

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

676724

Local No. 595

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State of Indiana
No. 1338
Date of Death April 14, 1979

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

PARENTS

CERTIFIER

FUNERAL HOME

FUNERAL DIRECTOR'S

LICENSE No. 921

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

No. 250

LICENSE No. 921

1. DECEASED—NAME Wayne S. Smolen		2. SEX Male	3. DATE OF DEATH (MO., DAY, YEAR) April 14, 1979
4. RACE—(No. 0 White, 1 Black, 2 American Indian, etc.) White	5a. AGE—Last Birthday (Yrs.) 32	6. DATE OF BIRTH (MO., DAY, YR.) 3-4-1947	7a. COUNTY OF DEATH Lake
7b. CITY, TOWN OR LOCATION OF DEATH Hammond		7c. HOSPITAL OR OTHER INSTITUTION—(Name if not at other, give street and number) St. Margaret Hospital	
8. STATE OF BIRTH (If not in U.S.A. name country) Illinois	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	11. SURVIVING SPOUSE (If wife, give maiden name) None
13. SOCIAL SECURITY NUMBER 351-38-4349		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman	14b. KIND OF BUSINESS OR INDUSTRY B&O Railroad
15a. RESIDENCE—STATE Indiana	15b. COUNTY Lake	15c. CITY, TOWN OR LOCATION Highland	
15d. STREET AND NUMBER 2818 100th Street		15e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15f. INSIDE CITY LIMITS (Specify YES or NO) Yes
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEDICAL, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
16. FATHER—NAME John Smolen		17. MOTHER—MAIDEN NAME Evelyn Horyza	
18. INFORMANT—NAME (If not informant, RELATIONSHIP) John Smolen		19. MAILING ADDRESS 4930 W. Schubert Chicago, Illinois 60639	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal		19b. CEMETERY OR CREMATORY—(Funeral Home) Laskowski Funeral Home	
20a. DATE (MONTH, DAY, YEAR) April 14, 1979		20b. FUNERAL HOME—(Name and Address) Kuiper Funeral Home 9039 Kleinman Rd. Highland, IN 46322	
21a. SIGNATURE Albert T. Willardo, M.D.		21b. DATE SIGNED (MO., DAY, YR.) 4/18/79	21c. HOUR OF DEATH M
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print) ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46304		21e. PRONOUNCED DEAD (MO., DAY, YR.) 4/14/79	21f. PRONOUNCED DEAD (HOUR) 5:31 AM
22a. HEALTH OFFICER—SIGNATURE J. J. Remick		22b. DATE RECEIVED BY LOCAL HEALTH OFFICER APR 20 1979	
23. IMMEDIATE CAUSE Cerebral Contusion & Skull fracture; fracture of right shin			
23a. DUE TO, OR AS A CONSEQUENCE OF: & multiple injury			
23b. DUE TO, OR AS A CONSEQUENCE OF: Due to Automobile Crash			
24. OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death that not desired to record given on PART I (a)) None			
25a. ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify) Accident	25b. DATE OF INJURY (MO., DAY, YR.) 4/14/79	25c. NATURE OF INJURY M	25d. DESCRIBE HOW INJURY OCCURRED Automobile Crash
25e. INJURY AT WORK (Specify Yes or No) No	25f. PLACE OF INJURY (Street, town, street, county, state, zip) Street	25g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 45th Ave., Munster, In.	

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. APR 23 1979

KEY 14-129-30
HERATIGE ESTATES ADD
UNIT # 3
LOT 30

Disposition Permit Issued / /
Provisional Certificate
 Yes No

FILED
AUG 4 1982

ALBERT T. WILLARDO, M.D.
CROWN POINT, IN.

STATE OF INDIANA
LAW ENFORCEMENT
RECORDS SECTION
APR 20 1979