29500088					
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. METASTATIC COLON CANCER Due to (Or As A Consequence Of) 1YR B. _____ Due to (Or As A Consequence Of) _____ C. _____ Due to (Or As A Consequence Of) _____ D. _____ 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									Approximate Interval: Onset To Death		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: TERRILL APPLEWHITE, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: TERRILL APPLEWHITE, 600 N GRANT ST, GARY, IN 46402						44. License Number 01067111A		45. Date Certified 04/04/2012			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: RICARDO HOOD, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 05 2012					
AMENDMENT						OR ORIGINAL					



VOID IF ALTERED OR ERASED

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Roland H. Walker 9/5

HEALTH COMMISSIONER
CITY OF INDIANAPOLIS
DATE AUG 16 2017



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