INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000251 EDR No 000011069785 State No 2021-009719

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If Female)	2. Gender	3. Time Of Death	4. Date Of Death (Month/Day/Year)
Wayne Radford		Male	11:53 PM	01/10/2021

5. Social Security Number	6a. Age - Yrs	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)	8. Birthplace (City and State or Foreign Country)
	64					05/29/1956	Indianapolis, Indiana

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): 3829 Steeplechase Drive

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
Carmel, Indiana 46032	Hamilton	☒ Married ☐ Married, but Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. Last Name Before First Marriage	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
Kathy Radford	Mitchell	Clinical Director	Medical Research

18. Residence - State	18a. County	18b. City Or Town
IN	Hamilton	Carmel

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
3829 Steeplechase Drive		46032	☐ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
Bachelor's degree (e.g. BA, AB, BS)	Not Spanish/Hispanic/Latino	Black or African American

22. Parent's Name (First, Middle, Last)	23. Parent's Name (First, Middle, Last)	23a. Parent's Last Name Before First Marriage
Andrew H Radford	Hattie Radford	Petty

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
Kathy Radford	Wife	3829 Steeplechase Drive, Carmel, IN, 46032

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	Leppert Crematory	Indianapolis, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☒ Yes ☐ No	Crown Hill Funeral Home 700 West 38th Street, Indianapolis, Indiana, 46208	FH10700013

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
Levi Elliott Electronically Signed	FD22000007

Cause Of Death (See Instructions And Examples)

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.

			Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A.	Hypertensive arteriosclerotic cardiovascular disease	months
		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.	Subarachnoid hemorrhage due to ruptured berry aneurysm	minutes
		Due to (Or As A Consequence Of):	
	C.		
		Due to (Or As A Consequence Of):	
	D.		

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 Findings 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:	42. Certifier (Check Only One)
Thurl Cecil Electronically Signed	☐ Certifying Physician ☒ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
Thurl Cecil 18030 Foundation Drive Suite B, Noblesville, IN 46060	Coroner	02/24/2021

46. Additional Funeral Service Provider:	47. *Alias:

48. Signature of Local Health Officer:	49. For Registrar Only - Date Filed (Month/Day/Year):
Charles R. Harris Electronically Signed	02/24/2021

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

Family Members-Mother's Maiden Last Name- amended on MAR-01-2021; formerly Patty; Cause of Death-Line B Description - amended on FEB-26-2021; formerly blank; , Cause of Death-Line B Onset Interval- amended on FEB-26-2021; formerly blank;

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.