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* **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

Local No. 0292-99

State No. #11-26-21

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): DJURDJIJA MATIJEVIC

2 SEX: FEMALE

3a TIME OF DEATH: 12:00P M

3b DATE OF DEATH (Month Day Yr): JANUARY 31, 1999

4 *SOCIAL SECURITY NUMBER: 308-74-3986

5a AGE—Last Birthday (Years): 85

5b UNDER 1 YEAR Months Days:

5c UNDER 1 DAY Hours Minutes:

6 DATE OF BIRTH (Mo Day Yr): MAY 16, 1913

7 BIRTHPLACE (City and State or Foreign Country): JUGOSLAVIA

8a WAS DECEDENT A US VETERAN? NO

8b YEAR LAST SERVED IN US ARMED FORCES? NONE

9a PLACE OF DEATH (Check only one See instructions)

HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA

OTHER: [ ] Nursing Home [X] Other (Specify) [ ] Residence

9b FACILITY NAME (If not institution give street and number): THE COMMUNITY HOSPITAL

9c CITY TOWN OR LOCATION OF DEATH: MUNSTER

9d COUNTY OF DEATH: LAKE

10 MARITAL STATUS (Specify): WIDOWED

11 SURVIVING SPOUSE (If wife give maiden name): NONE

12a DECEDENT S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired): HOMEMAKER

12b KIND OF BUSINESS/INDUSTRY: DOMESTIC

13a RESIDENCE—STATE: INDIANA

13b COUNTY: LAKE

13c CITY TOWN OR LOCATION: CROWN POINT

13d STREET AND NUMBER: 9419 BLAINE ST.

13e ZIP CODE: 46307

13f INSIDE CITY LIMITS [ ] No [X] Yes

13g ON A FARM? [X] No [ ] Yes

14 CITIZEN OF WHAT COUNTRY? U.S.A.

15 WAS DECEDENT OF HISPANIC ORIGIN? [X] No [ ] Yes (If yes specify Cuban Mexican Puerto Rican etc)

16 RACE—American Indian Black White etc (Specify): WHITE

17 DECEDENT S EDUCATION (Specify only highest grade completed)

Elementary/Secondary (0 12): UNKNOWN

College (1 4 or 5 +):

PARENTS

18 FATHERS NAME (First Middle Last): MILE SAULA

19 MOTHERS NAME (First Middle Maiden Surname): UNKNOWN

INFORMANT

20a INFORMANT S NAME (Type/Print): RONNIE MATIJEVICH

20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 9419 BLAINE ST. CROWN POINT, IND. 46307

20c Relationship: SON

DISPOSITION

21a METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Other (Specify) [ ] Entombment [ ] Removal from State

21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place): FEBRUARY 3, 1999 ST. SAVA CEMETERY

21c LOCATION—City or Town State: LIBERTYVILLE, ILLINOS

22a EMBALMER S NAME: CHARLES WELLS

22b EMBALMER S LICENSE NO: FD01042372

23 WAS DEATH REPORTED TO CORONER? [X] No [ ] Yes

24a SIGNATURE OF FUNERAL DIRECTOR: Eli Weyhe

24b LICENSE NUMBER (of Licensee): FD01008300

25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: LINCOLN RIDGE FUNERAL HOME 68800070 7607 W.LINCOLN HWY.CROWN POINT, IN.46307

CAUSE OF DEATH

26 PART I Enter the diseases 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

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. UREMIA - WITHDRAWAL of Dialysis

DUE TO (OR AS A CONSEQUENCE OF)

b. END STAGE RENAL Disease

DUE TO (OR AS A CONSEQUENCE OF)

c.

DUE TO (OR AS A CONSEQUENCE OF)

d.

Conditions if any which gave rise to the immediate cause stating the underlying cause last

Approximate Interval Between Onset and Death

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)

28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER

29a CERTIFIER (Check only one)

[X] CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time date and due to the cause(s) as stated

[ ] 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

[ ] 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

PETER BENJAMIN LAKE COUNTY AUDITOR

29b SIGNATURE AND TITLE OF CERTIFIER

29c MEDICAL LICENSE NO: 02000848

29d DATE SIGNED (Month Day Year): FEBRUARY 2, 1999

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): STEVEN F. MISCHEL, D.O., 222 DOUGLAS, HAMMOND, INDIANA 46320

31 HEALTH OFFICER S SIGNATURE: MD

32 DATE FILED (Month Day Year): 2/2/99

33 MANNER OF DEATH

[ ] Natural [ ] Pending Investigation

[ ] Accident

[ ] Suicide [ ] Could not be Determined

[ ] Homicide

34a DATE OF INJURY (Month Day Year)

34b TIME OF INJURY

34c INJURY AT WORK? (Yes or no)

34d DESCRIBE HOW INJURY OCCURRED

34e PLACE OF INJURY—At home farm street factory office building etc (Specify)

34f 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) If yes specify driver passenger pedestrian etc

FILED FEB 3 1999

STATE OF INDIANA LAKE COUNTY FILED 2000 JAN 07

SDH06-004 State Form 10110 (R4 3-93) Deathcer PD 1

Mail to: Ronald Ostasic, Atty at Law 6287 Central Ave. Portage, IN 46368