Ky # 16-27-352-11

2684-90

## INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

TYPE/PRINT	1 DECEASED-	NAME : First N	Aiddle Last)				2 SEX		3a TIME OF DEA	TH 35 D4	ATE OF DEATH (Mont	th Day Yr)
IN	ILIJ		(ELI)		DUKICH		MALI	E	8:39 P		ECEMBER 2	
PERMANENT	4 SOCIAL SEC		5	a AGE—Last Birthday (Years)	5b UNDER I YEAR Months Days	5c UNDER Hours	DAY 6 D	ATE OF BIR	TH (Mo. Day Yr)	7 SIRTHP	PLACE (City and State	e or Foreign Country
BLACK INK	<u> </u>			-64	World's Days	1,0013	N		ER 14, 1		YUGOSLAVI	[A
	A US VETERAN? US			R LAST SERVED IN ARMED FORCES?	HOSPITAL Dinpar	9a PLACE OF DEATH (Check only one See instructions)  OSPITAL Uniqualient OTHER Division Home Other (Specific)						
		NO				tient Outpatient 🔲 I	DO 4	OTHER	☐ Nursing Home ☐ Residence	☐ Other (	Specify)	
	96 FACILITY N	AME (if not institu	ition give st	treet and number)	<u> </u>	Jordaniem 🗀		WN OR LOC	ATION OF DEATH	9a C	COUNTY OF DEATH	
DECEDENT	THE COMMUNITY HOSPITAL					MUNSTER				LAKE		
	10 MARITAL STATUS 11 SURVIVING SPOUSE (Specify) (If wife, give maiden name)					NTS USUAL OCCUPATION (Give kind of working most of working life. Do not use retired)			125 KII	NO OF BUSINESS/IN	NDUSTRY	
	MARRIED ZORKA DUKICH				D FOREMAN STEEL INDO			- 1	MILAND STE	TEL COMP		
				UNTY	13c. CITY, TOWN OR	LOCATION		13	13d. STREET AND NUM			#3D 00 B
	INDIANA		LAKE		HIGHLANI			<del>,</del>		99TH. ST.		
	13e ZIP CODE 13f INSIDE C No		TY LIMITS	14 CITIZEN OF WHAT COUNTRY	15. WAS DECEDENT	OF HISPANIC ( Yes (If yes,		16 RACE—American Indian. Black, White, etc.		17 DECEDENT'S EDUCATION (Specify only highest grade complete)		
			ARM?		Me Can. Puerto l			(Spec	(Specify) WHITE		Elementary/Secondary (0-12) College (1-4 or	
	40322	□ No	☐ Yes	U.S.				MIT	<u> </u>		<b>NO</b> -12	
PARENTS	18 FATHERS N	AME (First Midd	le Last)				1		First, Middle. Maiden	S(mare)		
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INFORMANT	20a INFORMAN		e/Print)		1				oute Number City of			Relationship
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	ELI VUJKO  24a SIGNATURE OF FUNERAL DIRECTOR  24 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME										OME	
	(2)	7	my	in		(of Licensee)		LINCO	LN RIDGE	FUNE	RAL HOME	88800070
	K En	6/	Thi	s Docum	ient is th	e proj	perty	7607	W. LINCO	LN HW	Y.CROWN F	POINT, INI
	26 PARTI			s or complications that ca		nter nonspecific t	erms, such as o	cardiac or res	ouatory			Approximate
		arrest shock							1			
			or near rand	ure List only one cause of	n each line	<b></b>		8	5			
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