## INDIANA STATE BOARD OF HEALTH

THIS CENTIFIES THE POLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE

TYPE/PRINT IN PERMANENT ILIJA  KATIC  Last  LAST		$\bigcirc$		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<b>-</b> . , .		HAMM	OND HEAD	LTH DEP	artmen	. سلس ۱۲۰		
TYPE/PRINT II DICCARGO—HAME IN CONTRIBUTION IN	Local No	302	•••••	(	CERTIFICA	TE OF I	DEATH		MAR O	2 1988	grand	<u>~9€</u>	remed	CM D.	
TLIJA   SACRA SCIENTYARRAN   In ACCIDINA STATE   In ACCIDINA											Hemmon	d Heelt	Commiss	loner	
PERMANENT BLACK INK BLACK				MIL	-				M	ALE	FEBR	UAR	Y 25,		
DECEDENT    TABLES SERVICES   September   Colloqueum   Co								8 DATE O	F BIRTH (Month	7 BIHTHPL	CE (Cay a	nd State or	Foreign Couns	וארו	
DECEDENT    Moderation of the common parameter of the	BLACK INK	317 32 6598			Months Days				*		OSLA	VIA			
DECEDENT  8 PACCITY HAME IT AN ARRIBORAN PAY WE ARRIVED STOCKED  10 MARYAL STATE—BARRE   15 MARYAL STA		8 YEAR LAST SERVED IN			<u></u>	90									
Amount of the composition				L.J Inpan	ent DER/Outpetier	DOA	,	- LJ Nureing							
New State Widewise   Dispansion   Dispansi	DECEDENT	6506 Nev	vada S	Street		-	Hami	mond	ON OF DEATH	L	ake				
TAMES DESCRICT—STATE ISS COUNTY LAKE HAMMOND SO NEVADA STREET AND HAMBER TO HAMMOND HAMBOND HA		Never Married, Widowed,		(If wife give maiden name)		(Gre As	(Give kind of work done during most of works			king life					
TAMES DESCRICT—STATE ISS COUNTY LAKE HAMMOND SO NEVADA STREET AND HAMBER TO HAMMOND HAMBOND HA						Do not i									
18 MODIC CITY   19 FARM   13g 20F COOK   16 WAS DECEMBED FOR HIS ADDRESS AND CONTROL SOURCE FOR HYDROGON ASSETS AND FORM ASS		134 RESIDENCE-STATE	136 CC			RLOCATION		130 1	STREET AND NU	MBER		***			
TAINTSTITUTE OF THE PART OF TH		Indiana	La	ake	Hammo	nd	•	6	506 Ne	vada	Str	<u>eet</u>			
PARENTS  NO 46323  Marcia Pharia Real Control		LIMITS? (Yes or no)		13g ZIP CODE						150					
PARENTS    7   14   Test   Foliage Services   Test   Test				46323	Ricen etc) I No I Yes (Specify)			····.					6+1		
Nikola Katic    Total Morth				70727	J. Opecary		10.140795								
DUSANKA KATIC    DUSANKA KATIC   6506 Nevada StHammond, IN 46323   Wife     20 METROO OF DEPOSITION   200 METROO OF DEPOSITION	PARENTS	Nikola k	(atic				Mar:	ija Tu	tush						
DISPOSITION  20 MET THOO OF DISPOSITION  20 MET THOO OF DISPOSITION  21 MET AND PLACE OF DISPOSITION (Name of convelops, or managery, o	INFORMANT				196 MAIL 1 650	ng address ( 06 Nev	ada S	er er Aurel Aouse t.Hammo	number City or	Town State Z	9 Code) 2 3				
DISPOSITION    Disposition   Comment   Comment											_				
PRONOUNCING PRONOUNCING PHYSICIAN ONLY PHYSICIAN ON		80 Buriel ☐ Crameton ☐ Removal from State other place)													
PRONOUNCING PHYSICIAN ONLY ITEMS 24 28 MAST BECOMMENT of the product of a time of departs and place and pl	DISPOSITION	<del></del>			<del></del>										
PRONOUNCING PHYSICIAN ONLY ITEMS 24 28 MAST BECOMMENT of the product of a time of departs and place and pl								01es	ka Fut	inse numbei 1eral	r of Funei Hom	e ()	ic.#	155)	
PHYSICIAN ONL  ITEMS 21 of the dead of in bioministics date occurred at the international production and production are written and even of the international production and international pro		6hi 0	my	ho		100830									
TITINS 24 78 MUST BE COMMENTED BY RESON WHO RE			23	To the best of my knowl	ledge death occurred	t the time date o	nd place stated		236 LICENS	E NUMBER		23c D	ATE BIGNED		
THE 3 28 MAST ALCOHOLING SECONDARY 25,1988  24 TIME OF DEATH  12 148PM  12 10 THE PROPORTING SECONDARY 25,1988  25 DATE PROVINCE DEATH  27 PART II Enter the decesses impures or complications that caused the death Do not enter the mode of dying such as cardiac or respiratory  INDUSTRICTIONS  28 WAS CASE REFERED TO MEDICAL EXAMBLE FOR DATE PROVINCE DEATH (Yes or no)  Approximate Institute Between Institute List only one cause on each inso  10 WAS CASE REFERED TO MEDICAL EXAMBLE FOR DATE PROVINCE OF INSTITUTIONS  29 WAS CASE REFERED TO MEDICAL EXAMBLE FOR DATE (Yes)  10 WAS CASE REFERED TO MEDICAL EXAMBLE FOR DATE (Yes)  11 PART II Enter the decesses impures or complications that caused the death Do not enter the mode of dying such as cardiac or respiratory  12 WAS CASE REFERED TO MEDICAL EXAMBLE FOR DATE (Yes)  13 PART II Enter the decesses impures or complications that caused the death Do not enter the mode of dying such as cardiac or respiratory  14 PART II Enter the decesses impures or complications that caused the death Do not enter the mode of dying such as cardiac or respiratory  15 DUE TO IOR AS A CONSEQUENCE OF)  16 DUE TO IOR AS A CONSEQUENCE OF)  17 DUE TO IOR AS A CONSEQUENCE OF)  18 DUE TO IOR AS A CONSEQUENCE OF)  19 DUE TO IOR AS A CONSEQUENCE OF)  28 DUE TO IOR AS A CONSEQUENCE OF)  29 DUE TO IOR AS A CONSEQUENCE OF)  20 DUE TO IOR AS A CONSEQUENCE OF)  21 DUE TO IOR AS A CONSEQUENCE OF)  22 DUE TO IOR AS A CONSEQUENCE OF)  22 DUE TO IOR AS A CONSEQUENCE OF)  22 DUE TO IOR AS A CONSEQUENCE OF)  23 DUE TO IOR AS A CONSEQUENCE OF)  24 DUE TO IOR AS A CONSEQUENCE OF)  25 DUE TO IOR AS A CONSEQUENCE OF)  26 DUE TO IOR AS A CONSEQUENCE OF)  26 DUE TO IOR AS A CONSEQUENCE OF)  27 DUE TO IOR AS A CONSEQUENCE OF)  28 DUE TO IOR AS A CONSEQUENCE OF)  28 DUE TO	PHYSICIAN ONLY	not evaluable at time of death		names and Tale <	- puice	- Zur	sol .	NUZ	1 010	342	ماط	FED	foneti Dey, Yea TO TTA 1O W	N C	
27 PART I Enter the decesses injuries or complications that caused the death Do not enter the mode of dying such as carded or respiratory  Approximate interval Between Cheese or conditions areas, in each or heart feature. List only one cause on sech time  List ENSTRUCTIONS  SEE INSTRUCTIONS  SEE INSTRUCTIONS  BE INSTRUCTIONS  CAUSE OF DUE TO IOR AS A CONSEQUENCE OF)  CAUSE OF CAUSE Ubasses or injury that innested events are underlying and each LAST  DUE TO IOR AS A CONSEQUENCE OF)  PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I  AUDITOR LANCE COUNTRICATE OF not been of my linewinding death accurred due to the causeful and manner as stated  PRONOUNCING AND CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 2D.  To the been of my linewinding death occurred due to the causeful and manner as stated  PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death)  To the been of my linewinding death occurred at the time, date and place, and due to the causeful and manner as stated    PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death)   MEDICAL EXAMBER   CORONER   MEALTH OFFICER   MEALTH OFFICER   MEDICAL EXAMBER   CORONER   MEDICAL EXAMBER   CORONER		24 THE OF DEATH	25			Z \	- 1-3			•		I D	V OWV T	<del>. 198</del> 8	
27 PART I Enter the decesses injuries or complications that caused the death Do not enter the mode of dying such as cardiac or respiratory areas, shock or heart feature. List only one cause on each line.  WIMEDIATE CAUSE (Final decesses or conditions resoluting in each)  DUE TO (OR AS A CONSEQUENCE OF)  PRILED  DESCRIPTIONS  Sequentiatly lat conditions I any leading to immediate cause their UNDER YING CAUSE CONSEQUENCE OF)  DUE TO (OR AS A CONSEQUENCE OF)  PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I  AUDITOR LANGE COUNTY (Fig. 28)  PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I  AUDITOR LANGE COUNTY (Fig. 28)  PART II Other significant conditions contributing to death but not resulting in the underlying cause of deeth when another physician has pronounced deeth and completed item 20  To the beet of my knowledge deeth occurred due to the cause(s) and manner as estated  DISTRICTIONS  CERTIFIER  DISTRICTIONS  CERTIFIER  DISTRICTIONS  CERTIFIER  DISTRICTIONS  To the beet of my knowledge deeth occurred due to the cause(s) and manner as estated  DISTRICTIONS  To the beet of my knowledge deeth occurred due to the cause(s) and manner as estated  DISTRICTIONS  To the beet of my knowledge deeth occurred of the time, deeth and courtlying cause of deeth)  To the beet of my knowledge deeth occurred of the time, deeth and place, and due to the cause(s) and manner as estated  DISTRICTIONS  On the bases of examination and/or investigation, in my opinion, deeth accurred at the time, deeth and courted at the time, deeth and courted at the time, deeth and courted at the time. deeth and due to the cause(s) and manner as estated	PERSON WHO	12.48PM		FEBRUARY 25,1988/ )					(Yes or	NO NO	I I O MEDIL	AL EXAM	MENCOMON	.m /	
BEE INSTRUCTIONS  SEE INSTRUCT													Approximet	•	
SEE INSTRUCTIONS  SEQUENCE OF JUNE 1 One 1 one of the condition of t											•	മ	Interval Bet	ween	
Security				CARC	Nema	Lune		-	7	******		_	Chinese milit i	J-6501	
Sequentially list conditions  # any leading to immediate couse times UNDER YING CAUSE (Disease or supry) that initiated events resoluting in death LAST  ### Dinar agnificant conditions contributing to death but not resulting in the underlying cause given in Part I  ### PART II Dinar agnificant conditions contributing to death but not resulting in the underlying cause given in Part I  ### PART II Dinar agnificant conditions contributing to death but not resulting in the underlying cause given in Part I  ### PART II Dinar agnificant conditions contributing to death but not resulting in the underlying cause given in Part I  #### PART II Dinar agnificant conditions contributing to death but not resulting in the underlying cause given in Part I  #### PART II Dinar agnificant conditions contributing to death but not resulting in the underlying cause given in Part I  #### PART II Dinar agnificant conditions contributing to death but not resulting in the underlying cause given in Part I  #### PART II Dinar agnificant conditions contributing to death but not resulting in the underlying cause given in Part I  #### PART II Dinar agnificant conditions contributing to death but not resulting in the underlying cause given in Part I  #### PART II Dinar agnificant conditions  #### PART	215 MITTER OF THOMS					NCE OF)		1	***	示时	17	0	······································	<del></del>	
CAUSE OF  CAUSE OF  DATE II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I  AUDITOR CAUSE  PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I  AUDITOR CAUSE  SEE  INSTRUCTIONS  CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed from 2.3)  To the best of my knowledge, death occurred due to the cause(a) and manner as stated    PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death)  To the best of my knowledge death occurred at the time, date and place, and due to the cause(a) and manner as stated    MEDICAL EXAMINER   CORONER   HEALTH OFFICER    On the best of axamination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(a) and manner as prized	ace mainocirona	1 · · · · · · · · · · · · · · · · · · ·										<u> </u>			
their interest events residing in death LAST  DUE TO (OR AS A CONSEQUENCE OF)  PART II Other agrificant conditions contributing to death but not resulting in the underlying cause given in Part I  AUDITOR LAKE COUNTO/DETION OF CAUSE OF The Death of County of the Underlying cause of death when another physician has pronounced death and completed from 2.0.  SEE (Chack only one)  Decentified (Chack only one)  CERTIFIER  Decentified (Chack only one)  Decent				DUE TO (OR AS A CONSEQUENCE OF)					DEAN	1 100	<b>,</b>	$\overline{\sim}$			
CAUSE OF DEATH  PART II Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I  AUDITOR LAKE COUNTS 286 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO AVAILABLE PRIOR TO AVAILABLE PRIOR TO CENTHY (Yes or ne)  SEE (Check only one)  To the best of my knowledge, deeth occurred due to the cause(s) and manner as stated    PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing deeth and certifying cause of death)   To the best of my knowledge deeth occurred at the time, date and place, and due to the cause(s) and manner as stated    MEDICAL EXAMINER   CORONER   HEALTH OFFICER     On the basis of airministion and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated    To the basis of airministion and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated   To the basis of airministion and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated   To the basis of airministion and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated   To the basis of airministion and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated   To the basis of airministion and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated   To the basis of airministion and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated   To the basis of airministion and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated				DUE TO (OR AS A CONSEQUENCE OF)					DELLO	1-1331		9-	<del></del>		
SEE INSTRUCTIONS  29a CERTIFIER  Chack only ane)  CERTIFYING PHYSICIAN (Physician certifying cause of deeth when another physician has pronounced deeth and completed from 23) To the best of my knowledge, deeth occurred due to the cause(s) and manner se stated    PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing deeth and certifying cause of deeth) To the best of my knowledge deeth occurred at the time, date and place, and due to the cause(s) and manner se stated    MEDICAL EXAMINER   CORONER   HEALTH OFFICER   On the best of sammation and/or investigation, in my opinion, deeth occurred at the time, date, and place, and due to the cause(s) and manner at stated		resulting in death LAST							• • •			3			
SEE INSTRUCTIONS  CERTIFIER  Chack only one)  DEERTIFYING PHYSICIAN (Physician certallying cause of deeth when another physician has pronounced death and completed from 2.0  To the best of my knowledge, deeth occurred due to the cause(s) and manner as stated  PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing deeth and certifying cause of deeth)  To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) and manner as stated  MEDICAL EXAMINER   CORONER   HEALTH OFFICER  On the bests of stammation and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated	CAUSEOF	PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I								FLICH	286 V	VERE AUT	OPSY FINDIN	C\$	
SEE INSTRUCTIONS  CERTIFIER  Chack only one)  DEERTIFYING PHYSICIAN (Physician certallying cause of deeth when another physician has pronounced death and completed from 2.0  To the best of my knowledge, deeth occurred due to the cause(s) and manner as stated  PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing deeth and certifying cause of deeth)  To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) and manner as stated  MEDICAL EXAMINER   CORONER   HEALTH OFFICER  On the bests of stammation and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated	DEATH	Αυυπρ									HART	OMBPETK	E PRIOR TO ON OF CAUSE	!	
Chack only one)   To the best of my knowledge, death occurred due to the cause(s) and manner as stated											ALAIO	DEATH	(Yes or no)		
Chack only one)   To the best of my knowledge, death occurred due to the cause(s) and manner as stated						<del></del>			<u> </u>		<u> </u>				
INSTRUCTIONS  To the best of my blowladge, seein accurred due to the causes) and manner as states    PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing deeth and certifying cause of deeth)   To the best of my knowledge deeth occurred at the time, date and place, and due to the cause(s) and manner as stated    MEDICAL EXAMINER   CORONER   HEALTH OFFICER     On the best of stamination and/or investigation, in my opinion, death occurred at the time, date, and due to the cause(s) and menner as stated	SEE							ronounced death	and completed its	m 23)	•				
CERTIFIER  To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) and manner as stated    MEDICAL EXAMINER   CORONER   HEALTH OFFICER	INSTRUCTIONS	one)	To the bed	it of my knowledge, death (	occurred due to the ca	use(s) and manne	r se stated	••••••				······································	A	······································	
On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(a) and manner as staled.											7	9	-		
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 stilled	CERTIFIER								<del></del>		<u> </u>	~ <b>~</b>	<u> </u>	) }	
				<del></del>			ed at the time de	te, and place, and	due to the cause	(a) and manner		E C			
				· · · · · · · · · · · · · · · · · · ·				<del></del>			ــتنــ				

HEALTH OFFICER

CORONER OR MEDICAL **EXAMINER USE**  31 HEALTH OFFICERS SIGNATURE 33 MANNER OF DEATH

(Month, Day, Year)

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 27) (Type/Print)

RAYKOVICH

andling. O remudam D. 346 DATE OF INJURY

34b TAME OF 34c. INJURY AT WORK? INJURY (Yes or no)

34d DESCRIBE HOW INJURY OCCURRED

34e PLACE OF INJURY—At home, ferm, street, factory, office building, etc. (Specify) 34f LOCATION (Street and Number or Rural Route Number, City or Town, Ste

01025435

Could not be Determined

Netural Pending

☐ Suicide