1 DECEDENT'S NAME	(First, Middle, Last)	<sup>Se</sup> ≪va	War.	·		2 SEX	3 DATE	OF DEATH (Month, Day,	
And  4a AGE - Last Birthday	lrew 1 45 UNDER 1 YEA	S.	NOV	akovich	TH (Month Day Year,	Male	Apı	ril 19, 1999	
(Years) 68	MONTHS DAYS	HOURS	MINUTES	July 19			DUNTY OF DEA		
TO LOCATION OF DEA	TH (Enter place officially pr ER INSTITUTION - Name	ronounced dead i (If not in either, )	n 7a, 7b, 7c.) give street and nui	76 15	HOSP OR INST. In /Emer Room DOA	patient 7		E, OR TOWNSHIP OF DE	
Mercy F	lospital	Tga MSHAL O	CCUPATION (Green		ergency Ro	<u></u>	Cadilla BUSINESS OR	100000000000000000000000000000000000000	
307 - 30 -	Helicia II di sere di control di Co	working life	e Do not use retires ident	(Reti		Found		INDUSTRA	
10a GURRENT RESIDEN STATE	10a CURRENT RESIDENCE - 10b COUNTY 10c STATE			LOCALITY (Check one box and specify)  INSIDE CITY OR VILLAGE OF			10d. STREET AND NUMBER		
Michigan			e 🖫 TWP OF Caldwell			9727 W. Oak Drive			
10e ZIF CODE	II ARTHPLACE (C State of foreign East Chicag	City and on Country) 20. Trv1.		TATUS Married, red. Widowed, pecify)	13 SURVIVING SPI (If wife give r	DUSE. name before first	married)	I4 WAS DECEDENT IN U.S. ARMED FO (Specify Yes or No	
49651	Puerto Rican, Cuban, Ce		Married	American Indian, E	Catherin			Yes	
American, Unicano, o English, French, Finn	other Hispanic, Afro-American ish, etc. <i>(Specify below)</i> m, Polish	n, Arab,	If Asian	i, give nationality i Asian: Indian, etc	e Chinese.	<del></del>	Secondary (0-12)	College (1-4 or 5	
18 FATHER'S NAME (I	First, Middle, Last) Novakovi	ch		19 N	MOTHER'S NAME (FI Josephir		ime before first n	narried) N	
20a INFORMANT'S NA			20b. MAILING	ADDRESS (Street a	ond Number or Rural R ve, Lake (	oute Number, Cit	v or Village, State	ZIP Code)	
	OSITION - Burial Cremation Other (specify)	n, 22a		POSITION (Name of	f Cemetery, Crematory			or Village, State	
	Other (apecing)				and the second				
Burial		/ <del>  L</del>	ake City	Cemeter	y	La	ke City	, <b>M</b> ichigan	
T	INERAL SERVICE LIGENSE	E 24. L	ICENSE NUMBER	T T25 NAME	E AND ADDRESS OF	FACILITY	ke City	, <b>M</b> ichigan	
T	NERAL SERVICE LIGENSE	E 24. L	OCILI	R 25 NAME YOU ID:	E AND ADDRESS OF	FACILITY			
23 SIGNATURE OF FL	) Jones	24 1	ICENSE NUMBER of Licensee)	25 NAME Young 403	e and address or g Funeral S. Pine St	Home PO B	ox 706,	Lake City,M	
23 SIGNATURE OF FL  Lichtard  26 PART L Enter the arrest, sho  IMMEDIATE CAUSE (Findingsease or condition	diseases, injuries, or comp ck, or heart failure List in	plications that conly one cause	ICENSE NUMBER of Licensee) 813	25 NAME YOUNG 403	e AND ADDRESS OF g Funeral S. Pine St he mode of dyng, s	Home PO B	ox 706,	Lake City, M.  Approximate Interval Betwee Onset and De	
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STATE OF MICHIGAN )

COUNTY OF WEXFORD)

FILED

JUN - 8 2005

I, Elaine L. Richardson, County Clerk and Court Clerk for the Circuit Court of said County, do hereby certify that the foregoing is a true and correct copy of the original on file in this office.

STEPHEN FL STIGLICH AKE COUNTY AUDIT

	and Anna Parket Report of the Control of the Contro		ß .	N. 2400
五是古城市的复数复数中央的基本 (8.00%) 经净效效的 电影音 经证证证证证证证	804418 4.448		Ji .	2/2/2/2
Signed and sealed at the City of	L'adillac this	day of CAPTI	Ű.	7000
ngneu una seatea in the City Of	Cuumuc, mis		<b>~</b>	1999

Elain S. Richardson
ELAINE L. RICHARDSON, County Clerk

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