Local No. 0448 ~~92~~

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1 DECEASED—NAME (First Middle Last): Kathryn E. Penman
- 2 SEX: Female
- 3a TIME OF DEATH: 6:32 p M
- 3b DATE OF DEATH (Month Day Yr): February 24, 1992
- 4 SOCIAL SECURITY NUMBER: 332-12-4847
- 5a AGE—Last Birthday (Years): 73
- 5b UNDER 1 YEAR (Months / Days):
- 5c UNDER 1 DAY (Hours / Minutes):
- 6 DATE OF BIRTH (Mo Day Yr): June 6, 1918
- 7 BIRTHPLACE (City and State or Foreign Country): Superior, Wisconsin
- 8a WAS DECEDENT A U.S. VETERAN?: No
- 8b YEAR LAST SERVED IN U.S. ARMED FORCES?: ------
- 9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
- 9b FACILITY NAME (If not institution give street and number): 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): Robert Penman
- 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: Munster
- 13d STREET AND NUMBER: 241 Beacon Place
- 13e ZIP CODE: 46321
- 13f INSIDE CITY LIMITS: ☐ No ☒ Yes
- 13g ON A FARM?: ☒ No ☐ Yes
- 14 CITIZEN OF WHAT COUNTRY?: U.S.A.
- 15 WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ 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 Yrs; College (1-4 or 5+):

PARENTS

- 18 FATHER'S NAME (First Middle Last): Richard Hagstrom
- 19 MOTHER'S NAME (First Middle Maiden Surname): Mabel A Gunderdahl

INFORMANT

- 20a INFORMANT'S NAME (Type/Print): Robert Penman
- 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 241 Beacon Pl. Munster, Indiana 46321
- Relationship: Husband

DISPOSITION

- 21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
- 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): February 27, 1992 Calumet Park Cemetery
- 21c LOCATION—City or Town, State: Merrillville, Indiana
- 22a EMBALMER'S NAME: Kevin W. Kish
- 22b EMBALMER'S LICENSE NO: 1021590
- 23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
- 24a SIGNATURE OF FUNERAL DIRECTOR: Kevin W. Kish
- 24b LICENSE NUMBER (of Licensee): 1021590
- 25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Burns-Kish Funeral Home #004988, 8415 Calumet Ave, Munster, Indiana 46321

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.	Cerebral hemorrhage	
DUE TO (OR AS A CONSEQUENCE OF): b.	General arteriosclerosis	
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 contributing to death but not precisely related to 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): N/A

CERTIFIER

- 29a CERTIFIER (Check only one): ☐ 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.
- 29b SIGNATURE AND TITLE OF CERTIFIER: John Lanman MD
- 29c MEDICAL LICENSE NO: 1F203
- 29d DATE SIGNED (Month, Day, Year): 3/10/92
- 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. John Lanman, 716 Seberger Dr., Munster, Indiana 46321

HEALTH OFFICER

- 31 HEALTH OFFICER'S SIGNATURE: Alexander S. Williams, M.D.
- 32 DATE FILED (Month, Day, Year): March 10, 1992

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 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.:

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PO 1

THE ABOVE IS CERTIFIED ... COMPLETE COPY ... DEATH ON FILE ... HEALTH OFFICE

DEC 16 1994

Alexander S. Williams
LAKE COUNTY HEALTH COMMISSIONER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 JAN -3 AM 8:34
... A G. CORBY
RECORDER

95000387

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.
DEC 28 1994
001281
[signature]
AUDITOR LAKE COUNTY

Hollywood Manor E 32ft Lot 21 & Lot 22 Both in Block 2 Key#28-61-22 Unit#18

Beckman, Kelly & Smith atty 5920 Hohman Ave Hm X6320-2425