

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to sue its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

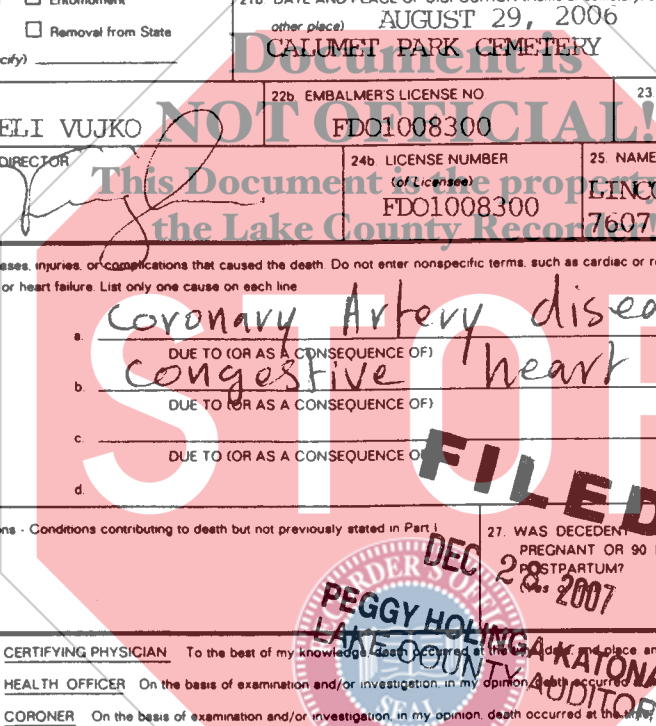
CERTIFICATE OF DEATH

State No.

Local No. 2053-06

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

PE/PRINT IN PERMANENT BLACK INK	1 DECEASED—NAME (First, Middle, Last) MITAR TRIVUNOVIC				2 SEX MALE	3a TIME OF DEATH 3:32 P.M.	3b DATE OF DEATH (Month, Day, Year) AUGUST 25, 2006		
	4 *SOCIAL SECURITY NUMBER 317-66-1872		5a AGE—Last Birthday (Years) 68	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) DEC. 15, 1937	7 BIRTHPLACE (City and State or Foreign Country) PEULJE, YUGOSLAVIA		
DECEDENT	8a. WAS DECEDENT A U.S. VETERAN? NO		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
	9b. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL				9c. CITY, TOWN, OR LOCATION OF DEATH MUNSTER		9d. COUNTY OF DEATH LAKE		
DECEASED'S RESIDENT	10. MARITAL STATUS (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) SAVA BALAC		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 LTV STEEL COMPANY		
	13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION GRIFFITH		13d. STREET AND NUMBER 1743 N. INDIANA PL.		
DECEASED'S RESIDENT	13e. ZIP CODE 46319		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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.)		
	13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16. RACE—American Indian, Black, White, etc (Specify) WHITE		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 12				
DECEASED'S RESIDENT	18. FATHER'S NAME (First, Middle, Last) STEVAN TRIVUNOVIC				19. MOTHER'S NAME (First, Middle, Maiden Surname) RUZA MITROVIC				
	20a. INFORMANT'S NAME (Type/Print) SAVA TRIVUNOVIC				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1743 N. INDIANA PL., GRIFFITH, IN. 46319			20c. Relationship WIFE	
DECEASED'S RESIDENT	21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) AUGUST 29, 2006 CALUMET PARK CEMETERY			21c. LOCATION—City or Town, State MERRILLVILLE, INDIANA		
	22a. EMBALMER'S NAME ELI VUJKO			22b. EMBALMER'S LICENSE NO. FDO1008300		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
DECEASED'S RESIDENT	24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eli Vučko</i>			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. 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Coronary Artery disease</u> DUE TO (OR AS A CONSEQUENCE OF) b. <u>congestive heart failure</u> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I								
DECEASED'S RESIDENT	27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? 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) and manner as stated.								
DECEASED'S RESIDENT	29b. SIGNATURE AND TITLE OF CERTIFIER <i>Wail E. Asfour, MD</i>			29c. MEDICAL LICENSE NO. 01053031A		29d. DATE SIGNED (Month, Day, Year) AUGUST 28, 2006			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) WAIL E. ASFOUR, M.D. 10010 DONALD POWERS DRIVE MUNSTER, INDIANA 46321								
DECEASED'S RESIDENT	31. HEALTH OFFICER'S SIGNATURE <i>Susan J. But...</i>						32. DATE FILED (Month, Day, Year) August 30, 2006		
	33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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
		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) 24908				
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.						



Holds for Juanita 3810