



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 859-08

State No.

Decedent's Legal Name (First, Middle, Last) ROSE MARIE SKERTICH
1a. Maiden Last Name (If Female) VUICH
2. Sex F
3. Time Of Death 3:45 A.M.
4. Date Of Death (Month/Day/Year) MARCH 9, 2008
5. Social Security Number 312-09-2684
6a. Age Yrs 90
6b. Under 1 Year Months
6c. Under 1 Month Days
6d. Under 1 Day Hours
6e. Under 1 Hour Minutes
7. Date Of Birth (Month/Day/Year) December 19, 1917
8. Birthplace (City And State Or Foreign Country) EAST CHICAGO, IN
9. Ever In U.S. Armed Forces? No
10. If Death Occurred In A Hospital: Inpatient
10a. If Death Occurred Somewhere Other Than A Hospital: Hospice Facility
11. Facility Name (If Not Institution, Give Street And Number) WILLIAM RILEY RESIDENCE
12. City Or Town, State, And Zip Code MUNSTER, INDIANA 46321
13. County Of Death LAKE
14. Marital Status At Time Of Death Widowed
15. Surviving Spouse's Name NOT APPLICABLE
15a. (If Wife) Give Maiden Last Name N/A
16. Decedent's Usual Occupation HOMEMAKER
17. Kind Of Business/Industry OWN HOME
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town MUNSTER
18c. Street And Number 1608 WHITE OAK CIRCLE
18d. Apt. No. 1A
18e. Zip Code 46321
18f. Inside City Limits? Yes
19. Decedent's Education High school graduate or GED completed
20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino
21. Decedent's Race White
22. Father's Name (First, Middle, Last) JOHN VUICH
23. Mother's Name (First, Middle, Last) MATILDA VUICH
23a. Mother's Maiden Last Name GRCEWICH
24. Informant's Name TIM SKERTICH SR.
24a. Relationship To Decedent SON
24b. Mailing Address (Street And Number, City, State, Zip Code) 17693 N. EL DORADO WAY, SURPRISE, AZ 85374
25a. Method Of Disposition Burial, Cremation
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CATHOLIC CEMETERIES
25c. Location - City, Town, And State HAMMOND, IN
26. Was Coroner Contacted? No
27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN RD., HIGHLAND, INDIANA 46322
27a. Funeral Home License Number: FH10300021
27b. Signature Of Indiana Funeral Service Licensee: David R. Peter
27c. License Number (Of Licensee) FDO8601585
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death...
Immediate Cause (Final Disease Or Condition Resulting In Death) Congestive Heart Failure
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last Organic Brain Syndrome
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I
29. Was An Autopsy Performed? No
30. Were Autopsy Findings Available To Complete The Cause Of Death? No
31. Did Tobacco Use Contribute To Death? No
32. If Female: Not Pregnant Within Past Year
33. Manner Of Death: Natural
34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)
37. Injury At Work? No
38. Location Of Injury - State
38a. City Or Town
38b. Street & Number
38c. Apt. No.
38d. Zip Code
39. Describe How Injury Occurred
40. If Transportation Injury, Specify: Driver/Operator
41. Signature, Of Person Certifying Cause Of Death: A. Gandhi
42. Certifier (Check Only One) Certifying Physician
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Dr. A. Gandhi - 10010 Don Powers Dr. Munster, IN 46321
44. License Number 1029887
45. Date Certified 3-11-08
46. Additional Funeral Service Provider:
47. \*Akas:
48. Signature of Local Health Officer: Susan J. Best, D.O.
49. For Registrar Only - Date Filed (Month/Day/Year): March 12, 2008 014965

COMMUNITY TITLE COMPANY
FILE NO L40401

