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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.

Local No. 2985-02

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): SIDNEY JEENINGA
2 SEX: MALE
3a TIME OF DEATH: 10:42 A.M.
3b DATE OF DEATH (Month, Day, Yr): DECEMBER 16, 2002
4 *SOCIAL SECURITY NUMBER: 310-42-9416
5a AGE—Last Birthday (Years): 79
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Mo, Day, Yr): Apr.24,1923
7 BIRTHPLACE (City and State or Foreign Country): Netherlands
8a WAS DECEDENT A U.S. VETERAN?: no
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: none
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): 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): Helen Hoekstra
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): maintenance man
12b KIND OF BUSINESS/INDUSTRY: maintenance
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN, OR LOCATION: Munster
13d STREET AND NUMBER: 616 South St.
13e ZIP CODE: 46321
13f INSIDE CITY LIMITS: ☐ No ☒ Yes
13g ON A FARM?: ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?: USA
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): 6; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First, Middle, Last): Johannes Jeeninga
19 MOTHER'S NAME (First, Middle, Maiden Surname): Tjipke Hempenius

INFORMANT

20a INFORMANT'S NAME (Type/Print): Helen Jeeninga
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 616 South St.,Munster,IN46321
20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Entombment ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Dec.19,2002 Munster Christian Reformed Cem.
21c LOCATION—City or Town, State: Munster, IN
22a EMBALMER'S NAME: Daniel Holste
22b EMBALMER'S LICENSE NO: IL034-014638
23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b LICENSE NUMBER (of Licensee): FD01000857
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: LaHayne FH19400005,6955 eastern, Hammond,IN for Schroeder-Lauer South-3227 Ridge Rd.,Lansing,IL60438

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STOP
RECORDER'S OFFICE SEAL INDIANA

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. Acute respiratory distress syndrome
DUE TO (OR AS A CONSEQUENCE OF):
b. Acute renal failure
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

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): none

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: [signature]
29c MEDICAL LICENSE NO: 01033200
29d DATE SIGNED (Month, Day, Year): DECEMBER 20, 2002
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): EDWARD FARA, M.D. 761 45TH STREET MUNSTER, INDIANA 46321

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [signature] D.O.
32 DATE FILED (Month, Day, Year): December 23 2002

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?
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.

FILED JUN 14 2005 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

2005 049255

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2005 JUN 15 MICHAEL A. BROWN RECORDER

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

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LP
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SDH06-004 State Form 10110 (R5/1-99)