

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

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

CERTIFICATE OF DEATH

Date Issued: Sep 25, 1995; Hammond Health Commissioner

Local No. 692

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for DECEASED NAME (STANLEY P. SMIGLA, SR.), SOCIAL SECURITY NUMBER (306-01-5276), DATE OF BIRTH (NOVEMBER 25, 1915), PLACE OF BIRTH (WHITING, INDIANA), FACILITY NAME (ST. MARGARET MERCY HOSPITAL), MARRITAL STATUS (MARRIED), SURVIVING SPOUSE (HERMINE GORCZYCA), MOTHER'S NAME (MARY PALA), DATE AND PLACE OF DISPOSITION (SEPTEMBER 27, 1995, HOLY CROSS CEMETERY), CAUSE OF DEATH (INTRACRANIAL HEMORRHAGE), and SIGNATURE OF CERTIFIER (Claude A. Foreit D.O.).

6600901

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

FILED FEB 09 1996

SAM OGDEN AUDITOR LAKE COUNTY

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