

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

State No.

Local No. 3026-07

94397 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) MARIETTE C. SMIGIEL				2. SEX FEMALE		3a. TIME OF DEATH 2:00 A M		3b. DATE OF DEATH (Month, Day, Year) DECEMBER 17, 2007							
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 82		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) SEPT. 19, 1925		7. BIRTHPLACE (City and State or Foreign Country) SAINT REMY, BELGIUM					
8a. WAS DECEDENT A U.S. VETERAN? NO		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence											
9b. FACILITY NAME (If not institution, give street and number) REGENCY PLACE						9c. CITY, TOWN, OR LOCATION OF DEATH DYER			9d. COUNTY OF DEATH LAKE						
10. MARITAL STATUS (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) MARIAN SMIGIEL			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER			12b. KIND OF BUSINESS/INDUSTRY OWN HOME							
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION HAMMOND			13d. STREET AND NUMBER 4029 GROVER AVENUE								
13e. ZIP CODE 46327		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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) WHITE		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)			
18. FATHER'S NAME (First, Middle, Last) NICOLAS MAGNEE						19. MOTHER'S NAME (First, Middle, Maiden Surname) ROSE MARGUERITE GRANDJEAN									
20a. INFORMANT'S NAME (Type/Print) MARIAN SMIGIEL				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 4029 GROVER AVE., HAMMOND, INDIANA 46327				20c. Relationship HUSBAND							
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) DECEMBER 20, 2007 ST. JOSEPH CEMETERY				21c. LOCATION—City or Town, State HAMMOND INDIANA							
22a. EMBALMER'S NAME: KEITH D. ANTHONY				22b. EMBALMER'S LICENSE NO. 01011911		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes									
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Keith D Anthony</i>				24b. LICENSE NUMBER (of Licensee) 01011911		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME ANTHONY & DZIADOWICZ FH 83002835 4404 CAMERON, HAMMOND, INDIANA 46327									
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) a. <i>Aspiration</i> DUE TO (OR AS A CONSEQUENCE OF):										MICHIGAN REQUIREMENTS 2010 DEC 30 AM 10:22 FILED FOR RECORD STATE OF INDIANA LAKE COUNTY FILED FOR RECORD					
b. <i>Pneumonia</i> DUE TO (OR AS A CONSEQUENCE OF):															
c. <i>COPD</i> DUE TO (OR AS A CONSEQUENCE OF):															
d. <i>CAD</i> DUE TO (OR AS A CONSEQUENCE OF):															
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.										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.		SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>				MEDICAL LICENSE NO. 01025591		29d. DATE SIGNED (Month, Day, Year) DECEMBER 18, 2007							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) ALEXANDER STEMER M.D. 919 MAIN STREET, STE. 202, DYER, INDIANA 46311															
31. HEALTH OFFICER'S SIGNATURE <i>Susan W Butts DO</i>										32. DATE FILED (Month, Day, Year) 12/18/2007					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or No)		34d. DESCRIBE INJURY							
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) DEC 30 2010 PEGGY HOLAGA KATONA LAKE COUNTY AUDITOR									
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian 057097											