

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. #10-390

45-08-21 LAKE COUNTY #020,000 604  
FILED FOR RECORD

1. Decedent's Legal Name (First, Middle, Last) Regina L. Smith			1a. Maiden Last Name (If Female) Pennington			2. Sex Female		3. Time Of Death 7:26 PM		4. Date Of Death (Month/Day/Year) August 23, 2010							
5. Social Security Number 311-58-2613		6a. Age - Yrs 58		6b. Under 1 Year 2010		6c. Under 1 Month 052055		7. Date Of Death (Month/Day/Year) November 25, 1951		8. Birthplace (City And State Or Foreign Country) Gary, Indiana							
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)											
11. Facility Name (If Not Institution, Give Street And Number) 3570 Jefferson Street																	
12. City Or Town, State, And Zip Code Gary, Indiana						13. County Of Death Lake			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown								
15. Surviving Spouse's Name Ralph A. Smith				15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation Supervisor			17. Kind Of Business/Industry Mittal Steel								
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Gary			18c. Street And Number 3570 Jefferson Street		18d. Apt. No.	18e. Zip Code 46408	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
19. Decedent's Education 2 Years of College			20. Decedent Of Hispanic Origin NO			21. Decedent's Race Black											
22. Father's Name (First, Middle, Last) Terry L. Pennington				23. Mother's Name (First, Middle, Last) Lillie B. Pennington				23a. Mother's Maiden Last Name Key									
24. Informant's Name Ralph A. Smith			24a. Relationship To Decedent ← Husband →			24b. Mailing Address (Street And Number, City, State, Zip Code) 3570 Jefferson Street Gary, Indiana 64408											
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) August 30, 2010 Evergreen Cemetery			25c. Location - City, Town, And State Hobart, Indiana											
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404						27a. Funeral Home License Number: 83007704									
27b. Signature Of Indiana Funeral Service Licensee: <i>Valerie J. Broad</i>						27c. License Number (Of Licensee): #08700646											
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Metastatic Lung Cancer</u> Due To (Or As A Consequence Of): B. <u>Lung Cancer</u> Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ Due To (Or As A Consequence Of): Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I																	
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			34. Date Of Injury (Month/Day/Year)			35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) SEP 09 2010		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR			38c. Apt. No.		38d. Zip Code						
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)											
41. Signature, Of Person Certifying Cause Of Death: <i>Dr. Ricardo</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer											
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: 1313 West Chicago Ave East Chicago IN 46312						44. License Number 01036132A		45. Date Certified 8/27/2010									
46. Additional Funeral Service Provider:						47. *Akas:											
48. Signature of Local Health Officer: <i>R. Adams</i>						49. For Registrar Only - Date Filed (Month/Day/Year) 004019 SEP 01 2010		CS 11:00 RB									