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TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

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Disposition Permit  
Issued  /   
Provisional  
Certificate  
 Yes  No

File Sub. No. 1 of the  
Individual Certificate  
of Death  
ON FILE WITH HIGHLAND COUNTY HEALTH DEPT.  
OCT 21 1980

EMBALMER'S NAME: *Redd A. Reid* LICENSE No. *107*  
FUNERAL DIRECTOR'S SIGNATURE: *Ray J. Frey* LICENSE No. *1536*  
FUNERAL HOME: *James P. DeLoe* LICENSE No. *1536*

Local No. *1573-80*  
FUNERAL HOME No. *750*  
DECEASED  
DUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE DEATH  
PARENTS  
DISPOSITION  
M.D.  
OR  
D.O.  
CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. *196*

DECEASED - NAME <b>MATTHEW G. VUKSINIC</b>		SEX <b>MALE</b>	DATE OF DEATH <b>10/18/80</b>
RACE <b>WHITE</b>	AGE - Last Birthday <b>68</b>	DATE OF BIRTH <b>8/18/12</b>	COUNTY OF DEATH <b>LAKE</b>
CITY, TOWN OR LOCATION OF DEATH <b>MUNSTER</b>		HOSPITAL OR OTHER INSTITUTION <b>COMMUNITY HOSPITAL</b>	
STATE OF BIRTH <b>INDIANA</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>MARRIED</b>	SURVIVING SPOUSE <b>MARY ZIVICI</b>
SOCIAL SECURITY NUMBER <b>306-03-6873</b>		USUAL OCCUPATION <b>RETIRED</b>	KIND OF BUSINESS OR INDUSTRY <b>MOBILE</b>
RESIDENCE - STATE <b>INDIANA</b>	COUNTY <b>LAKE</b>	CITY, TOWN OR LOCATION <b>HIGHLAND</b>	
STREET AND NUMBER <b>2912 - 43RD ST.</b>		IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FATHER - NAME <b>ANDREW VUKSINIC</b>	MOTHER - MARRIED NAME <b>MARY STUPIC</b>	MARRIED ADDRESS <b>2912 43rd STREET HIGHLAND INDIANA 46322</b>	
BURIAL, CREMATION, REMOVAL, OTHER <b>BURIAL</b>		CEMETERY OR CREMATORY - FUNERAL HOME <b>ST. JOHN CEMETERY</b>	LOCATION <b>HAMPOND, INDIANA</b>
DATE <b>OCTOBER 22, 1980</b>		FUNERAL HOME - NAME AND ADDRESS <b>KUIPER FUNERAL HOME 9039 KLEINMAN RD. HIGHLAND, IND.</b>	
NAME OF ATTENDING PHYSICIAN <b>DR. JUAN TAN</b>		DATE SIGNED <b>10/20/80</b>	HOUR OF DEATH <b>NOV 6 2 07 PM 1980</b>
ADDRESS - PHYSICIAN <b>8230 CALUMET AVE. MUNSTER, INDIANA 46321</b>		DATE RECEIVED BY LOCAL HEALTH OFFICE <b>10-21-80</b>	
CAUSE <b>Cardiac Arrest (Acute myocardial Infarction) Hypertension Hypertension and atherosclerotic Heart Disease Stroke with Left Hemiparesis</b>			

FILED  
NOV 6 1980  
HIGHLAND COUNTY

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
WILLIAM BIEDER  
RECORDED  
NOV 6 2 07 PM 1980

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