ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2000 APR 27 AM 10:23
MICHAEL A. BROWN
RECORDER

Local No. C824-94

State No. 27-122-15

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

2000 028510

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last)			2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month Day Yr)
MARY		SMITH	FEMALE	6:20 PM	APRIL 5, 1994

4 *SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months	Days	5c UNDER 1 DAY Hours	Minutes	6 DATE OF BIRTH (Month Day Yr)	7 BIRTHPLACE (City and State or Foreign Country)
312-09-7786	79					January 24, 1915	Kentucky

8a WAS DECEDENT A U S VETERAN?	8b YEAR LAST SERVED IN US ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions)
No		HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

DECEDENT

9b FACILITY NAME (If not institution give street and number)	9c CITY TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
8342 Gordon Dr	Highland	Lake

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife give maiden name)	12a DECEDENT S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Married	Noble Smith	Homemaker	Own Home

13a RESIDENCE—STATE	13b COUNTY	13c CITY TOWN OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Highland	8342 Gordon Dr

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban Mexican Puerto Rican etc)	16 RACE—American Indian Black White etc (Specify)	17 DECEDENT S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5 +)
46322	☐ No ☒ Yes	☒ No ☐ Yes	USA	☐ No ☐ Yes	White	12	

PARENTS

18 FATHER S NAME (First Middle Last)		19 MOTHER S NAME (First Middle Maiden Surname)	
William	Smith	Ada	Daniel

INFORMANT

20a INFORMANT S NAME (Type/Print)		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code)	20c Relationship
Noble	Smith	8342 Gordon Dr Highland, Indiana 46322	Husband

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place)	21c LOCATION—City or Town State
☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	April 9, 1994 Chapel Lawn Memorial Gardens	Schererville, Indiana

22a EMBALMER S NAME	22b EMBALMER S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
Edward F. Mullaney	FDO 1007176	☒ No ☐ Yes

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON THIS DATE WITH THE LAKE COUNTY HEALTH DEPT.

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Edward F. Mullaney	FDO 1006015	FH83003035 Fagen-Miller Funeral Gardens Inc 2828 Highway Ave. Highland, IN. 46322

CAUSE OF DEATH

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

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) APR 5 1994	Metastatic renal cell carcinoma to lung and brain	3 months
DUE TO (OR AS A CONSEQUENCE OF) b		
DUE TO (OR AS A CONSEQUENCE OF)		
DUE TO (OR AS A CONSEQUENCE OF)		

Conditions if any which gave rise to the immediate cause last

Alexander S. Williams, MD
LAKE COUNTY HEALTH COMMISSIONER

FILED
APR 8 1994

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

Insulin dependent diabetes mellitus
Metastatic renal cell carcinoma to liver and lymph nodes.

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	NO	

CERTIFIER

29a CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time date and place and due to the cause(s) as stated
☐ 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
☐ 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

PETER BENJAMIN
LAKE COUNTY AUDITOR

29b SIGNATURE AND TITLE OF CERTIFIER	29c LICENSE NUMBER	29d DATE SIGNED (Month Day Year)
MD (Zajac)	40122	APRIL 7, 1994

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
DR. ANDREJ J. ZAJAC, M. D. 901 MACARTHUR BLVD. MUNSTER, INDIANA 46321

HEALTH OFFICER

31 HEALTH OFFICER S SIGNATURE Alexander S. Williams

32 DATE FILED (Month Day Year) April 8, 1994

33 MANNER OF DEATH	34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e PLACE OF INJURY—At home farm street factory office building etc (Specify)	34f LOCATION (Street and Number or Rural Route Number City or Town State)
	Kathleen 9.00 Ed. 8713 W 85th Ave CS

34g DATE PRONOUNCED DEAD (Month Day Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc

SDH06 004 State Form 10110 (R4/3-93) Deathcer/PD 1