

5237  
Granite Mtg

484 718 pdg FILE

**FILED**

FEB 1 1978

Lake County Health Department

**SAM ORLICH**  
AUDITOR LAKE COUNTY

State No.

Local No. 6-78

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

Below for State Office Use

FUNERAL HOME  
No. 125

FUNERAL DIRECTOR'S  
LICENSE No. 366

FUNERAL DIRECTOR'S  
LICENSE No. 520

EMBALMER'S NAME: Marty Anderson

FUNERAL DIRECTOR'S  
SIGNATURE: [Signature]

TYPE OF DEATH  
1. SUICIDE  
2. HOMICIDE  
3. ACCIDENT  
4. OTHER

DECEASED

LEGAL RESIDENCE  
WHERE DECEASED  
LIVED AT DEATH  
OCCURRED IN  
INSTITUTION OR  
RESIDENCE BEFORE  
ADMISSION

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

CONDITIONS  
OF AND  
IMMEDIATE  
CAUSE  
STARTING  
THE  
LABELING  
CAUSE LAST

CAUSE

DECEASED—NAME 1 Helen Louise Smith		SEX 2 Female	DATE OF DEATH MONTH DAY YEAR 3 Jan. 3, 1978
RACE 4 White	AGE—LAST BIRTHDAY 5a 66	UNDER 1 YEAR 6a MOY DAYS	EMBED 1 DAY 6b HOURS MINS
CITY, TOWN OR LOCATION OF DEATH 7a Merrillville		HOSPITAL OR OTHER INSTITUTION—Name of hospital, general and number 7b Broadway Methodist Hospital	IF HOSP OR INST. Name of hospital, general and number 7c Emer. Rm.
STATE OF BIRTH 8 Indiana	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 Married	SURVIVING SPOUSE 11 Cosmas E. Smith Sr.
SOCIAL SECURITY NUMBER 12 304-40-6215		USUAL OCCUPATION 14a Housewife	KIND OF BUSINESS OR INDUSTRY 14b At Home
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Merrillville	IS RESIDENCE ON A FARM? 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 17a 3420 Taft Street		INSIDE CITY LIMITS 17b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
FATHER—NAME 19 Michael	MOTHER—MAIDEN NAME 20 Nola	MOTHER—MARRIED NAME 21 Leontz	
INFORMANT—NAME 22a Cosmas E. Smith Sr.		MAILING ADDRESS 22b 3420 Taft St. Merrillville, Ind. 46410	
BURIAL, CREMATION, REMOVAL, OTHER 23a Burial	CEMETERY OR CREMATORY—FUNERAL HOME 23b Calumet Park Cemetery	LOCATION 23c Merrillville, Indiana	
DATE 24a Jan. 6, 1978	FUNERAL HOME—NAME AND ADDRESS 24b Geisen Funeral Home, Inc. 109 N. East St. Crown Point, Ind.	46307	
NAME OF ATTENDING PHYSICIAN 25a Pasquale J. Amico M.D.		DATE SIGNED 25b 1-4-78	HEUR OF DEATH 25c 1:30 P.
MAILING ADDRESS—PHYSICIAN 26a 9111 Harrison Street Merrillville, Indiana 46410			
HEALTH OFFICER—NAME 27a Peter J. Jacy M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 27b 1-4-78	
PART I 28a Acute myocardial infarct		Sudden	
PART II 28b Coronary arteriosclerosis			
PART III 28c Diabetes Mellitus		000030	

96007358

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

900  
et  
va

Lot 153, Independence Hill David Addition, Pl. 2/1/69

Chicago Life Insurance Company

Disposition Permit  
Issued  
Provisional  
Certificate  
 Yes  No