

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

How for State Office Use

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**FILLED**

JUL 20 1982  
419

Disposition Permit  
Issued / /  
Provisional  
Certificate  
 Yes  No

EMBALMER'S NAME James Gholston

FUNERAL DIRECTOR'S SIGNATURE Robert Wiatrolik

LICENSE No. 419

FUNERAL DIRECTOR'S LICENSE No. 968

FUNERAL HOME No. 242

Local No. 82-0383

6751

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

State *4cc* *RSB*  
No. *22111*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 18d

PARENTS

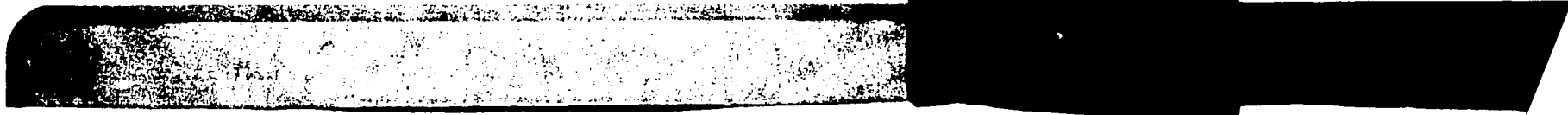
DISPOSITION

CERTIFIER

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

CAUSE

DECEASED—NAME 1 DRAGO STEFANOVIC		SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) June 9, 1982
RACE—(e.g. White, Black, American Indian, etc.) (Specify) White	AGE—Last Birthday (Year) 6a 76	UNDER 1 YEAR MOS DAYS HOURS MINES 8b	DATE OF BIRTH (Mo., Day, Yr.) April 25, 1906
CITY, TOWN OR LOCATION OF DEATH 7b Gary	HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) 7c 425 W. 4th Ave.		COUNTY OF DEATH Lake
STATE OF BIRTH (If not in U.S.A. name of country) Jugoslavia	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Grozda Andric
SOCIAL SECURITY NUMBER 13 308 32 4673	USUAL OCCUPATION (Give kind of work done during most of working life (Specify)) 14a Retired		KIND OF BUSINESS OR INDUSTRY 14b Youngstown Sheet & Tube
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary	IF HOSP OR INST. Indicate DATA OF/From Rec. (Specify)
STREET AND NUMBER 18d 425 W. 4th Ave.	IS RESIDENCE ON A FARM? 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF DECEDENT EVER IN U.S. ARMED FORCES (Specify Year or Year)
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME FIRST MIDDLE LAST 16 Stevan Stefanovic		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17 Pauna Milovanovic	
INFORMANT—NAME (If informant is relative, name of relationship) 18a Grozda Stefanovic Wife		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 425 W. 4th Ave. Gary, Indiana	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE 19b Most Holy Mother of God 19c Third Lake, Illinois	
DATE (MONTH, DAY, YEAR) 20a June 12th, 1982		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b Stilinovich, Palmer & Wiatrolik 4213 Bdwy. Gary,	
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. 21a Signature <i>A. Willardo, M.D.</i> NAME AND ADDRESS OF CERTIFIER (If you or Print) 21b Albert T. Willardo, M.D., 2293 N. Main, Crown Point, Indiana 46307		DATE SIGNED (Mo., Day, Yr.) 21b 6-10-82 M 21c PRONOUNCED DEAD (Mo., Day, Yr.) 21d ON 6-9-82 21e AT 59	
HEALTH OFFICER—SIGNATURE 22a <i>E. N. Caldwell, M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JUN 10 1982	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR INITIAL AND FINAL) PART I (a) vascular collapse DUE TO, OR AS A CONSEQUENCE OF (b) due to arteriosclerotic heart and vascular disease DUE TO, OR AS A CONSEQUENCE OF (c)		Interval between onset and death undetermined	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24. no		AUTOPSY (Specify Yes or No)	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a Natural	DATE OF INJURY (Mo., Day, Yr.) 25b	HOUR OF INJURY 25c M	DESCRIBE HOW INJURY OCCURRED 25d
INJURY AT WORK (Specify Yes or No) 25e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f	LOCATION 25g	STREET OR R.F.D. NO. CITY OR TOWN STATE



RECEIVED  
JUN 10 1982

1982 JUN 10

CERTIFIED COPY  
*E. N. Caldwell, M.D.*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE JUN 10 1982