

# INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

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

Local No. 119

**943233**

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

Blank for Office Use

#38-831-6  
 #38-831-8  
 #38-831-9  
 #38-831-10  
 #38-831-11  
 #38-831-12  
 #38-831-13  
 #38-831-14  
 #38-831-15  
 #38-831-16  
 #38-831-17  
 #38-831-18  
 #38-831-19  
 #38-831-20  
 #38-831-21  
 #38-831-22  
 #38-831-23  
 #38-831-24  
 #38-831-25  
 #38-831-26  
 #38-831-27  
 #38-831-28  
 #38-831-29  
 #38-831-30  
 #38-831-31  
 #38-831-32  
 #38-831-33  
 #38-831-34  
 #38-831-35  
 #38-831-36  
 #38-831-37  
 #38-831-38  
 #38-831-39  
 #38-831-40  
 #38-831-41  
 #38-831-42  
 #38-831-43  
 #38-831-44  
 #38-831-45  
 #38-831-46  
 #38-831-47  
 #38-831-48  
 #38-831-49  
 #38-831-50

#371401-13-205-42  
 #371401-13-205-43  
 #371401-13-205-44  
 #371401-13-205-45  
 #371401-13-205-46  
 #371401-13-205-47  
 #371401-13-205-48  
 #371401-13-205-49  
 #371401-13-205-50

FUNERAL DIRECTOR'S  
 LICENSE NO. 127-1017  
 FUNERAL HOME  
 SIGNATURE  
 #44-6-27

DECEASED

IF DEATH OCCURRED WITHIN 48 HOURS OF RECEIVING THIS CERTIFICATE, SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE

DECEASED—NAME 1 <b>Nikola Parojcic</b>			SEX 2 <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3 <b>March 17, 1984</b>
RACE—(Specify race, color, or ethnic origin) 4 <b>White</b>	AGE—(Last birthday) 5a <b>68</b>	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH (Mo., Day, Yr.) 6 <b>3/18/1915</b>
CITY, TOWN OR LOCATION OF DEATH 7b <b>East Chicago</b>		HOSPITAL OR OTHER INSTITUTION—(Name of hospital or other institution, give street and number) 7c <b>St. Catherine Hospital</b>		IF HOSP OR INST. indicate DGA (or Enter Rm. Inpatient, Specify) 7d <b>E.R.</b>
STATE OF BIRTH (If not in U.S.A. name country) 8 <b>Yugoslavia</b>	CITIZEN OF WHAT COUNTRY 9 <b>Yugoslavia</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 <b>Married</b>	SURVIVING SPOUSE (If wife, give maiden name) 11 <b>Boja Culic</b>	
SOCIAL SECURITY NUMBER 13 <b>317-32-5851</b>		USUAL OCCUPATION (If no kind of work done during most of working life, even if retired) 14a <b>Retired</b>	KIND OF BUSINESS OR INDUSTRY 14b <b>Steel Company</b>	
RESIDENCE—STATE 15a <b>Indiana</b>	COUNTY 15b <b>Lake</b>	CITY, TOWN OR LOCATION 15c <b>Hammond</b>		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 <b>No</b>
STREET AND NUMBER 15d <b>6722 Rhode Island</b>		IS RESIDENCE ON A FARM? 15e <b>NO</b>	INSIDE CITY LIMITS (Specify Yes or No) 15f <b>Yes</b>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>				
FATHER—NAME FIRST MIDDLE LAST 16		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17		
INFORMANT—NAME RELATIONSHIP 18a <b>MILKA ACAMOVIC DAUGHTER</b>		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b <b>4023 ELM ST. EAST CHICAGO, INDIANA 46312</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <b>BURIAL</b>		CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE ZIP 19b <b>MOST HOLY MOTHER OF GOD GRAYSLAKE, ILLINOIS</b>		
DATE (MONTH, DAY, YEAR) 20a <b>3-21-1984</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b <b>Oleska Funeral Home, 3934 Elm, E. Chicago, IN 46313</b>		
On the basis of examination and/or investigation, in my opinion death occurred at the date and place first due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.) 21b <b>3/20/84</b>	HOUR OF DEATH 21c <b>10:13 AM '84</b>	STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 1317-1318-87
SIGNATURE 21a <i>[Signature]</i>		PRONOUNCED DEAD (Mo., Day, Yr.) 21d <b>ON 3/17/84</b>	PRONOUNCED DEAD (Mo., Day, Yr.) 21e <b>AT</b>	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21f <b>DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307</b>				
HEALTH OFFICER—SIGNATURE 22a <i>[Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <b>3-23-84</b>	
23 IMMEDIATE CAUSE (ENTER ONLY UNDER USE PER LINE FOR (a), (b) AND (c)) PART I (a) <b>Left coronary artery thrombosis</b> Interval between onset and death <b>Undetermined</b> (b) _____ Interval between onset and death _____ (c) _____ Interval between onset and death _____				
PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a))				AUTOPSY (Specify Yes or No) 24 <b>Yes</b>
ACC., SUICIDE, HOMIC., UNDET., OR FETTERING INJURY (Specify) 25a <b>Natural</b>	DATE OF INJURY (Mo., Day, Yr.) 25b	HOUR OF INJURY 25c <b>M</b>	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

JULIAN BLASTICK  
 RECORDER  
 #44-6-27

400