TAXES! 7601 Howard St., Hammond, IN. 46324

Local No. 781 141009

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Sept 20, 1990 Franklin D. Oremuda M.D.
Date Issued — Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 DECEASED—NAME (First, Middle, Last)	Mary H. Zivkovich
2 SEX	Female
3a TIME OF DEATH	10:00P.
3b DATE OF DEATH (Month, Day, Yr)	September 18, 1990
4 SOCIAL SECURITY NUMBER	316-09-1140
5a AGE—Last Birthday (Years)	71
5b UNDER 1 YEAR (Months, Days)	
5c UNDER 1 DAY (Hours, Minutes)	
6 DATE OF BIRTH (Mo, Day, Yr)	Oct. 22, 1918
7 BIRTHPLACE (City and State or Foreign Country)	East Chicago, IN
8a WAS DECEDENT A U.S. VETERAN?	No
8b YEAR LAST SERVED IN U.S. ARMED FORCES?	N/A
9a PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☒ Residence ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number)	7601 Howard
9c CITY, TOWN, OR LOCATION OF DEATH	Hammond
9d COUNTY OF DEATH	Lake
10 MARITAL STATUS (Specify)	Married
11 SURVIVING SPOUSE (If wife, give maiden name)	Veljko Zivkovich
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Homemaker
12b KIND OF BUSINESS/INDUSTRY	Home
13a RESIDENCE—STATE	IN
13b COUNTY	Lake
13c CITY, TOWN, OR LOCATION	Hammond
13d STREET AND NUMBER	7601 Howard
13e ZIP CODE	46324
13f INSIDE CITY LIMITS	☐ No ☒ Yes
13g ON A FARM?	☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?	U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16 RACE—American Indian, Black, White, etc. (Specify)	White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	11
College (1-4 or 5+)	

PARENTS

Field	Entry
18 FATHER'S NAME (First, Middle, Last)	John Vukovich
19 MOTHER'S NAME (First, Middle, Maiden Surname)	Julia Sila

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	Veljko Zivkovich
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	7601 Howard Hammond, IN 46324
20c Relationship	Husband

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	September 21, 1990 St. John Cemetery
21c LOCATION—City or Town, State	Hammond, IN
22a EMBALMER'S NAME	James Porras
22b EMBALMER'S LICENSE NO	1045964
23 WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR	Kevin W. Kish
24b LICENSE NUMBER (of Licensee)	1021590
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Burns-Kish Funeral Homes 8415 Calumet Munster, IN 3004968

CAUSE OF DEATH

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a	widely metastatic sarcoma	3 yrs
DUE TO (OR AS A CONSEQUENCE OF) b		
DUE TO (OR AS A CONSEQUENCE OF) c		
DUE TO (OR AS A CONSEQUENCE OF) d		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

Field	Entry
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	No
28a WAS AN AUTOPSY PERFORMED? (Yes or no)	No
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	No

CERTIFIER

29a CERTIFIER (Check only one)
- ☐ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated
- ☐ HEALTH OFFICER 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) as stated
- ☐ CORONER 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) and manner as stated

Field	Entry
29b SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c MEDICAL LICENSE NO	01036259
29d DATE SIGNED (Month, Day, Year)	Sept. 19, 1990
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	J.H. Gleaton, M.D. 7905 Calumet Ave. Munster, IN 46321

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	Franklin D. Oremuda M.D.
32 DATE FILED (Month, Day, Year)	Sept. 20, 1990

CORONER USE ONLY

Field	Entry
33 MANNER OF DEATH	☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a DATE OF INJURY (Month, Day, Year)	
34b TIME OF INJURY	
34c INJURY AT WORK? (Yes or no)	
34d DESCRIBE HOW INJURY OCCURRED	
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)	
34g DATE PRONOUNCED DEAD (Month, Day, Year)	
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	

FILED
DEC 28 1990
Anna N. Anton
AUDITOR LAKE COUNTY

600

01396
1396

Key # 36-486-14 Wicker, S 5ft. L13, BL3 N.35 ft L14 BL.3

SBH06-004 State Form 10110 (R2/3-89)