

* 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

Keys #

Local No. 77

CERTIFICATE OF DEATH

State No. 30-204-18

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) Samuel Dragovich
2 SEX Male
3a TIME OF DEATH 1:11a
3b. DATE OF DEATH (Month, Day, Yr) April 21, 1997
4. *SOCIAL SECURITY NUMBER 312-09-3802
5a AGE—Last Birthday (Years) 80
5b UNDER 1 YEAR 1 Months 14 Days
5c UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo, Day, Yr) March 7, 1917
7 BIRTHPLACE (City and State or Foreign Country) Hubbard, Ohio
8a WAS DECEDENT A U.S. VETERAN? Yes-W.W.2
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1-6-1946
9a PLACE OF DEATH (Check only one See instructions) HOSPITAL XX Inpatient
OTHER: Nursing Home, Other (Specify), ER/Outpatient, DOA, Residence

DECEDENT

9b FACILITY NAME (If not institution, give street and number) St. Catherine Hospital
9c CITY, TOWN OR LOCATION OF DEATH East Chicago
9d COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married
11. SURVIVING SPOUSE (If wife, give maiden name) Mary Ann Petrunich
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Tailor
12b KIND OF BUSINESS/INDUSTRY Self
13a. RESIDENCE—STATE Indiana
13b. COUNTY Lake
13c. CITY, TOWN OR LOCATION East Chicago
13d. STREET AND NUMBER 4722 Euclid Ave.
13e ZIP CODE 46312
13f INSIDE CITY LIMITS No
14 CITIZEN OF WHAT COUNTRY? U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? No
16 RACE—American Indian, Black, White etc (Specify) White
17. DECEDENT'S EDUCATION (Specify highest grade completed) 4th. grade

PARENTS

18 FATHER'S NAME (First, Middle, Last) Paul Dragovich
19 MOTHER'S NAME (First, Middle, Maiden Surname) Matilda Dugovic

INFORMANT

20a INFORMANT'S NAME (Type/Print) Mary Ann Dragovich
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4722 Euclid Ave, East Chicago, IN 46312
20c Relationship Wife

DISPOSITION

21a METHOD OF DISPOSITION XX Burial
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 24, 1997 Chapel Lawn Memorial Gardens
21c LOCATION (City or Town, State) Schererville, Indiana

FILED

22a EMBALMER'S NAME E. Eugene Johnson
22b EMBALMER'S LICENSE NO FDO-1044968
23 WAS DEATH REPORTED TO CORONER? No

MAR 30 1998

SAM ORLICH

24b LICENSE NUMBER (of Licensee) FHO-1044968
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Huber's Funeral Home-FDH-3001538 905 W. Chicago Ave., East Chgo. In

CAUSE OF DEATH

26 PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute severe Gastrointestinal bleeding
DUE TO (OR AS A CONSEQUENCE OF) Cardiac arrhythmias.
DUE TO (OR AS A CONSEQUENCE OF) Chronic Obstructive Pulmonary disease

FILED

MAR 23 1998

SAM ORLICH

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No
28a. WAS AN AUTOPSY PERFORMED? No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No

CERTIFIER

29a. CERTIFIER (Check only one) HEALTH OFFICER
29b. SIGNATURE AND TITLE OF CERTIFIER M.D.
29c. MEDICAL LICENSE NO 01042343
29d. DATE SIGNED (Month, Day, Year) 4/22/97

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) Dr. Sahsh Patel 5500 Hohman Ave. Hammond IN 46320
31. HEALTH OFFICER'S SIGNATURE Dr. Jeremiah Raykovich
32. DATE FILED (Month, Day, Year) 4-23-97

33 MANNER OF DEATH: Natural, Accident, Suicide, Homicide, Pending Investigation, Could not be Determined
34a DATE OF INJURY
34b TIME OF INJURY
34c INJURY AT WORK?
34d DESCRIBE HOW INJURY OCCURRED 001341
34e PLACE OF INJURY
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g DATE PRONOUNCED DEAD
34h MOTOR VEHICLE ACCIDENT? No

000954

CK#66768740796