 078510

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. 25

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1. DECEASED—NAME (First, Middle, Last): Daniel Drlich
- 2. SEX: Male
- 3a. TIME OF DEATH: 9:20A M
- 3b. DATE OF DEATH (Month, Day, Yr): January 6, 2006
- 4. *SOCIAL SECURITY NUMBER: ~~307-20-4029~~
- 5a. AGE—Last Birthday (Years): 79
- 5b. UNDER 1 YEAR: Months / Days
- 5c. UNDER 1 DAY: Hours / Minutes
- 6. DATE OF BIRTH (Mo, Day, Yr): March 5, 1926
- 7. BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
- 8a. WAS DECEDENT A U.S. VETERAN?: Yes
- 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1946
- 9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
- 9b. FACILITY NAME (If not institution, give street and number): 5630 Wegg Avenue
- 9c. CITY, TOWN, OR LOCATION OF DEATH: East Chicago
- 9d. COUNTY OF DEATH: Lake
- 10. MARITAL STATUS (Specify): Married
- 11. SURVIVING SPOUSE (If wife, give maiden name): Mary Lou Heller
- 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Butcher
- 12b. KIND OF BUSINESS/INDUSTRY: Grocery Store
- 13a. RESIDENCE—STATE: Indiana
- 13b. COUNTY: Lake
- 13c. CITY, TOWN, OR LOCATION: East Chicago
- 13d. STREET AND NUMBER: 5630 Wegg Avenue
- 13e. ZIP CODE: 46312
- 13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
- 13g. ON A FARM?: ☒ No ☐ Yes
- 14. CITIZEN OF WHAT COUNTRY?: USA
- 15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ 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 +):

PARENTS

- 18. FATHER'S NAME (First, Middle, Last): LAZO Drlich
- 19. MOTHER'S NAME (First, Middle, Maiden Surname): Mildred Ranilovich

INFORMANT

- 20a. INFORMANT'S NAME (Type/Print): Mary Lou Drlich
- 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5630 Wegg Avenue, East Chicago, IN. 46312
- 20c. Relationship: Wife

DISPOSITION

- 21a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☒ Donation ☐ Other (Specify)
- 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): January 7, 2006 Anatomical Education Program
- 21c. LOCATION—City or Town, State: Indianapolis, Indiana
- 22a. EMBALMER'S NAME: ANTHONY EDWARDS
- 22b. EMBALMER'S LICENSE NO.: FO0700277
- 23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
- 24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
- 24b. LICENSE NUMBER (of Licensee): FD0700057
- 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Alpha Funeral Service FB40200002 3925 E. New York St. Indianapolis, IN. 46201

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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) a.	CHF	
DUE TO (OR AS A CONSEQUENCE OF): b.	respiratory fail	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last. 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.
- 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

COMMUNITY TITLE COMPANY FILE NO. 1442065

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.: 01032690
- 29d. DATE SIGNED (Month, Day, Year): 01/17/06
- 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Sami Ahmadzai, M.D - 6924 Indianapolis Blvd. Hammond, IN 46324

HEALTH OFFICER

- 31. HEALTH OFFICER'S SIGNATURE: [signature] MD
- 32. DATE FILED (Month, Day, Year): 2/1/06

RECORDER'S OFFICIAL SEAL INDIANA

2009 AUG 31 AM 11:09 MICHAEL A. BROWN RECORDER — STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

- 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.

$11 CM

FILED AUG 25 2009 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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(5/SDH06-004 State Form 10110 (R5/1-99)