* 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.

Local No. 468-99

233609

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. ..........

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

| Field | Entry |
|---|---|
| 1. DECEASED—NAME (First, Middle, Last) | MILAN ROMIC |
| 2. SEX | MALE |
| 3a. TIME OF DEATH | 11:36P M |
| 3b. DATE OF DEATH (Month, Day, Yr) | FEBRUARY 17, 1999 |
| 4. *SOCIAL SECURITY NUMBER | 320-60-0206 |
| 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) | SEPTEMBER 8, 1930 |
| 7. BIRTHPLACE (City and State or Foreign Country) | JUGOSLAVIA |
| 8a. WAS DECEDENT A U.S. VETERAN? | NO |
| 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? | NONE |
| 9a. PLACE OF DEATH (Check only one. See instructions) | HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify) |
| 9b. FACILITY NAME (If not institution, give street and number) | COMMUNITY HOSPITAL |
| 9c. CITY, TOWN, OR LOCATION OF DEATH | MUNSTER |
| 9d. COUNTY OF DEATH | LAKE |
| 10. MARITAL STATUS (Specify) | MARRIED |
| 11. SURVIVING SPOUSE (If wife, give maiden name) | STANA OSTOJIC |
| 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) | MACHINE OPERATOR |
| 12b. KIND OF BUSINESS/INDUSTRY | STEEL INDUSTRY |
| 13a. RESIDENCE—STATE | INDIANA |
| 13b. COUNTY | LAKE |
| 13c. CITY, TOWN, OR LOCATION | MUNSTER |
| 13d. STREET AND NUMBER | 1148 ELLIOT ST. |
| 13e. ZIP CODE | 46321 |
| 13f. INSIDE CITY LIMITS | ☐ No ☒ Yes |
| 13g. ON A FARM? | ☒ No ☐ Yes |
| 14. CITIZEN OF WHAT COUNTRY? | YUGOSLAVIA |
| 15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | ☒ No ☐ 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 |

**PARENTS**

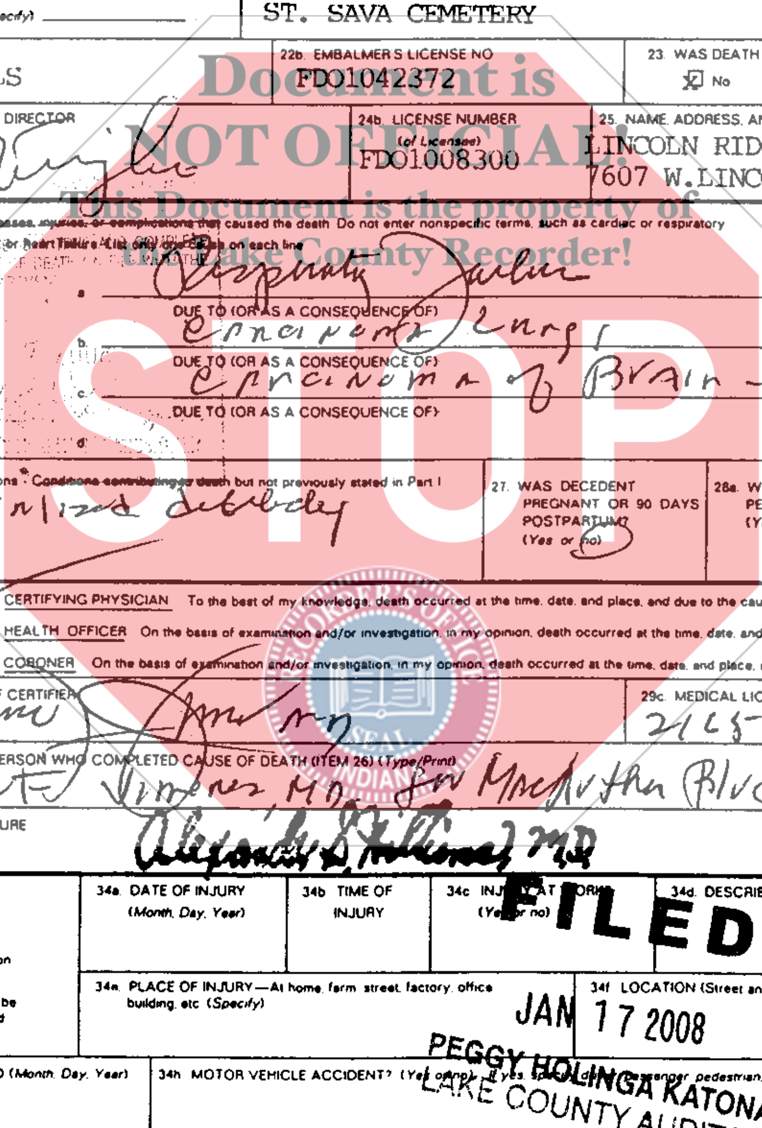
| Field | Entry |
|---|---|
| 18. FATHER'S NAME (First, Middle, Last) | NIKOLA ROMIC |
| 19. MOTHER'S NAME (First, Middle, Maiden Surname) | MILICA DRAKULA |

**INFORMANT**

| Field | Entry |
|---|---|
| 20a. INFORMANT'S NAME (Type/Print) | STANA ROMIC |
| 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | 1148 ELLIOT ST. MUNSTER, IND. 46321 |
| 20c. Relationship | WIFE |

**DISPOSITION**

| Field | Entry |
|---|---|
| 21a. METHOD OF DISPOSITION | ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State |
| 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | FEBRUARY 20, 1999 ST. SAVA CEMETERY |
| 21c. LOCATION—City or Town, State | LIBERTYVILLE, ILLINOIS |
| 22a. EMBALMER'S NAME | CHARLES WELLS |
| 22b. EMBALMER'S LICENSE NO. | FD01042372 |
| 23. WAS DEATH REPORTED TO CORONER? | ☒ No ☐ Yes |
| 24a. SIGNATURE OF FUNERAL DIRECTOR | [signature] |
| 24b. LICENSE NUMBER (of Licensee) | FD01008300 |
| 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME | LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 4630 |



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**CAUSE OF DEATH**

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): Respiratory failure

DUE TO (OR AS A CONSEQUENCE OF): Carcinoma Lung

DUE TO (OR AS A CONSEQUENCE OF): Carcinoma of Brain - Metastatic

DUE TO (OR AS A CONSEQUENCE OF):

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions: Conditions contributing to death but not previously stated in Part I: Generalized debility

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): 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

**CERTIFIER**

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.

29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]

29c. MEDICAL LICENSE NO.: 21655

29d. DATE SIGNED (Month, Day, Year): 2/19/99

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Feliciano Jimenez, MD 801 MacArthur Blvd Munster, IND. 46321

**HEALTH OFFICER**

31. HEALTH OFFICER'S SIGNATURE: Alexander D. Williams MD

32. DATE FILED (Month, Day, Year): February 22, 1999

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

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.

FILED JAN 17 2008 000530 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

University Estates 1st Add Lot 24 Parcel # 19-28-0231-0024

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1