

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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

Local No. 782

Sta. Sept 27 1996 Date Issued: Sept 27 1996 Hammond Health Commission

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

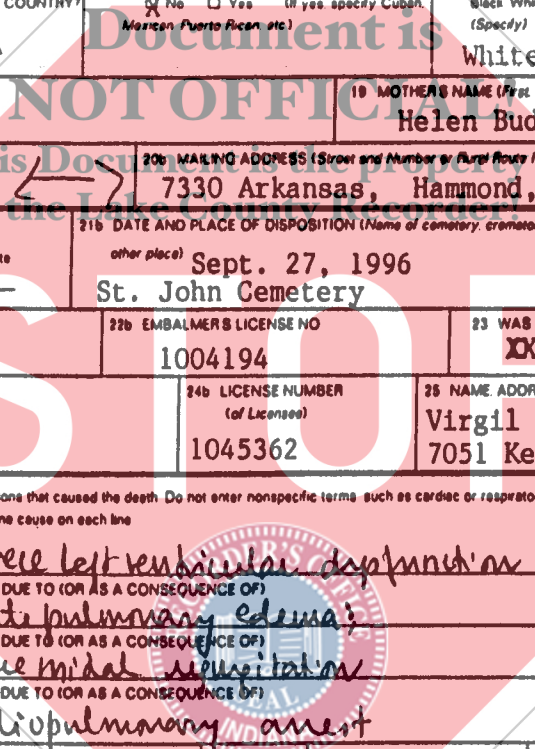
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Michael Paul Davich Sr.				2 SEX Male	3 TIME OF DEATH 12:10 p.m.	4 DATE OF DEATH (Month Day Year) September 24, 1996	
5 SOCIAL SECURITY NUMBER 311-03-5202		6a AGE—Last Birthday (Years) 78	6b UNDER 1 YEAR Months Days	6c UNDER 1 DAY Hours Minutes	7 DATE OF BIRTH (Mo. Day, Yr) Oct. 3, 1917		8 BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana
9a WAS DECEDENT A US VETERAN? Yes		9b YEAR LAST SERVED IN US ARMED FORCES? 1945		9c 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) <input type="checkbox"/> Residence			
9d FACILITY NAME (If not institution, give street and number) St. Margaret Mercy Hospital - North				9e CITY, TOWN OR LOCATION OF DEATH Hammond		9f COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Catherine M. Spudic		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Firemen		12b KIND OF BUSINESS/INDUSTRY Fire Protection	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Hammond		13d STREET AND NUMBER 7330 Arkansas Avenue	
13e ZIP CODE 46323		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16 FATHER'S NAME (First Middle Last) Paul Davich		17 MOTHER'S NAME (First Middle, Maiden Surname) Helen Budnik					
20a INFORMANT'S NAME (Type/Print) Catherine M. Davich			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7330 Arkansas, Hammond, IN 46323			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) Sept. 27, 1996 St. John Cemetery			21c LOCATION—City or Town, State Hammond, Indiana	
22a EMBALMER'S NAME James W. Gholston			22b EMBALMER'S LICENSE NO. 1004194		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Virgil Huber</i>			24b LICENSE NUMBER (of Licensee) 1045362		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Virgil Huber Funeral Home 7051 Kennedy Avenue, Hammond, IN 46323		
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. Severe left ventricular dysfunction DUE TO (OR AS A CONSEQUENCE OF) Acute pulmonary edema; DUE TO (OR AS A CONSEQUENCE OF) Severe mitral regurgitation DUE TO (OR AS A CONSEQUENCE OF) Cardiopulmonary arrest							Approximate Interval Between Onset and Death
26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I							27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO
28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO							29 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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.			29b SIGNATURE AND TITLE OF CERTIFIER Nalle Divakaruni		29c MEDICAL LICENSE NO. 42616		
29d DATE SIGNED (Month, Day, Year) September 26, 1996							
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) A. Divakaruni, M. D. 7905 Calumet Avenue, Munster, Indiana 46321							
31 HEALTH OFFICER'S SIGNATURE Franklin J. Bremuda M.D.						32 DATE FILED (Month, Day, Year) SEP 27 1996	
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 INDUSTRY OR WORK? FILED	
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34d DESCRIBE HOW INJURY OCCURRED FILED					
34e LOCATION (Street and Number or Rural Route Number, City or Town, State) FEB 27 1997		34f DATE OF DEATH		34g TIME OF DEATH		34h PLACE OF DEATH	
DATE PRONOUNCED DEAD (Month, Day, Year)			34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No				



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 FEB 27 9 34 AM '96
MORRIS CARRIER
RECORDED

unit # 26
Key # 32-72-39
A. Brant's Parkview Add N 12 1/2 ft of lot 39, lots 40 & 41 Block 5

SAM ORLICH
AUDITOR LAKE COUNTY

001266