

Key 24-30-212-1

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

MENTION ESTATE: The Social Security # is requested by this state agency in order to fulfill its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

al No. 250

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

1 DECEASED—NAME (First, Middle, Last) <b>BOSKO GALIC</b>		2 SEX <b>MALE</b>	3a TIME OF DEATH <b>4:50 A.M.</b>	3b DATE OF DEATH (Month, Day, Yr) <b>OCTOBER 15, 1997</b>	
4 *SOCIAL SECURITY NUMBER <b>317-32-6489</b>	5a AGE—Last Birthday (Years) <b>84</b>	5b UNDER 1 YEAR Months: Days:	5c UNDER 1 DAY Hours: Minutes:	6 DATE OF BIRTH (Mo, Day, Yr) <b>DECEMBER 6, 1913</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>JUGOSLAVIA</b>					
8a WAS DECEDENT A U.S. VETERAN? <b>NO</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>NONE</b>	8c PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) <b>ST. CATHERINE HOSPITAL</b>		9c CITY, TOWN, OR LOCATION OF DEATH <b>EAST CHICAGO</b>	9d COUNTY OF DEATH <b>LAKE</b>		
10 MARITAL STATUS <b>MARRIED</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>STANA CULIC</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>STEELWORKER</b>		12b KIND OF BUSINESS/INDUSTRY <b>INLAND STEEL COMPANY</b>	
13a RESIDENCE—STATE <b>INDIANA</b>	13b COUNTY <b>LAKE</b>	13c CITY, TOWN, OR LOCATION <b>EAST CHICAGO</b>	13d STREET AND NUMBER <b>4108 CAREY ST.</b>		
13e ZIP CODE <b>46312</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) <b>WHITE</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)					
18 FATHER'S NAME (First, Middle, Last) <b>DJURO GALIC</b>		19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>STOJA GASIC</b>			
20a INFORMANT'S NAME (Type/Print) <b>STANA GALIC</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4108 CAREY ST. EAST CHICAGO, IN. 46312</b>		20c Relationship <b>WIFE</b>	
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) <b>OCTOBER 18, 1997 MOST HOLY MOTHER OF GOD CEMETERY</b>		21c LOCATION—City or Town, State <b>GRAYSLAKE, ILLINOIS</b>	
22a EMBALMER'S NAME <b>CHARLES WELLS</b>		22b EMBALMER'S LICENSE NO. <b>FDO1042372</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Eli Culic</i>		24b LICENSE NUMBER (of Licensee) <b>FDO1008300</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 4630</b>		
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. <i>generalized arteriosclerosis</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>coronary artery disease</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>atherosclerosis</i> DUE TO (OR AS A CONSEQUENCE OF) d. <i>Arrhythmia</i>  PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				Approximate Interval Between Onset and Death <b>2000 HOURS 00:35:79</b>	
27a 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.		27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>			
29a SIGNATURE AND TITLE OF CERTIFIER <i>Nadezda Djurovic</i>		29c MEDICAL LICENSE NO. <b>266 20</b>	29d DATE SIGNED (Month, Day, Year) <b>10-16-97</b>		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Nadezda Djurovic 2105 W Lincoln Hwy Merrillville IN 46410</b>					
31 HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy Rayborch</i>			32 DATE FILED (Month, Day, Year) <b>10-17-97</b>		
33 MANNER OF DEATH <input checked="" 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 DESCRIBE HOW INJURY OCCURRED <b>1987</b>
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)			
35 DATE PRONOUNCED DEAD (Month, Day, Year)		36 MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

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MAR 24 2000

PETER BENJAMIN LAKE COUNTY AUDITOR

RECORDED

Highland 46322 Eli Culic

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