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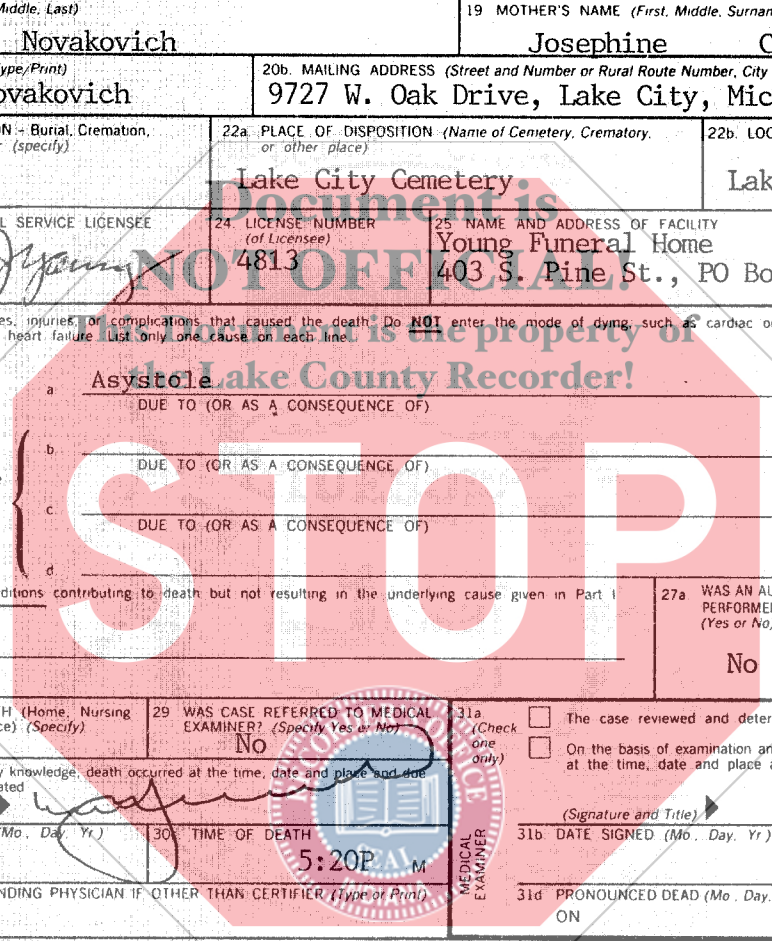
STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
1164193

TYPE/PRINT
IN
PERMANENT
BLACK INK

NAME OF DECEDENT
FOR USE BY PHYSICIAN OR INSTITUTION

1. DECEDENT'S NAME (First, Middle, Last) Andrew S. Novakovich				2. SEX Male	3. DATE OF DEATH (Month, Day, Year) April 19, 1999
4a. AGE - Last Birthday (Years) 68	4b. UNDER 1 YEAR MONTHS: _____ DAYS: _____	4c. UNDER 1 DAY HOURS: _____ MINUTES: _____	5. DATE OF BIRTH (Month, Day, Year) July 19, 1930		6. COUNTY OF DEATH Wexford
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) Mercy Hospital			7b. IF HOSP OR INST. Inpatient, On Emer Room, DOA (Specify) Emergency Room		7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH Cadillac
8. SOCIAL SECURITY NUMBER 307 - 30 - 3679		9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) President (Retired)		9b. KIND OF BUSINESS OR INDUSTRY Foundry	
10a. CURRENT RESIDENCE - STATE Michigan	10b. COUNTY Missaukee	10c. LOCALITY (Check one box and specify) <input type="checkbox"/> INSIDE CITY OR VILLAGE OF <input checked="" type="checkbox"/> TWP OF Caldwell		10d. STREET AND NUMBER 9727 W. Oak Drive	
10e. ZIP CODE 49651	11. BIRTHPLACE (City and State or Foreign Country) East Chicago, Ind.	12. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) Married	13. SURVIVING SPOUSE (If wife, give name before first married) Catherine Pruett	14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes	
15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) Serbian, Polish			16. RACE - American Indian, Black, White, etc. If Asian, give nationality i.e. Chinese, Filipino, Asian Indian, etc. (Specify below) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 6
18. FATHER'S NAME (First, Middle, Last) Samuel Novakovich			19. MOTHER'S NAME (First, Middle, Surname before first married) Josephine Cudziol		
20a. INFORMANT'S NAME (Type/Print) Catherine Novakovich			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 9727 W. Oak Drive, Lake City, Michigan 49651		
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) Burial		22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Lake City Cemetery		22b. LOCATION - City or Village, State Lake City, Michigan	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Richard J...</i>		24. LICENSE NUMBER (of Licensee) 4813	25. NAME AND ADDRESS OF FACILITY Young Funeral Home 403 S. Pine St., PO Box 706, Lake City, MI 49651		
26. PART I Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, 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) Asystole					Approximate Interval Between Onset and Death Minutes
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No		27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)			
28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Hospital		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) No		31a. (Check one only) <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case. <input type="checkbox"/> On the basis of examination and of investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) and manner stated.	
30a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) <i>[Signature]</i>		30b. DATE SIGNED (Mo., Day, Yr.) 4-21-99		30c. TIME OF DEATH 5:20P M	
30d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31b. DATE SIGNED (Mo., Day, Yr.)		31c. CASE NUMBER	
31d. PRONOUNCED DEAD (Mo., Day, Yr.) ON		31e. TIME OF DEATH M			
32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) William R. Grace, D.O., 827 E. Division St., Cadillac, MI 49601				32b. LICENSE NUMBER 08586	
33a. ACC. SUICIDE, HOM. NATURAL OR PENDING INVEST. (Specify)		33b. DATE OF INJURY (Mo., Day, Yr.)		33c. TIME OF INJURY M	
33d. DESCRIBE HOW INJURY OCCURRED		33g. LOCATION - Street or RFD No. City, Village or Twp. State			
33e. INJURY AT WORK (Specify Yes or No)		33f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		33g. LOCATION - Street or RFD No. City, Village or Twp. State	
34a. REGISTRAR'S SIGNATURE <i>Lori A Embrey, Deputy</i>			34b. DATE FILED (Month, Day, Year) April 21, 1999		



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MICHAEL A. ...
2005 APR 21 10:05 AM
FILED IN COUNTY RECORDS

MEDICAL EXAMINER

STATE OF MICHIGAN)
) SS
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 R. STIGLICH
LAKE COUNTY AUDITOR

Signed and sealed at the City of Cadillac, this 21 day of April, 1999.

Elaine L. Richardson
ELAINE L. RICHARDSON, County Clerk

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