

4
vets
total

92-0648

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No.

920002000

FILED FOR RECORD

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

TICOR TITLE INSURANCE
Crown Point, Indiana

CERTIFIER

HEALTH
OFFICER

CORONER
USE ONLY

| | | | | | |
|---|--|--|--|---|----------------------------------|
| 1 DECEASED—NAME (First Middle Last) Napoleon Smith Sr. | | 2 SEX Male | 3a TIME OF DEATH 3:45a.m. | 3b DATE OF DEATH (Month Day Yr) September 10, 1992 | |
| 4 SOCIAL SECURITY NUMBER 2000 031879 341-22-7688 | | 5a UNDER 1 YEAR Months Days | 5b UNDER 1 DAY Hours Minutes | 6 DATE OF BIRTH (Mo. Day Yr) August 28, 1896 | |
| 7 BIRTHPLACE (City and State or Foreign Country) Wabaseka, AK | | 8a WAS DECEDENT A U.S. VETERAN? Yes | | | |
| 8b YEAR LAST SERVED IN U.S. ARMED FORCES? unknown | | 9 PLACE OF DEATH (Check any one. See instructions.) RECORDED <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> NURSING HOME <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | | | |
| 9b FACILITY NAME (If not institution, give street and number) Wildwood Manor Nursing Home | | 9c CITY, TOWN, OR LOCATION OF DEATH Gary | 9d COUNTY OF DEATH Lake | | |
| 10 MARITAL STATUS (Specify) Widowed | 11 SURVIVING SPOUSE (If wife, give maiden name) None | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Butcher | | 12b KIND OF BUSINESS/INDUSTRY Meat Packing Co | |
| 13a RESIDENCE—STATE Illinois | 13b COUNTY Cook | 13c CITY, TOWN, OR LOCATION Chicago | 13d STREET AND NUMBER 1349 North Sedgwick Street | | |
| 13e ZIP CODE 60610 | 13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input 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) Black | |
| 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) 12th | | 18 FATHER'S NAME (First Middle Last) Moses Smith | | | |
| 19 MOTHER'S NAME (First Middle, Maiden Surname) Ida (unknown) | | 20a INFORMANT'S NAME (Type/Print) Napoleon Smith Jr | | | |
| 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 550 Taft Place Gary, IN 46404 | | 20c Relationship SON | | | |
| 21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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) September 14, 1992 Burr Oak Cemetery | | 21c LOCATION—City or Town, State Worth, Illinois | |
| 22a EMBALMER'S NAME Roosevelt Allen Sr | | 22b EMBALMER'S LICENSE NO. 01051696 | 23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i> | | 24b LICENSE NUMBER (of Licensee) 08700646 | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 83007704 Guy & Allen Funeral Directors, Inc 2959 West 11th Ave. Gary, IN 4640 | | |
| 26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac arrest, shock, or heart failure. List only one cause on each line. CVA | | 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) Stroke AS HD | | DUE TO (OR AS A CONSEQUENCE OF) MAY 08 2000 | | | |
| Conditions if any, which gave rise to the immediate cause, stating the underlying cause last PETER BENJAMIN LAKE COUNTY AUDITOR | | DUE TO (OR AS A CONSEQUENCE OF) | | | |
| 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No | | 28a WAS AN AUTOPSY PERFORMED? (Yes or no) No | 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No | | |
| 29a CERTIFIER (Check only one) <input checked="" 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 type="checkbox"/> 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 SIGNATURE AND TITLE OF CERTIFIER Fred S. Chow | | 29c MEDICAL LICENSE NO. 26003 | 29d DATE SIGNED (Month, Day, Year) 9/11/92 | | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) TR 603, 210 9129 Southwood Dr Munster IN 46321 | | | | | |
| 31 HEALTH OFFICER'S SIGNATURE Belva E. Foster memo/lac | | | 32 DATE FILED (Month Day Year) SEP. 18 1992 | | |
| 33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide | | 34a DATE OF INJURY (Month, Day, Year) | 34b TIME OF INJURY | 34c INJURY AT WORK? (Yes or no) | 34d DESCRIBE HOW INJURY OCCURRED |
| 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) 001079 | | | |
| 35 DATE ANNOUNCED DEAD (Month Day Year) | | 36 MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. Ti | | | |

SBH06-004

State Form 10110 (R2/3-89)

DEA CERT/PD:

Return: Tin-MC