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RECORD

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THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

OCT 9 1984

45-212-Bl. 3
L.I. L14 Bl. 3 alt. L. 15-Bl. 3

LICENSE No. 419

EMBALMER'S NAME James Gholston

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

No. 242

LICENSE No. 968

SIGNATURE Robert W. [Signature]

LAKE COUNTY HEALTH COMMISSIONER

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

M.D. OR D.O.

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

CAUSE

DECEASED

Local No. 1844-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED - NAME 1. MILE VOJNOVIC		SFX 2. Male	DATE OF DEATH (MONTH DAY YEAR) 3. October 2, 1984
RACE - (e.g. White, Black, American Indian, etc.) (Specify) 4. White	AGE - Last Birthday (Yrs) 5a. 92	UNDER 1 YEAR MOS 5b.	UNDER 1 DAY HOURS 5c.
CITY, TOWN OR LOCATION OF DEATH 7b. Crown Point		HOSPITAL OR OTHER INSTITUTION - (Name (if not in index give street and number)) 7c. St. Anthony Hospital	IF HOSP OR INST indicate DOA OP Emer. Rm., Inpatient (Specify) 7d. Inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8. Jugoslavia	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife give maiden name) 11. Kata Vojnovic
SOCIAL SECURITY NUMBER 13. 312-05-0239	USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a. Retired (Millwright)	KIND OF BUSINESS OR INDUSTRY 14b. U.S. Steel	
RESIDENCE - STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Gary	
STREET AND NUMBER 15d. 4455 Connecticut Street		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY ST. OR NO.) 15f. Yes
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 16. Matija Vojnovic		MOTHER - MAIDEN NAME 17. Stana Olenck	
INFORMANT - NAME (Type or Print) 18a. Kata Vojnovic	RELATIONSHIP (Wife)	MAILING ADDRESS 18b. 4455 Connecticut Street	CITY OR TOWN Gary, Indiana 46408
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY - FUNERAL HOME 19b. Calumet Park Cemetery	LOCATION 19c. Merrillville, Indiana	
DATE (MONTH, DAY, YEAR) 20a. October 5, 1984	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Stilinovich & Wiatrolik 7535 Taft Merrillville, IN 46410		
To the best of my knowledge death occurred on the (date and place and due to the cause(s) stated) 21a. (Signature) [Signature]		DATE SIGNED (Mo. Day, Yr.) 21b. 10/4/84	HOUR OF DEATH 21c. 4:45 P.M.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. Ernest C. Mirich, M.D.			
MAILING ADDRESS - PHYSICIAN 21e. 521 East 86th Avenue Merrillville, Indiana 46410			
HEALTH OFFICER - SIGNATURE 22a. [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 10-9-84	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Cardiac arrest			Interval between onset and death 7-10 days
(b) Due to OR AS A CONSEQUENCE OF Congestive heart failure			
(c) Due to OR AS A CONSEQUENCE OF Arteriosclerotic heart failure			
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) 24. No

RECORDED
INDEXED
OCT 6 10 49 AM '84
STATE OF INDIANA / S.S. NO. LAKE COUNTY RECORD

FILED

OCT 26 1984

AUDITOR LAKE COUNTY [Signature]

1279