

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH State No. ....

Local No. 2406-98

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

FILED FOR RECORDING

PE/PRINT IN PERMANENT INK

DECEDENT

INFORMANTS

INFORMANT

DISPOSITION

USE OF BATH

CERTIFIER

HEALTH OFFICER

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

1. DECEASED—NAME (First Middle Last) <b>TRIFUN DJURIC</b>		2. SEX <b>MALE</b>	3a. TIME OF DEATH <b>5:15 P.M.</b>	3b. DATE OF DEATH (Month Day, Yr) <b>NOVEMBER 1, 1998</b>	
4. SOCIAL SECURITY NUMBER <b>317-32-9781</b>	5a. AGE (Years) <b>98</b>	5b. UNDER 1 DAY Months Days Hours Minutes	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>FEBRUARY 14, 1900</b>	
7a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>NONE</b>	8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Residence <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			
9a. FACILITY NAME (If not institution, give street and number) <b>122 GENOA CT.</b>		9b. CITY, TOWN, OR LOCATION OF DEATH <b>SCHERERVILLE</b>	9c. COUNTY OF DEATH <b>LAKE</b>		
10. MARITAL STATUS (Specify) <b>WIDOWED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>NONE</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>STEELWORKER RETIRED</b>		12b. KIND OF BUSINESS/INDUSTRY <b>LTV STEEL COMPANY</b>	
13a. RESIDENCE—STATE <b>INDIANA</b>	13b. COUNTY <b>LAKE</b>	13c. CITY, TOWN, OR LOCATION <b>SCHERERVILLE</b>	13d. STREET AND NUMBER <b>122 GENOA CT.</b>		
13e. ZIP CODE <b>46375</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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>	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>UNKNOWN</b> College (1-4 or 5+)				
18. FATHER'S NAME (First Middle Last) <b>DANE DJURIC</b>		19. MOTHER'S NAME (First Middle, Maiden Surname) <b>STOJA GVERO</b>			
20a. INFORMANT'S NAME (Type/Prnt) <b>SPYRO DJURIC</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>122 GENOA CT. SCHERERVILLE, IND 46375</b>	20c. Relationship <b>BROTHER</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>NOVEMBER 2, 1998 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eli Trifun</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. 46307</b>		
26. PART I: Enter the disease, 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) <b>Diabetes mellitus insulin dependent</b> DUE TO (OR AS A CONSEQUENCE OF) <b>generalized arteriosclerosis</b> CONDITIONS CONTRIBUTING TO THE CAUSE OF DEATH (List all conditions contributing to the death but not previously stated in Part I) <b>NOV 02 1998</b> DUE TO (OR AS A CONSEQUENCE OF) <b>AUG 18 2000</b>				Approximate Interval Between Onset and Death	
PART II: Other contributing conditions contributing to death but not previously stated in Part I					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <input checked="" type="checkbox"/> No					
28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <input checked="" type="checkbox"/> No					
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input checked="" type="checkbox"/> No					
29a. CERTIFYING PHYSICIAN (Name, Address, and Title) <b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>					
29b. SIGNATURE AND TITLE OF CERTIFIER <b>Nadezda Djuric</b>					
29c. MEDICAL LICENSE NO. <b>01026620</b>					
29d. DATE SIGNED (Month, Day, Year) <b>11-02-98</b>					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Prnt) <b>2105 W Lincoln Hwy Merrillville In</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>					
32. DATE FILED (Month, Day, Year) <b>November 8, 1998</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"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
		34a. PLACE OF INJURY—At home farm street factory, office building etc. (Specify)		34d. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>900 E.P.</b>	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian, etc.			<b>C1318</b>