

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
JAN 3 1973  
Date Issued

Provisional  
Certificate  
 Yes  No

TIB: Same  
John G. Ault  
1350  
EMBALMER'S NAME  
LICENSE No.  
1783  
FUNERAL DIRECTOR'S LICENSE No.  
35-82-10 Midway Gardens N 35 St O F E 6907 Ft L 8 BL 1

91066554

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

2519 W. Calumet Dr.  
Gary 46406  
Jacob Napkins  
SBH:113-31

Local No. 3

PERMANENT INK: SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Clyde N. Smith 2. male 3. Jan. 2, 1973

RACE, WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YEARS) MO. DAYS UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. white 5a. 55 5b. 5c. 6. 9-3-1917 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Hammond 7c. yes 7. 6632 Kennedy Ave.

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Indiana 9. 10. Married 11. Lorraine Simchak

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 307-01-3111 13a. Truck Driver 13b. National Cartage Co.

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Indiana 14b. Lake 14c. Hammond 14d. yes 14e. North

STREET AND NUMBER IS RESIDENCE ON A FARM?

14f. 6632 Kennedy Kennedy Ave 14g. YES  NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Ward Smith 16. unknown

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Mrs. Lorraine Smith 17b. Wife 17c. 6632 Kennedy Avenue Hammond, Ind. 46323

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) Congestive Heart Failure

(b) Myocardial Insufficiency

(c) Rheumatic Heart Disease

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

19. None

AUTOPSY (YES OR NO) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20. No

DEATH OCCURRED (HOUR) THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR) DATE SIGNED (MONTH, DAY, YEAR)

20a. 2:30 p.m. 20b. January 2, 1973 20c. 3:30 p.m. 20d. January 3, 1973

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (DEGREE OR TITLE)

22a. Florino G. Pamintvan M. D. 22b. F. G. Pamintvan, M. D.

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 7905 Calumet Ave. Munster Ind.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER

24a. Burial 24b. Ridgeland Cemetery 24c. Gary Indiana 280

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. Jan. 5, 1973 24e. Bocken Funeral Home, Inc. 7042 Kennedy Avenue Hammond, Ind. 46323

FUNERAL DIRECTOR—SIGNATURE HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. George L. Dutton 25c. E. Napkins 25d. 25e. 25f. 25g. 25h. 25i. 25j. 25k. 25l. 25m. 25n. 25o. 25p. 25q. 25r. 25s. 25t. 25u. 25v. 25w. 25x. 25y. 25z.

FILED

Auditor Lake County  
Cand N. Eaton



BURIAL

STATE OF INDIANA  
FILED  
JAN 2 1973  
REC'D  
76 92