

* 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. 1231-97

LAKE COUNTY

TYPE/PRINT IN PERMANENT BLACK INK

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

DECEDENT

PARENTS

INFORMANT

DISPOSITION

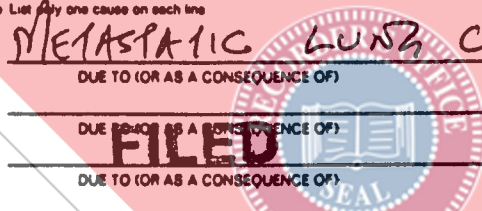
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for: 1 DECEASED—NAME (JOVAN DJURIC), 2 SEX (MALE), 3a TIME OF DEATH (M), 3b DATE OF DEATH (JUNE 9, 1997), 4 SOCIAL SECURITY NUMBER (306-34-0257), 5a AGE (79), 5b UNDER 1 DAY, 5c DATE OF BIRTH (MAY 8, 1915), 6a BIRTHPLACE (GLAVICA, JUGOSLAVIA), 6b WAS DECEDENT A U.S. VETERAN? (NO), 6c YEAR LAST SERVED IN U.S. ARMED FORCES? (NONE), 6d PLACE OF DEATH (MUNSTER), 6e FACILITY NAME (COMMUNITY HOSPITAL), 6f CITY, TOWN OR LOCATION OF DEATH (MUNSTER), 6g COUNTY OF DEATH (LAKE), 10 MARITAL STATUS (NEVER MARRIED), 11 SURVIVING SPOUSE (NONE), 12a DECEDENT'S USUAL OCCUPATION (FOUNDRY WORKER), 12b KIND OF BUSINESS/INDUSTRY (BLAW KNOX COMPANY), 13a RESIDENCE—STATE (INDIANA), 13b COUNTY (LAKE), 13c CITY, TOWN OR LOCATION (SCHERERVILLE), 13d STREET AND NUMBER (122 GENOA CT.), 13e ZIP CODE (46375), 13f INSIDE CITY LIMITS (Yes), 13g ON A FARM? (No), 14 CITIZEN OF WHAT COUNTRY (U.S.A.), 15 WAS DECEDENT OF HISPANIC ORIGIN? (No), 16 RACE (WHITE), 17 DECEDENT'S EDUCATION (Elementary), 18 FATHER'S NAME (DANE DJURIC), 19 MOTHER'S NAME (STOJA GVERO), 20a INFORMANT'S NAME (SPIRO DJURIC), 20b MAILING ADDRESS (122 GENOA CT. SCHERERVILLE, IND. 46375), 20c Relationship (BROTHER), 21a METHOD OF DISPOSITION (Burial), 21b DATE AND PLACE OF DISPOSITION (JUNE 12, 1997, MOST HOLY MOTHER OF GOD CEMETERY, GRAYSLAKE, ILLINOIS), 21c LOCATION—City or Town, State (GRAYSLAKE, ILLINOIS), 22a EMBALMER'S NAME (CHARLES WELLS), 22b EMBALMER'S LICENSE NO (FDO1042372), 23 WAS DEATH REPORTED TO CORONER? (No), 24a SIGNATURE OF FUNERAL DIRECTOR (Oli Tuzhko), 24b LICENSE NUMBER (FDO1008300), 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (LINCOLN RIDGE FUNERAL HOME 88800070, 7607 W. LINCOLN HWY. CROWN POINT, IN. 46307), 26 PART I IMMEDIATE CAUSE (METASTATIC LUNG CANCER), 26 PART II (Other significant conditions), 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a WAS AN AUTOPSY PERFORMED? (No), 28b AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a CERTIFIER (CERTIFYING PHYSICIAN), 29b SIGNATURE AND TITLE OF CERTIFIER (Peter Benjamin, Lake County Auditor), 29c MEDICAL LICENSE NO (29300), 29d DATE SIGNED (06.11.1997), 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (NITIN Sardesai, 9307 CALUMET AVE, MUNSTER IN 46321), 31 HEALTH OFFICER'S SIGNATURE (Alexander Williams), 32 DATE FILED (June 11, 1997), 33 MANNER OF DEATH (Natural), 34a DATE OF INJURY, 34b TIME OF INJURY, 34c PLACE OF INJURY, 34d LOCATION, 34g DATE PRONOUNCED DEAD, 34h MOTOR VEHICLE ACCIDENT? (No).

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LOT 64, CASA BELLA, SECOND ADDITION TO THE TOWN OF SCHERERVILLE AS RECORDED IN PLAT BOOK 51 PAGE 78, LAKE COUNTY

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