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Porter County

PORTER COUNTY
CERTIFICATE OF DEATH

155 Indiana Ave.
Suite 104
Valparaiso, IN 46383

key #
23-156-29

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-18-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

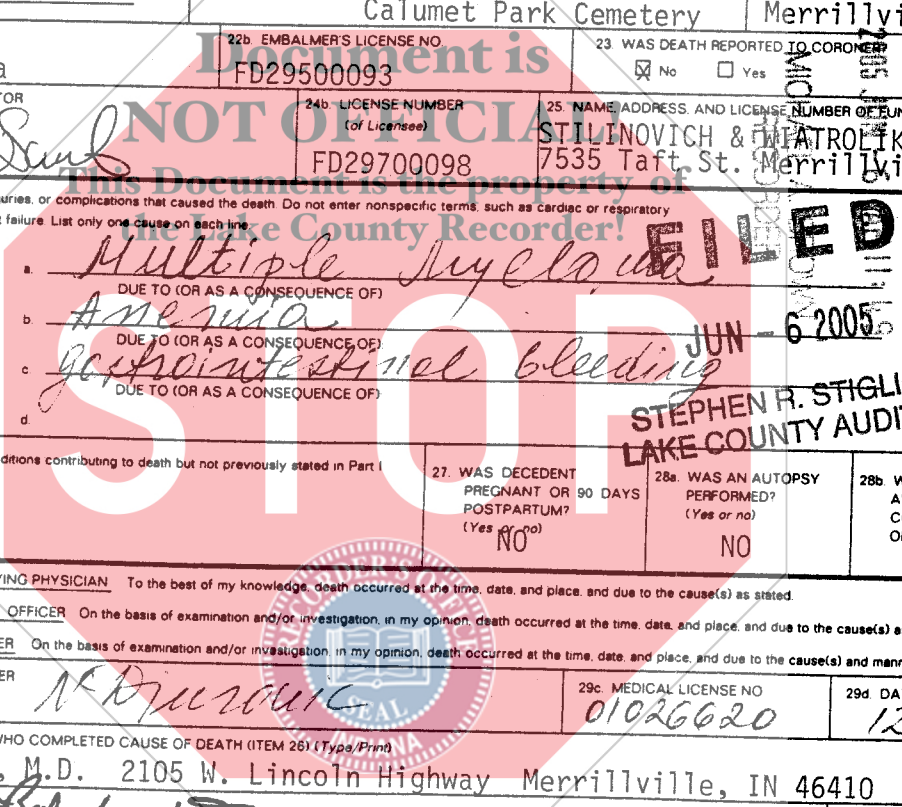
DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First, Middle, Last) KIRIL SAZDANOVSKI		2 SEX MALE	3a. TIME OF DEATH 9:28 P. M.	3b. DATE OF DEATH (Month, Day, Yr.) DECEMBER 10, 1998	
4. SOCIAL SECURITY NUMBER 310-72-6451	5a. AGE—Last Birthday (Years) 65	5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo. Day, Yr.) May 22, 1933	
7. BIRTHPLACE (City and State or Foreign Country) Macedonia	8a. WAS DECEDENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? --	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) VNA Mary E. Bartz Hospice Center		9c. CITY, TOWN, OR LOCATION OF DEATH Valparaiso	9d. COUNTY OF DEATH Porter		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Milica Rostankovska	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steelworker		12b. KIND OF BUSINESS/INDUSTRY U.S. Steel-Gary Works	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Crown Point	13d. STREET AND NUMBER 9745 Harrison St.		
13e. ZIP CODE 46307	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? U.S.A.	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) White	
18. FATHER'S NAME (First, Middle, Last) Mitre Sazdanovski			19. MOTHER'S NAME (First, Middle, Maiden Surname) Nadezda N/A		
20a. INFORMANT'S NAME (Type/Print) Lubica Janakievski		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9828 Harrison St. Crown Point, IN 46307		20c. Relationship Daughter	
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) December 12, 1998 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Indiana	
22a. EMBALMER'S NAME Richard A. Soria		22b. EMBALMER'S LICENSE NO. FD29500093	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Paul P. Soria</i>		24b. LICENSE NUMBER (of Licensee) FD29700098	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME STILINOVICH & PATROLNIK FB33004455 7535 Taft St. Merrillville, IN 46410		
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. Multiple Myeloma DUE TO (OR AS A CONSEQUENCE OF) b. Anemia DUE TO (OR AS A CONSEQUENCE OF) c. gastrointestinal bleeding 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) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) 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) as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>N. Djurovic</i>		29c. MEDICAL LICENSE NO. 01026620	29d. DATE SIGNED (Month, Day, Year) 12-14-98		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Nadezda Djurovic, M.D. 2105 W. Lincoln Highway Merrillville, IN 46410 219-769-3233					
31. HEALTH OFFICER'S SIGNATURE <i>Gary A. Babcock MD</i>			32. DATE FILED (Month, Day, Year) 12-15-98		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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
34a. 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)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. NO			



STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Handwritten initials and numbers: 0059, 99, 25, 4