

* 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. 0092-00

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Vladimir Haralovich				2. SEX Male	3a. TIME OF DEATH 8:57 a.m.	3b. DATE OF DEATH (Month, Day, Yr.) January 07, 2000	
4. *SOCIAL SECURITY NUMBER 308-12-1052		5a. AGE—Last Birthday 2008	5b. UNDER 1 YEAR 06 Months 24 Days	5c. UNDER 1 DAY 59 Hours 00 Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) December 11, 1919		7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1942		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence: <input type="checkbox"/>			
9b. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy Medical Center				9c. CITY, TOWN OR LOCATION OF DEATH Dyer		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Josephine Zych		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mechanic		12b. KIND OF BUSINESS/INDUSTRY Oil Refinery	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Crown Point		13d. STREET AND NUMBER 9021 Lee Place	
13e. ZIP CODE 46307		13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		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) 12 College (1-4 or 5+) 			
18. FATHER'S NAME (First, Middle, Last) Peter Haralovich				19. MOTHER'S NAME (First, Middle, Maiden Surname) Ljuba Markovich			
20a. INFORMANT'S NAME (Type/Print) Josephine Haralovich				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9021 Lee Place, Crown Point, IN 46307		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entomment <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) January 10, 2000 Chapel Lawn Memorial Gardens			21c. LOCATION—City or Town, State Schererville, Indiana	
22a. EMBALMER'S NAME Robert P. Saul			22b. EMBALMER'S LICENSE NO. 29700098		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR 			24b. LICENSE NUMBER (of Licensee) 29700098		25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Chapel Lawn Funeral Home FH19900051 8178 Cline Avenue, Schererville, IN 46375		
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 DUE TO (OR AS A CONSEQUENCE OF)				Approximate Interval Between Onset and Death 5 years	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. _____ DUE TO (OR AS A CONSEQUENCE OF)				_____	
		c. _____ DUE TO (OR AS A CONSEQUENCE OF)				_____	
		d. _____ DUE TO (OR AS A CONSEQUENCE OF)				_____	
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A
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							
29b. SIGNATURE AND TITLE OF CERTIFIER 					29c. MEDICAL LICENSE NO. 01024887		29d. DATE SIGNED (Month, Day, Year) 1-13-00
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Arvind Gandhi, MD 9126 Columbia Avenue, Munster, IN 46321							
31. HEALTH OFFICER'S SIGNATURE 						32. DATE FILED (Month, Day, Year) January 13, 2000	
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) 011963 CS		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 11:00 BB			