94030029

Nathalie Pennington
8720 Grace
Highland IN 46322

# INDIANA STATE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

Local No. 0005-94     State No. ........

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

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

| Field | Value |
|---|---|
| 1 DECEASED—NAME (First Middle Last) | ARTHUR M. PENNINGTON |
| 2 SEX | MALE |
| 3a TIME OF DEATH | 10:30 P. |
| 3b DATE OF DEATH (Month Day Yr) | JANUARY 2, 1994 |
| 4 SOCIAL SECURITY NUMBER | 314-18-5004 |
| 5a AGE—Last Birthday (Years) | 70 |
| 5b UNDER 1 YEAR (Months / Days) | |
| 5c UNDER 1 DAY (Hours / Minutes) | |
| 6 DATE OF BIRTH (Mo. Day Yr) | May 23, 1923 |
| 7 BIRTHPLACE (City and State or Foreign Country) | Hammond, Indiana |
| 8a WAS DECEDENT A US VETERAN? | YES |
| 8b YEAR LAST SERVED IN US ARMED FORCES? | 1946 |
| 9a PLACE OF DEATH (Check only one. See instructions) | HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify) |
| 9b FACILITY NAME (If not institution give street and number) | THE COMMUNITY HOSPITAL |
| 9c CITY, TOWN OR LOCATION OF DEATH | MUNSTER |
| 9d COUNTY OF DEATH | LAKE |
| 10 MARITAL STATUS (Specify) | Married |
| 11 SURVIVING SPOUSE (If wife give maiden name) | Nathalie Van Cauwenbergh |
| 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) | Mail Carrier |
| 12b KIND OF BUSINESS/INDUSTRY | Post Office |
| 13a RESIDENCE—STATE | Indiana |
| 13b COUNTY | Lake |
| 13c CITY, TOWN OR LOCATION | Highland |
| 13d STREET AND NUMBER | 8720 Grace St. |
| 13e ZIP CODE | 46322 |
| 13f INSIDE CITY LIMITS | [ ] No [X] Yes |
| 13g ON A FARM? | [X] No [ ] Yes |
| 14 CITIZEN OF WHAT COUNTRY? | U.S.A. |
| 15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.) | [X] No [ ] Yes |
| 16 RACE—American Indian, Black, White, etc. (Specify) | White |
| 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+) | / 2 |

FILED APR 2 . 1994

**PARENTS**

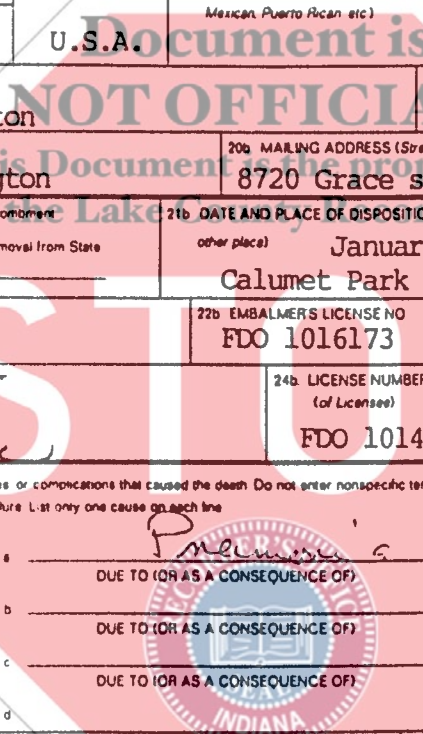
| Field | Value |
|---|---|
| 18 FATHER'S NAME (First Middle Last) | Raymond Pennington |
| 19 MOTHER'S NAME (First Middle Maiden Surname) | Anna Scholz |

**INFORMANT**

| Field | Value |
|---|---|
| 20a INFORMANT'S NAME (Type/Print) | Nathalie Pennington |
| 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | 8720 Grace st. Highland, Indiana |
| 20c Relationship | Wife |

**DISPOSITION**

| Field | Value |
|---|---|
| 21a METHOD OF DISPOSITION | [ ] Burial [X] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify) |
| 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | January 6, 1993 Calumet Park Cemetery |
| 21c LOCATION—City or Town, State | Merrillville, Indiana |
| 22a EMBALMER'S NAME | Edgar Gleim |
| 22b EMBALMER'S LICENSE NO | FDO 1016173 |
| 23 WAS DEATH REPORTED TO CORONER? | [X] No [ ] Yes |
| 24a SIGNATURE OF FUNERAL DIRECTOR | (signature) Kuiper |
| 24b LICENSE NUMBER (of Licensee) | FDO 1014511 |
| 25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME | Kuiper Funeral Home 9039 Kleinman Rd Highland, Indiana FDH-300-7500 |




**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)
a. Pneumonia [handwritten, partly illegible]
DUE TO (OR AS A CONSEQUENCE OF)
b.
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I: [handwritten, illegible]

| Field | Value |
|---|---|
| 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) | |

**CERTIFIER**

29a CERTIFIER (Check only one)
[X] 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

| Field | Value |
|---|---|
| 29b SIGNATURE AND TITLE OF CERTIFIER | (signature) Salman Gailani |
| 29c MEDICAL LICENSE NO | 27970 |
| 29d DATE SIGNED (Month Day Year) | JANUARY 3 1994 |

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
DR. SALMAN D. GAILANI, M. D. 9116 COLUMBIA AVENUE MUNSTER, INDIANA 46321

**HEALTH OFFICER**

| Field | Value |
|---|---|
| 31 HEALTH OFFICER'S SIGNATURE | Alexander S. Williams, M.D. |
| 32 DATE FILED (Month Day Year) | Jan 4, 1994 |

**CORONER USE ONLY**

33 MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] 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)

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

31212 10.00

#27-98-13

SDH06 004 State Form 10110 (R3 / 3-92) DEATHCERT RD