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92031289

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Bungalow Heights L.H. Bl. 1
Key # 141-233-14
Unit # 25

Local No. 2049-90

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT:

PARENTS

INFORMANT
to
mailing
address

DISPOSITION

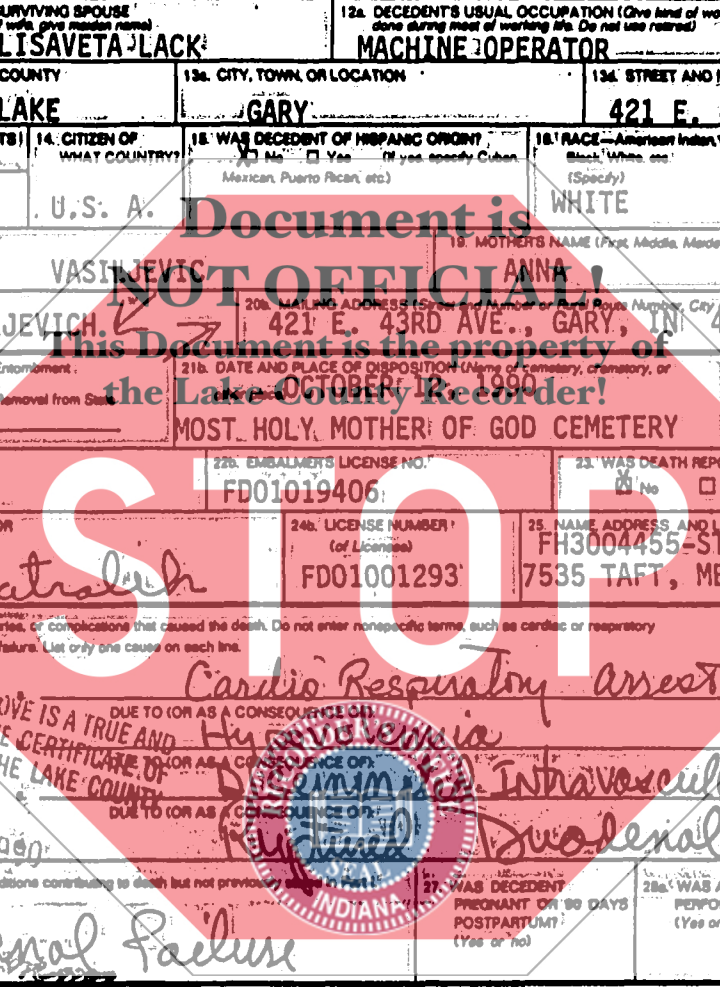
CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

CORONER
USE ONLY

1. DECEASED—NAME (First, Middle, Last) DUSAN VASILJEVICH		2. SEX MALE	3a. TIME OF DEATH 12:12 PM	3b. DATE OF DEATH (Month, Day, Yr) OCTOBER 9 1990
4. SOCIAL SECURITY NUMBER 308-32-4893	5a. AGE—Last Birthday (Years) 76	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) MAY 26, 1914
7. BIRTHPLACE (City and State or Foreign Country) YUGOSLAVIA	8a. WAS DECEDENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES NONE	8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) METHODIST HOSPITAL—SOUTHLAKE CAMPUS		9b. CITY, TOWN, OR LOCATION OF DEATH MERRILLVILLE		9c. COUNTY OF DEATH LAKE
10. MARITAL STATUS MARRIED	11. SURVIVING SPOUSE JELISAVETA LACK	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) MACHINE OPERATOR		12b. KIND OF BUSINESS/INDUSTRY PIUMAN—STANDARD CO
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION GARY	13d. STREET AND NUMBER 421 E. 43RD AVENUE	
13e. ZIP CODE 46409	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S. A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. WHITE
17. FATHER'S NAME (First, Middle, Last) DJORDJE VASILJEVIC		18. MOTHER'S NAME (First, Middle, Maiden Surname) ANNA		
20a. INFORMANT'S NAME (Type/Print) JELISAVETA VASILJEVICH		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 421 E. 43RD AVE., GARY, IN 46409		20c. Relationship WIFE
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) OCTOBER 12, 1990 MOST HOLY MOTHER OF GOD CEMETERY		21c. LOCATION—City or Town, State THIRD LAKE, ILLINOIS
22a. EMBALMER'S NAME HENRY BLAKE		22b. EMBALMER'S LICENSE NO. FD01019406		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Robert Wiatroluk</i>		24b. LICENSE NUMBER (of Licenses) FD01001293		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FH3004455—STILINOVICH & WIATROLIK 7535 TAFT, MERRILLVILLE, IN 46410
26. PART I Enter the disease, 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. Cardio Respiratory arrest		Approximate Interval Between Onset and Death Sec		
26. PART II Enter the disease, 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. Disseminated Intravascular Coagulation		Approximate Interval Between Onset and Death minutes		
26. PART III Enter the disease, 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. Renal Failure		Approximate Interval Between Onset and Death Days		
27. WAS DECEDENT PREGNANT ON 90 DAYS POSTPARTUM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> HEALTH OFFICER <input type="checkbox"/> CORONER		29b. MEDICAL LICENSE NO. 02000320		
29c. DATE SIGNED (Month, Day, Year) 10-10-90		29d. DATE SIGNED (Month, Day, Year) 10-10-90		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. STREETER, 1212 N. BROAD STREET, GRIFFITH, INDIANA 46319				
31. HEALTH OFFICER'S SIGNATURE <i>Paul Streeter</i>				32. DATE SIGNED (Month, Day, Year) October 10, 1990
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK (Yes or no)
34d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34e. 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) NO		



STATE OFFICE
LAKE COUNTY
FILED
OCT 10 1990
MERRILLVILLE, IN
A/S.S.M.D.