

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. MAY 25 1983

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Below for State Office Use

HAMMOND HEALTH COMMISSIONER

LICENSE No. 1876

Date Issued

ROD A. SLYV

FILED

JUN 04 1983

AUDITOR LAKE COUNTY

FUNERAL HOME No. 285  
FUNERAL DIRECTOR'S LICENSE No. 405  
FUNERAL DIRECTOR'S SIGNATURE: *Michael A. Gail*

857140

Local No. 383

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1. Mato				Vukin	2. Male	3. 5-24-83	
RACE—(e.g. White, Black American Indian, etc.) (Specify)	AGE—Last Birthday (Yr.)	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH	
4. White	5a. 92	MOS	DAYS	HOURS	5b. 5-30-1890	7a. Lake	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—(Name if not in other give street and number)		IF HOSP OR INST. Indicate DOA, DP, Emer. Rm., Inpatient (Specify)	
7b. Hammond				7c. St. Margaret Hospital		7d. E.R.	
STATE OF BIRTH (If not in U.S.A name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8. Yugoslavia	9. USA	10. Widowed		11. -----		12. No	
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		KIND OF BUSINESS OR INDUSTRY	
13. 307-01-2847				14a. Shearman		14b. Pullman-Standard	
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION			
18a. Indiana		18b. Lake		15c. Hammond			
STREET AND NUMBER				IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS? (Specify Yes or No)	
15d. 6443 Euclid Ave.				15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.							
16g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER—NAME				MOTHER—MAIDEN NAME			
18. Not Available				17. Not Available			
INFORMANT—NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP	
18. Caroline Tanas-Friend				6426 Woodward Ave. Hammond, Indiana		46324	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)				CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION CITY OR TOWN STATE	
19a. Burial				19b. Elmwood Cemetery		19c. Hammond, Indiana	
DATE (MONTH DAY, YEAR)				FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
20a. May 26, 1983				20c. C.J. Huber Funeral Home, 722-165th St., Hammond, Ind. 46324			
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated					DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
21a. (Signature) <i>Juan Tanas</i>					21b. 5-25-83		21c. 12:30 a.m.
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d. J. Tan, M. D.							
MAILING ADDRESS—PHYSICIAN							
21e. 8230 Calumet Avenue, Munster, Indiana 46321							
HEALTH OFFICER—SIGNATURE						DATE RECEIVED BY LOCAL HEALTH OFFICER	
22a. <i>Franklin J. Remondino, Jr.</i>						22b. MAY 25 1983	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (I, II, III, AND IV))							
PART I (a) Septicemia, Acute Uterine tract infection							
DUE TO OR AS A CONSEQUENCE OF							
(b) Acute renal failure							
DUE TO OR AS A CONSEQUENCE OF							
(c) Dehydration							
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given PART I (I)							
II Atherosclerotic Heart Disease							
						AUTOPSY (Specify Yes or No)	
						24. No	

4-08