INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Loca		12-0	P Pa	rce1#	45-11-	-17-39	54-0	8 State	No	36	
1. Decedent's Legal Name (First, Middle, Last) ROBERT L. PENTEK				1a. Maiden Last N N/A	ame (If Female)	emale) 2. Sex MALE		3. Time Of 4:17A	Death 4.	Date Of Death (Month/Day/Year) ARCH 27, 2008	
5. Social Security Number 344-32-4375	6a. Age – Yrs 68	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day	6e. Under 1 Hour Minutes	1	19 Birth (Month/Day	1	Birthplace (City And	State Or Foreign Country)	
9. Ever In U.S. Armed Forces? Yes No Unknown	☐ Inpatie	th Occurred in A Hosp ent 🔲 Emergency De	ital: partment Outpatient 🔲 [Dead On Arrival		urred Somewhere Oth			Care Facility	ner (Specify)	
11. Facility Name (If Not Institution 1436 CHURCH)	ILL DR.										
12. City Or Town, State, And Zip Code SCHERERVILLE					13. County Of Death IAKE			ů.	14. Marital Status At Time Of Death Married Marshed, But Separated Divorced		
15. Surviving Spouse's Name 15a JOANNE				e Maiden Last Name SCH	í	16. Decedent's Usual Occupation DRIVER			Widowed		
18. Residence – State INDIANA					18b. City Or Town SCHERERVILLE				0		
18c. Street And Number 1436 CHURCH	ILL DR.				_ !		18d. Ap	t. No.	18e. Zip Color	18f. Inside City Limits?	
19. Decedent's Education 2 YRS. COLLEC	c Origin	21. Decedent's Race WHITE				9					
22. Father's Name (First, Middle, Last) PETER PENIEK					23. Mother's Name (First, Middle, Last) MYRTLE				23a. Mother's Maiden Last Name BABAN		
JOANNE PENTE		>	24a. Relationship To	Decedent		ess (Street And Numb		,	TLE. IN	46375	
25a. Method Of Disposition.		25b. Place (Of Disposition (Name Of C	25. Pla	ace Of Disposition	13	- City, Town, And			+05/5	
☐ Burial 【 Cremation ☐ Dona ☐ Removal From State ☐ Other (Specify):			TS CREMAT		H 29, 08	CHICAC	OT HIS	., 111	TTNOIS	STAT	
26. Was Coroner Contacted?	760	7 W. LIN	GE FUNERAL COLN HWY	L HOME	is the point. Re	mozskov	y of	E	220	Funeral Rome dicense Number:	
27b. Signature Of Indiana Funeral	Service Licensee	stro				D • 40307		Number (Of Unit	Insee):	RES	
28. Part I. Enter The Chain Such As Cardiac Arrest, Res	paatory Arrest,	seases, Injuries, O Or Ventricular Fib	Complications The	t Directly Course	The Death D	And Examples) Not Enter Termina		^	0¥× 5	TApproximate	
A Line. Add Additional Lines Immediate Cause (Final Dise	ii ivecessai y.				it140h	my No	Way	fen	œ	Interval: Onset To Death	
Sequentially List Conditions, Line A. Enter The Underlying The Events Resulting In Deal	ı Cause (Disea	To The Cause Lisse Or Injury That I	sted On B		Curapsh	Due to Ar A Co	Wiseque Passey	der _			
Part II. Enter Other <u>Significant Con</u>		ng To Death But Not E				Due To (Or As A Co	insequence of):			· · · · · · · · · · · · · · · · · · ·	
31. Did Tobacco Use Contribute To				y Cause Given in Pa	O	30. Were Autop		☑ Yes	No The Cause Of Dea	Yes No	
Yes Probably No Unknown	1	☐ Not Pregnant	Within Past Year Pregna , But Pregnant 43 Days To 1 Y		Not Pregnant, But Pregn Unknown if Pregnant With	ant Within 42 Days Of Dea in The Past Year	th Natura	nner Of Death: Homicide	Accident Pending In	vestigation	
34. Date Of Injury (Month/Day/Year	r)	35. Time Of li	njury			cedent's Home, Cons	truction Site, Rest	taurant, Wooded	Area)	37. Injury At Work? ☐ Yes ☐ No	
38. Location Of Injury - State		38a. City Or T	own		Number			3	8c. Apt. No.	38d. Zip Code	
39 Describe How Injury Occurred	<u></u>	Di	SEP X	2 2008				Transportation In		1 DOEE VED	
41. Signature, Of Pelson Cera (no	Sayse Of Death:	LA	GGY HOLII	VGA KATO	ONA	42. 0	Certifier (Check Or			10303	
43. Name, Address And Zip Co	de de Person C			- AUDIT	OR	录	Certifying Physici	an Coroner		Date Certified	
46. Additional Funeral Service Provi	$\overline{}$	Dation	uslic 11359	5497	m/ (one	Imil	h 4637	. *Akas:	010291	162A /27/00	
48. Signature of Local Health Office		Best	- 00			49. F	or Registrar Onl		lonth/Day/Year):		
ate Form 10110 (R7/9-07) ATTENTION				to pursue its statutoro rece	ponsibility Disclarure	oluntary and the committee	Mar	ch,	37,3	70QS	
		=	,		,, Gradostre IS V	ner y en uner e Will De N	o penany for refusal. T	TE RECORDS IN TH	HIS SERIES ARE CONFI	DENTIAL PER IC 16-3 7-1-10	