

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No 4808-10

State No

1. Decedent's Legal Name (First, Middle, Last) Howard E. Smith				1a. Maiden Last Name (If Female) N/A		2. Sex Male	3. Time of Death 1:21 PM	4. Date of Death (Month/Day/Year) December 23, 2010	
5. Social Security Number 312-18-1359		6a. Age - Yrs 94	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) August 15, 1916		8. Birthplace (City And State Or Foreign Country) Decker, Indiana
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input 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) St. Anthony Medical Center									
12. City Or Town, State, and Zip Code Crown Point, Indiana 46307					13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name N/A			15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation Teacher		17. Kind Of Business/Industry Education		
18. Residence - State Indiana		18a. County Lake			18b. City Or Town Crown Point				
18c. Street And Number 312 Bluebird Ave.						18d. Apt. No. N/A	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 16		20. Decedent Of Hispanic Origin Non-Hispanic			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Ray Smith				23. Mother's Name (First, Middle, Last) May Smith			23a. Mother's Maiden Last Name 01 027981 001		
24. Informant's Name Michelle Smith		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 345 W. Fullerton Pkwy, Unit 512 Chicago, IL 60614					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) Calumet Park Cemetery			25c. Location - City, Town, And State Merrillville, Indiana 46410			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Geisen Funeral Home, Crown Point 606 E. 113th Ave., Crown Point, Indiana 46307							
27b. Signature Of Indiana Funeral Service Licensee: <i>Michelle L. Katsaros</i>						27c. License Number (Of Licensee) FD29700007			
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <i>Ventricular arrhythmia</i> B. <i>cerebrovascular accident</i> C. _____ D. _____ 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									
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 type="checkbox"/> Probably <input checked="" type="checkbox"/> No <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, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input 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)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home) (Specify Location Such As Restaurant, Wooded Area) COPIES OF THIS CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$11		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code 46307		
39. Describe How Injury Occurred MAILED MAY 19 2011						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) CA			
41. Signature, Of Person Certifying Cause Of Death: <i>Elizabeth Przeniczny</i> PEGGY HOLINGA-KATONA LAKE COUNTY AUDITOR						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer 026869			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death Dr. Elizabeth Przeniczny, 5265 Commerce Dr., Crown Point, IN 46307						44. License Number 01033089		45. Date Certified 12-27-2010	
46. Additional Funeral Service Provider:						47. *Alias:			
48. Signature of Local Health Officer: <i>Susan J Best D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): December 28, 2010			

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MICHIGAN RECORDS
MAY 19 PM 12:51
APPROXIMATE INTERVAL: ONSET TO DEATH
*28 min
78 hours*

MAILED
MAY 19 2011

DEC 28 2010