



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 0199-09

State No.

1. Decedent's Legal Name (First, Middle, Last) RICHARD C. SMITH				1a. Maiden Last Name (If Female) N/A		2. Sex M	3. Time Of Death 10:40 PM	4. Date Of Death (Month/Day/Year) JANUARY 23, 2009	
5. Social Security Number 355-12-0082	6a. Age Yrs 81	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) February 21, 1927		8. Birthplace (City, State Or Foreign Country) CHICAGO, ILLINOIS	
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) 2932 45TH									
12. City Or Town, State, And Zip Code HIGHLAND, INDIANA 46322					13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name THELMA SMITH			15a. (If Wife) Give Maiden Last Name STONE			16. Decedent's Usual Occupation ELECTRICAL		17. Kind Of Business/Industry ELECTRICAL ENGINEER	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND					
18c. Street And Number 2932 45TH						18d. Apt. No. N/A	18e. Zip Code 46322	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High school graduate or GED completed			20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) RAYMOND WETZEL				23. Mother's Name (First, Middle, Last) LEONA WETZEL			23a. Mother's Maiden Last Name SMITH		
24. Informant's Name THELMA SMITH		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 2932 45TH HIGHLAND, INDIANA 46322					
25. Place Of Disposition									
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) OAKLAND MEMORY LANES			25c. Location - City, Town, And State DOLTON, ILLINOIS				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME 9039 KLEINMAN ROAD HIGHLAND, INDIANA 46322					27a. Funeral Home License Number: FH10300021		
27b. Signature Of Indiana Funeral Service Licensee: <i>Leonard Gungor</i>						27c. License Number (Of Licensee) FDO8800305			
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Approximate Interval: Onset To Death									
Immediate Cause (Final Disease Or Condition Resulting In Death) A. Respiratory Arrest Due To (Or As A Consequence Of)									
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. Pulmonary Carcinoma 2 wks Due To (Or As A Consequence Of)									
C. _____ Due To (Or As A Consequence Of)									
D. _____ Due To (Or As A Consequence Of)									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year) APR - 9 2009		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: 505 W. LINCOLN HWY SCHERERVILLE, 46375 DR. OETTER						44. License Number 02001332		45. Date Certified 1/26/09	
46. Additional Funeral Service Provider:						47. *AKAs: 002651A			
48. Signature of Local Health Officer: <i>[Signature]</i>				49. For Registrar Only - Date Filed (Month/Day/Year) January 26, 2009 11:00 BB					

