

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

91008664

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 392

Below for State Office Use

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

FUNERAL HOME
No. 155

FUNERAL DIRECTOR'S
LICENSE No. 970

LICENSE No. 4237

EMBALMER'S NAME
CHARLES WELLS

FUNERAL DIRECTOR'S
SIGNATURE
E. A. Campagnara

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 1 LJUBICA SORMAZ		SEX FEMALE		DATE OF DEATH MONTH DAY YEAR SEPTEMBER-13-1984	
RACE SERBIAN	AGE 55	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH MONTH DAY YEAR 12-20-1928	COUNTY OF DEATH LAKE
CITY TOWN OR LOCATION OF DEATH EAST CHICAGO		HOSPITAL OR OTHER INSTITUTION ST. CATHERINE HOSPITAL		IF HOSP OR INST INP.	
STATE OF BIRTH OF DECEASED YUGOSLAVIA	CITIZEN OF WHAT COUNTRY U.S.	MARRIED NEVER MARRIED MARRIED	SURVIVING SPOUSE VLADE SORMAZ	WAS DECIDENT EVER IN US ARMY FORCES? No	
SOCIAL SECURITY NUMBER 305-66-3425	CITY TOWN OR LOCATION INDIANA LAKE	KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	14b HOME	DATE OF SIGNATURE 1984	
RESIDENCE - STATE INDIANA	STREET AND NUMBER 3709 43rd	CITY TOWN OR LOCATION LAKE HIGHLAND	15b RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, PUERTO RICAN, ETC.					
FATHER - NAME INKA					
MOTHER MAIDEN NAME BOJANA BROCETA					
IMMEDIATE - NAME (Type or Print) VLADE SORMAZ		RELATIONSHIP	MARRIAGE ADDRESS 3709 43rd ST. HIGHLAND, INDIANA 46322		
BURIAL CREMATION REMOVAL OTHER BURIAL		CEMETERY OR CREMATORY CALUMET PARK CEM.	LOCATION MERRILLVILLE, INDIANA		
DATE 9-17-1984		FUNERAL HOME NAME AND ADDRESS OLESKA FUNERAL HOME		STREET OR RD NO CITY OR TOWN STATE 3934 ELM ST. EAST CHICAGO, IND.	
NAME OF ATTENDING PHYSICIAN (Type or Print) M. ALI M.D.		DATE SIGNED 9-19-84		HOUR OF DEATH 4:00am	
MAILING ADDRESS - PHYSICIAN 9116 COLUMBIA AVE MUNSTER IND 46321		HEALTH OFFICER - SIGNATURE E. A. Campagnara, M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 9-19-84	
PART I (a) Advanced Stage Adenocarcinoma of Breast		PART II		INTERVAL BETWEEN ONSET AND DEATH	
(b) DUE TO OR AS A CONSEQUENCE OF		FILED		INTERVAL BETWEEN ONSET AND DEATH	
(c) DUE TO OR AS A CONSEQUENCE OF		FEB 25 1991		INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGNIFICANT CONDITIONS		AUDITORS - Specify Yes or No		24	