INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Regina 1. Smith Pennington	Local N	٧٥	#10-390			45-	08-3	MAKEY	MAN AND	20,0		ひ ()
State Stat	-	-	Sn	nith	1a. Maiden Last Na	ino (in romeno)	ton F	FER for	F.E.6081	Augi	ust 23,	2010
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Transfer		10. If Deat		ospital;	Hours	10a. If Death Occur			T** 18 # 5			
12 County Stream Name Act 12 County 1				Department Outpatient	Dead On Arrival	☐ Hospice Facility	Decedent's Holde			ilik ☐ Other (Spe	ecify)	**********
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Ralph A. Smith Ralph A. Smith N/A Supervisor Mittal Steel Lake Gary 16. Ad. No. 16. Ad.									XX Married Married, But Separated Divorced			
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Terry L. Pennington Lillie B. Pennington Key		_	ge	NO				ck		12a Mother's Mai	den Laci Name	
Ralph A. Smith Husband St. Flace of Disposition St. Flace of Disposition St. Flace of Disposition August 30, 2010 Evergreen Cemetery Hobart, Indiana St. Flace of Disposition Remonstructions August 30, 2010 Evergreen Cemetery Hobart, Indiana St. Flace of Disposition Remonstructions August 30, 2010 Evergreen Cemetery Hobart, Indiana St. Flace Control Flow State Remonstructions August 30, 2010 Evergreen Cemetery Hobart, Indiana St. Flace Control Flow State Remonstructions And Examples) Flow St. Remonstructions And Examples Flow Remonstructions And Examples Remonstructions And Examples Flow Remonstructions And Examples Cause of Death (See Instructions And Examples) To Disposition Lines if Resposition Agust, or ventricular Fibrillation Without Showing The Elosogy. Do Not Abbreviate. Enter Only One Cause On Indiana A Line. Add Addisonal Lines if Resposition Agust, or ventricular Fibrillation Without Showing The Elosogy. Do Not Abbreviate. Enter Only One Cause On Indiana A Mark Cardiac Areas, Responsibly List Conditions, Harry, Leading To The Cause Ustad On Indiana Cause (Plana Disease Or Injury That Indiana One Sequence of Injury Sequ	Terry L. Per		con			Lilli	e B. Penr	_			ueii Lasi Naille	
25. Name of Disposition 26. Place of Disposition 27. Place of Disposition 28. Place of Disposition 28. Place of Disposition 29. Place of Disposition 20. Place of Dispos		t h					·			Indiana	64408	
Remore Commistion Donaletin Enterobment Evergreen Cemetery Hobart, Indiana	Raiph M. Dair				25. Pl	ace Of Disposition			,			
276. License Number (Of Licensee): #08700646 276. License Number (Of Licensee): #087006466 277006466 276. License Number (Of Licensee): #087006466 277006466 277006466 277006466 2770064666 2770064666 2770066666 27800666666 278006666666666666666666666666666666666	© Xoxal ☐ Cremation ☐ Donation☐ Removal From State☐ Other (Specify) 26. Was Coroner Contacted?		E	vergreen Ce	emetery	s, Inc	Нова	art,India	ana			lumber:
#08700646 Cause Of Death (See Instructions And Examples) 28. Part I. Enter The Chain Of Events—Piseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Affest, Or Ventricular Fibrillation Without Showing The Editology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines if Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death To Disease Or Condition Resulting In Death To Disease Or Condition Resulting In Death But Not 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 C Dut To (Or An A Condensemence Off) To Disease Off Death (See Instructions) The Events Resulting In Death Date of North And Conditions Contributes To Death But Not Resulting In The Underlying Cause Given In Part I 29. Was an Audiopsy Performed? Ty Or Death To Disease Or Conditions Contributes To Death But Not Resulting In The Underlying Cause Given In Part I 29. Was an Audiopsy Performed? Ty Or Death To Disease Or Death (See Preparts But	(11th Avenu	ie Gary,	<u>Indiana</u>	46404	27a Lianna Num	hor (Of Liannana)		3007704	
28. Part Enter The Chain of Events Disease Diseases Disease Dise	I Were	<u> </u>	1			1 4 4						
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 Death Surface Of Control Cont	Such As Cardiac Arrest, Respi A Line. Add Additional Lines I	oiratory Atrés If Necessary	st, Or Ventricula ⁷ .	es, Or Complications—7 ir Fibrillation Without Sh	That Directly Cause nowing The Etiology	d The Death, Do . Do Not Abbrevi	Not Enter Terminal ate. Enter Only On	e Cause On	ur		Approxim Interval: To Death	Onset
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Undertying Cause Given In Part I 29. Was An Autopsy Performed? Yes No 30. Were Autopsy Findings Available To Complete The Cause Of Death? Yes 31. Did Tobacco Use Contribute To Death? Street Resulting In The Undertying Cause of Death Not Pregnant At Time Of Death Not Pregnant	Sequentially List Conditions, If Line A. Enter The Underlying	If Any, Leadir Cause (Dise	ng To The Caus	se Listed On B. That Initiated	,		Due To (Or As A Con	sequence Of):				
31. Did Tobacco Use Contribute To Death? Yes 32 If Female: 33 More of Death? Yes 34 Probably No Unknown 16 Prognant Al Time of Death 16 Prognant Within 12 Days of Death 16 Actural 16 Honicide 16 Honici	Part II. Enter Other Significant Conc	ditions Contrib	uting To Death But		rlying Cause Given In F	art I	29. Was An Auto	opsy Performed?	□Yes 🔀	1 No		
Ves Probably No Unknown Not Pregnant At Time Of Death Not Pregnant, But Pregnant At Time Of Death Not Pregnant, But Pregnant At Time Of Death Unknown if Pregnant Within 72 Days Of Death Suicide Could Not Be Determined 34. Date Of Injury (Month/Day/Year) 35. Time Of Injury 36. Place Of Injury (E.G., DecSEP on Status) Not Pregnant, But Pregnant At Time Of Death Unknown if Pregnant Within 72 Days Of Death Suicide Could Not Be Determined 37. Injury At Work Yes 38. Location Of Injury - State 38. City Or Town 38b. Street & Number GGGY HOLINGA KATONA 38c. Apt. No. 38d. Zip Code 38d. Zip Code Akt Country AUDITOR Akt Country AUDITOR Akt Country AUDITOR Driver/Operator Passenger Pedestrian Other (Specify) At Certifying Physician Coroner Health Officer At License Number At Days Certifying Physician Coroner Health Officer At License Number At Days Certifying Cause of Person Certify						ă	30. Were Autops	y Findings Available	o Complete The C	Cause Of Death?	Yes XX	No
Not Pregnant, But Pregnant, But Pregnant, But Pregnant & Dunknown in Pregnant William I he Past Year Suicide Could Not Be Determined 37. Injury At Work Yes 38. Location Of Injury - State 38a. City Or Town 38b. Street & Number COUNTY AUDITOR State AVERTOCOUNTY AUDITOR State Signature, of Person Certifying Cause of Seath: Dr. Ricardo Avert County Pregnant, But Pregnant & Dr. Ricardo Avert County (E.G., DeoSEP) on Certifying Cause of Death: Avert Coun	2.		☐ Not P	regnant Within Past Year D Pre						d 🗆 Pending Investig	ation	
39 Describe How Injury Occurred 40. If Transportation Injury, Specify: Driver/Operator Pessenger Pedestrian Other (Specify) 41. Signature, Of Person, Certifying Cause of Reath: Dr. Ricardo 42. Certifier (Check Only One) 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, Address And Zip Code Of Person Certifying Cause Of Death: As Name, A	•							Suicide tr2010 e, Restaura		ned 37	. Injury At Work?	
39 Describe How Injury Occurred 40. If Transportation Injury, Specify. Driver/Operator Pessenger Pedestrian Other (Specify) 41. Signature, Of Person Certifying Cause Of Specify 42. Certifier (Check Only One) Certifying Physician Coroner Health Officer 43. Name, Address And Zip Code Of Person Certifying Cause Of Death 13 3 West Oriology Anne Gast Chicago Zix 463/3 Oriology Oriology	38. Location Of Injury - State		38a. Ci	ty Or Town	38b. S	PEGC	Y HOLING	A KATON	A 38c. Ap	ot. No. 38d.	Zip Code	And the section of th
Dr. Ricardo Certifying Physician Coroner Health Officer 43. Name, Address And Zip Code Of Person Certiffing Cause Of Death 13 13 West Chicago And Gast Chicago Zix 463 12 0/036 132A \$27/2	39 Describe How Injury Occurred		l		1	————ANI	: COUNT	40. If Trai	isportation Injury, S		Other (Specify)	
43. Name, Address And Zip Code Of Person Certiffing Cause Of Death 1313 West Chicago Zx 46312 010361324 8/27/2	41. Signature, GIPerson Certifying Cause of Seath Dr. Ricardo						Certifying Physician Coroner Health Officer					
46. Additional Funeral Service Provider:	1313We	of _	n Certifying Cau		Gust C	hicaso.	ZX 46	3/2 0/	03673	32A 8	27/20	<u>′</u>
49. For Registrat Only—Data Fied (Monty/Data Fied (Monty/				\sim			· · · · · · · · · · · · · · · · · · ·		nes.	Thank a la sa		<u>C5</u>
48. Signature of Local Health Officer: 49. For Registrar Only—Internet Model 19. SEP 011 2010	48. Signature of Local Health Office	er:	21	book	40		_	_ C	EP 01	2010	l.	