

* 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

CERTIFICATE OF DEATH

Local No. **96-0375**

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First, Middle, Last) Rose M. Smolinski		2 SEX Female	3a TIME OF DEATH 8:47a. M	3b DATE OF DEATH (Month, Day, Yr.) June 4, 1996
4 *SOCIAL SECURITY NUMBER 312 28 9945		5a AGE—Last Birthday (Years) 66	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Mo, Day, Yr.) Sept 2, 1929		7. BIRTHPLACE (City and State or Foreign Country) Chesterton IN		
8a WAS DECEDENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) Methodist Northlake Campus		9c CITY, TOWN OR LOCATION OF DEATH Gary, Indiana	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Victor Smolinski	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife		12b. KIND OF BUSINESS/INDUSTRY
13a. RESIDENCE—STATE Indiana	13b COUNTY Lake	13c. CITY, TOWN OR LOCATION Gary	13d. STREET AND NUMBER 4076 Fillmore St.	
13e ZIP CODE 46408	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12		17 College (1, 4 or 5+)		
18 FATHER'S NAME (First, Middle, Last) Andrew Niksich		19 MOTHER'S NAME (First, Middle, Maiden Surname) Helene Matanich		
20a. INFORMANT'S NAME (Type/Print) Victor Smolinski		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4076 Fillmore St. Gary, IN 46408	20c Relationship Husband	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 7, 1996 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, IN
22a. EMBALMER'S NAME Anthony S. Rendina Jr		22b. EMBALMER'S LICENSE NO. FD01010402	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr</i>		24b. LICENSE NUMBER (of Licensee) FD01010402	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, IN 46408	
26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Laceration of heart Due to gunshot wound		26 PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.		
IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Unknown		
CONDITIONS, if any which gave rise to the immediate cause, stating the underlying cause last		STATE OF INDIANA FILED FOR JUN 8 1996 SAM ORLICH CLERK		
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes
29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> DEPUTY CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. MEDICAL LICENSE NO. N/A		29c. DATE SIGNED (Month, Day, Year) June 6, 1996
29c. SIGNATURE AND TITLE OF CERTIFIER <i>Donna Melyon</i>		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Donna Melyon, Deputy Coroner, 2298 North Main Street, Crown Point, Indiana 46307		
31. HEALTH OFFICER'S SIGNATURE <i>Donna Melyon</i>		32. DATE FILED (Month, Day, Year) JUN 10 1996		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) June 4, 1996	34b. TIME OF INJURY Unknown	34c. INJURY AT WORK? (Yes or no) No
34d. DESCRIBE HOW INJURY OCCURRED Gunshot wound		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Residence		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4076 Fillmore Street Gary, Indiana
34g. DATE PRONOUNCED DEAD (Month, Day, Year) 1996		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No		

DECEDENT

PARENTS

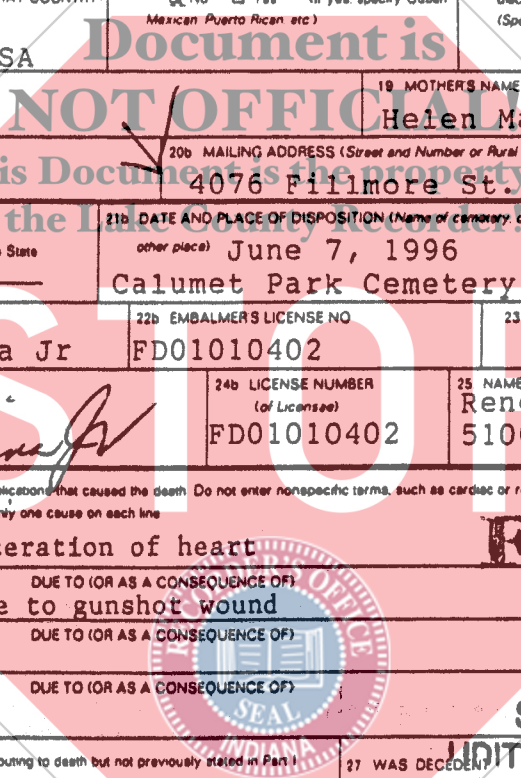
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



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