3

TENTION ESTATE: The Social Security # is g requested by this state agency in order to ue its statutory responsibility. Disclosure is ntary and there will be no penalty for refusal.

:al No. 24717-03

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

PE/PRINT IN RMANENT ACK INK

1 DECEASED—NAME (First, Middle, Last): STEVE IVANCOVICH
2 SEX: MALE
3a TIME OF DEATH: 9:45 P M
3b DATE OF DEATH (Month, Day, Yr.): OCTOBER 15, 2003

4 SOCIAL SECURITY NUMBER: 327-14-2859
5a AGE—Last Birthday (Years): 81
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Mo, Day, Yr): JULY 18, 1922
7 BIRTHPLACE (City and State or Foreign Country): CHICAGO, ILLINOIS

8a WAS DECEDENT A U.S. VETERAN?: YES
8b YEAR LAST SERVED IN US ARMED FORCES?: 1946

9a PLACE OF DEATH (Check only one. See instructions)
HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
OTHER: ☐ Nursing Home ☒ Other (Specify) ☐ Residence — ST. ANTHONY HOSPICE

:EDENT

9b FACILITY NAME (If not institution, give street and number): ST. ANTHONY HOSPICE
9c CITY, TOWN, OR LOCATION OF DEATH: CROWN POINT
9d COUNTY OF DEATH: LAKE

10 MARITAL STATUS (Specify): MARRIED
11 SURVIVING SPOUSE (If wife, give maiden name): BESSE JAKSIC
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): FOREMAN
12b KIND OF BUSINESS/INDUSTRY: CHICAGO N.WESTERN RAIL RD.

13a RESIDENCE—STATE: INDIANA
13b COUNTY: LAKE
13c CITY, TOWN, OR LOCATION: CROWN POINT
13d STREET AND NUMBER: 1553 W. 98th. PL.

13e ZIP CODE: 46307
13f INSIDE CITY LIMITS: ☐ No ☒ Yes
13g ON A FARM?: ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE—American Indian, Black, White, etc. (Specify): WHITE
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 College (1-4 or 5+):

IENTS

18 FATHER'S NAME (First, Middle, Last): JOHN IVANCEVICH
19 MOTHER'S NAME (First, Middle, Maiden Surname): VIOLET VOJNOVICH

ORMANT

20a INFORMANT'S NAME (Type/Print): MILDRED HALLBERG
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 615 DRIFTWOOD DR. LOWELL, IN. 46356
20c Relationship: SISTER

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): OCTOBER 21, 2003 OAK HILL CEMETERY
21c LOCATION—City or Town, State: HAMMOND, INDIANA

POSITION

22a EMBALMER'S NAME: ELI VUJKO
22b EMBALMER'S LICENSE NO: FDO1008300
23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR: Eli Vujko
24b LICENSE NUMBER (of Licensee): FDO1008300
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: LINCOLN RIDGE FUNERAL HOME 88800070 7607 W.LINCOLN HWY.CROWN POINT,IN.4630

33-23-142-48

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. Congestive heart failure — Approximate Interval Between Onset and Death: days
DUE TO (OR AS A CONSEQUENCE OF): b. coronary artery disease — yrs.
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

JSE OF ATH

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I: Vent. tachycardia post-ICD severe COPD A. Fib
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): no
28a WAS AN AUTOPSY PERFORMED? (Yes or no)
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

92006 71 97

29a CERTIFIER (Check only one)
☐ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated
☐ 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
☐ 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

RTIFIER

29b SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c MEDICAL LICENSE NO: 01041362
29d DATE SIGNED (Month, Day, Year): 10-21-03

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): 1205 S. MAIN ST. CROWN POINT, IN. 46307 GARY BRIGHAM M.D.

TICOR HO

ALTH FICER

31 HEALTH OFFICER'S SIGNATURE: Susan ... Bart MD
32 DATE FILED (Month, Day, Year): October 21, 2003

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a DATE OF INJURY (Month, Day, Year)
34b TIME OF INJURY
34c INJURY AT WORK? (Yes or no)
34d DESCRIBE HOW INJURY OCCURRED: 018772
34e 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.

11 LP TI

SDH06-004 State Form 10110 (R5/1-99)

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
SEP 03 2004

2006 083610

2006 SEP 21 AM 9:13
MICHAEL A. BROWN RECORDER
STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

FILED
SEP 21 2006
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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STOP
RECORDER'S OFFICE SEAL INDIANA