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KEY 41-117-12
BROADMOOR SUB
LOT 12 BL 2

1171

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

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. 194-82

State No. _____

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- 1 _____
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FUNERAL HOME No. 242
 LICENSE No. 419
 FUNERAL DIRECTOR'S LICENSE No. 968
 EMBALMER'S NAME James Gholston
 FUNERAL DIRECTOR'S SIGNATURE Robert W. ...

1 DECEASED—NAME MILUTIN POPOVIC		2 SEX Male	3 DATE OF DEATH (MONTH, DAY, YEAR) February 3, 1982
4 RACE—(a) White, Black, American Indian, or (b) Specify White	5a AGE—Last birthday 60	5b UNDER 1 YEAR MOS _____ DAYS _____	5c UNDER 1 DAY HOURS _____ MINS _____
6 CITY, TOWN OR LOCATION OF DEATH Merrillville		7c HOSPITAL OR OTHER INSTITUTION—Name (if not in color, give street and number) Broadway Methodist Hospital	7d IF HOSP. OR INST. Indicate DOA, DP, (Specify) Im, Inpatient (Specify) Inpatient
8 STATE OF BIRTH (if not in U.S.A. name country) Jugoslavia	9 CITIZEN OF WHAT COUNTRY USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11 SURVIVING SPOUSE (if wife, give maiden name) Millicent Momcilovich
12 SOCIAL SECURITY NUMBER 304 34 3606		13a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Dept.	13b KIND OF BUSINESS OR INDUSTRY US Steel
14a RESIDENCE—STATE Indiana	14b COUNTY Lake	14c CITY, TOWN OR LOCATION Gary	
15d STREET AND NUMBER 4773 Mass. Street		15e IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15f INSIDE CEMETERY (Specify Yes or No)
15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
16 FATHER—NAME Simo Popovic		17 MOTHER—MAIDEN NAME Rosa Radovic	
18a INFORMANT—NAME (Specify as parent) Millicent Popovic Wife		18b MAILING ADDRESS (Specify if not home) 4773 Mass. St. Gary, Indiana	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY—FUNERAL HOME Calumet Park Cem. Merrillville, Ind.	
20a DATE (MONTH, DAY, YEAR) February 5, 1982		20b FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Stillinovich, Palmer & Wiatrolik 4213 Bovy	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated Raymond Doherty		21b DATE SIGNED (Mo., Day, Yr.) 2-4-82	21c HOUR OF DEATH 2:55 A.M.
21d NAME OF ATTENDING PHYSICIAN (Type as Print) Dr. Raymond Doherty			
21e MAILING ADDRESS (Specify if not home) 8695 Penn. St. Merrillville, Indiana 46410		21f DATE RECEIVED BY LOCAL HEALTH OFFICER 2-8-82	
22a HEALTH OFFICER—SIGNATURE Gene Tracy M.D.		22b	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Mycocardial Infarction		FILED	
PART I (a) DUE TO OR AS A CONSEQUENCE OF		MAR 29 1982	
(b) DUE TO OR AS A CONSEQUENCE OF			
(c) DUE TO OR AS A CONSEQUENCE OF			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUDITOR LAKE COUNTY	
24. AUTOPSY (Specify Yes or No)			

Disposition Permit Issued / /

Provisional Certificate

Yes No

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE