

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue 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. 405-04

27371 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

236506

DECEDENT

PARENTS

FORMANT

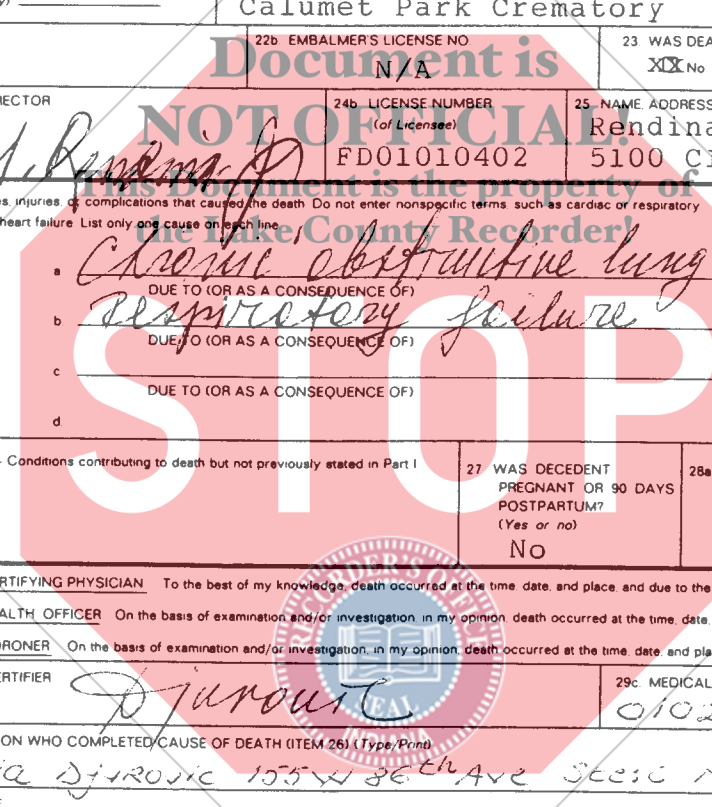
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) <b>JUDY ROVY</b>		2 SEX <b>Female</b>		3a TIME OF DEATH <b>1:04p.m</b>		3b DATE OF DEATH (Month Day, Yr.) <b>February 11, 2004</b>	
4 *SOCIAL SECURITY NUMBER <b>308-44-2954</b>		5a AGE—Last Birthday (Years) <b>60</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6a WAS DECEDENT A U.S. VETERAN? <b>No</b>		6b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		6 DATE OF BIRTH (Mo, Day, Yr.) <b>May 1, 1943</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Hammond, Indiana</b>	
9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) <b>Methodist Southlake Campus</b>				9c CITY, TOWN, OR LOCATION OF DEATH <b>Merrillville</b>		9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Divorced</b>		11 SURVIVING SPOUSE (If wife, give maiden name)		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Clerk</b>		12b KIND OF BUSINESS/INDUSTRY <b>E.J. Ry.</b>	
13a RESIDENCE—STATE <b>Indiana</b>		13b COUNTY <b>Lake</b>		13c CITY, TOWN, OR LOCATION <b>Merrillville</b>		13d STREET AND NUMBER <b>5301 Cleveland St.</b>	
13e ZIP CODE <b>46410</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>USA</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+) <b>12</b>			
18 FATHER'S NAME (First, Middle, Last) <b>John Stepp</b>				19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Julia Wharf</b>			
20a INFORMANT'S NAME (Type/Print) <b>Jill Singleton</b>			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2919 Kenwood, Hammond, In. 46323</b>			20c Relationship <b>Friend</b>	
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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>Feb. 14, 2004 Calumet Park Crematory</b>			21c LOCATION—City or Town, State <b>Merrillville, Indian.</b>	
22a EMBALMER'S NAME <b>N/A</b>			22b EMBALMER'S LICENSE NO. <b>N/A</b>			23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina</i>			24b LICENSE NUMBER (of Licensee) <b>FD01010402</b>			25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Rendina Funeral Home OH83007819 5100 Cleveland St. GARY, IN 46404</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 <b>Chronic obstructive lung disease</b> DUE TO (OR AS A CONSEQUENCE OF) b <b>Respiratory failure</b> DUE TO (OR AS A CONSEQUENCE OF) c DUE TO (OR AS A CONSEQUENCE OF) d 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) <b>No</b>			28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>			28b WERE ALL OPINIONS OF THE BOARD OF HEALTH COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a 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.							
29b SIGNATURE AND TITLE OF CERTIFIER <i>Suzanne Best</i>			29c MEDICAL LICENSE NO. <b>01026620</b>			29d DATE SIGNED (Month, Day, Year) <b>2-12-04</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>J.R. NADAZIJA DJUROVIC 155 W 86th AVE SECS C MERRILLVILLE IN 46410</b>							
31 HEALTH OFFICER'S SIGNATURE <i>Suzanne Best</i>			32 DATE FILED (Month, Day, Year) <b>3, 2004</b>				
33 MANNER OF DEATH <input 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)	
		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>Merrillville, IN 46405</b>			
34g DATE PRONOUNCED DEAD (Month, Day, Year)			34h MOTOR VEHICLE ACCIDENT? (Yes or no) <b>HOLD FOR MERIDIAN TITLE CORP</b>				



FILED  
NOV 4 2004  
STEPHEN R. STIGLICH  
LAKE COUNTY CLERK

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