

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue 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. 2212-06

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

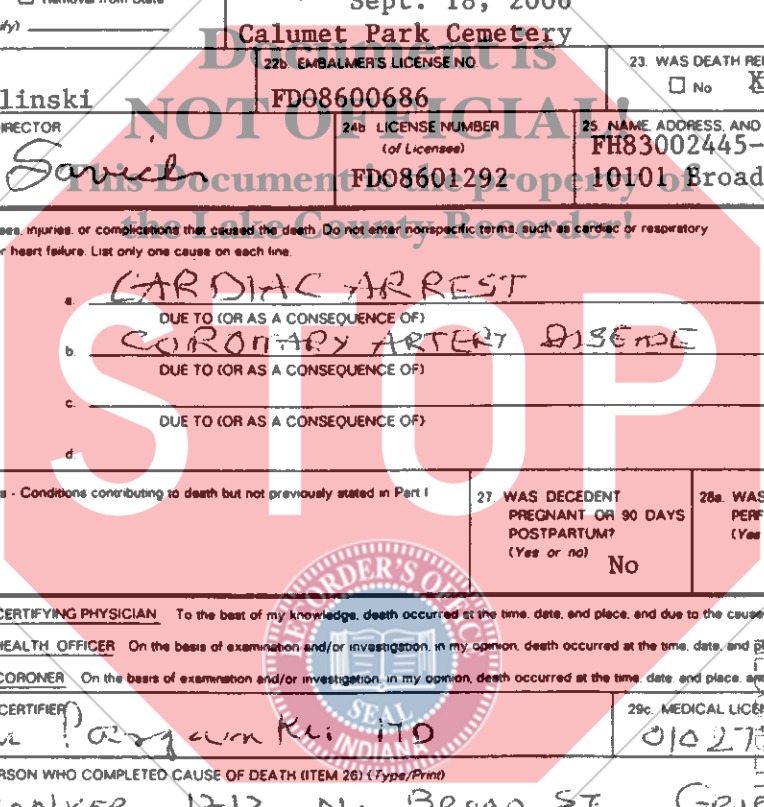
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) JOHN S. SOVICH		2. SEX Male	3a. TIME OF DEATH 4:10 P M	3b. DATE OF DEATH (Month, Day, Yr.) September 14, 2006	
4. *SOCIAL SECURITY NUMBER 308-46-7374	5a. AGE—Last Birthday (Years) 61	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) Sept. 9, 1945	
7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8a. WAS DECEDENT A U.S. VETERAN? No				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		8c. 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			
9a. FACILITY NAME (If not institution, give street and number) 8566 Matthews Court		9b. CITY, TOWN, OR LOCATION OF DEATH Crown Point	9c. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Dusanka Bursac	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Owner / Operator		12b. KIND OF BUSINESS/INDUSTRY United Steel Services	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Crown Point		13d. STREET AND NUMBER 8566 Matthews Court	
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	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 4		18. FATHER'S NAME (First, Middle, Last) John M. Sovich			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Marie Feder		20. INFORMANT'S NAME (Type/Print) Dusanka Sovich			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8566 Matthews Ct., Crown Point, IN 46307		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) Sept. 18, 2006 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Indiana	
22a. EMBALMER'S NAME David W. Semplinski		22b. EMBALMER'S LICENSE NO. FD08600686		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Jovan Savich</i>		24b. LICENSE NUMBER (of Licensee) FD08601292		25. NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FH83002445-Burns Funeral Home 10101 Broadway, Crown Point, IN 46307	
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. a. CARDIAC ARREST DUE TO (OR AS A CONSEQUENCE OF) CORONARY ARTERY DISEASE		27. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
26. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I		27. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) 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) stated. <input checked="" 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>Susan J. Be...</i> 2006 08 22 2006			
29c. MEDICAL LICENSE NO. 01027333		29d. DATE SIGNED (Month, Day, Year) 9/18/2006			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. PARAGONKER, 1212 N. BROAD ST., GRIFFITH, IN 46306					
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Be...</i>					
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) OCT - 3 2006	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED SEP 22 2006
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) LAKE COUNTY AUDITOR		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 019818			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) (Specify driver, passenger, pedestrian, etc.)			

20-13-0246-0007 Pine Island Ridge Unit #1 not 218



FILED

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR