eing requested by ursue its statutor	y this state ag y responsibilit	ency in order y. Disclosure	to is	INDIANA S	TATE DEF	PARTME	NT O	F HE	ALTH			,	
•	e will be no perialty for ∕efusal. \[\int \int \int \int \int \int \int \int												
ocal No	THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10 45-07-30-379-073-000-037												
YPE/PRINT	1. DECEASED—NAME (First, Middle, Last) 2 SEX 3a. TIME OF DEATH (Month, Day, Yr.)												
IN	Vladim	ir Trbo	ievi	ic		Male 2:55P			M April 17, 2005				
ERMANENT				5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR 5c. UNDER 1				IRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)			
3LACK INK	326-32-2928		66		Months Days Hours M		Minutes Aj	April 23,1938		Yugoslavia			
	80. WAS DECEDENT A U.S. VETERAN? NO			AR LAST SERVED IN ARMED FORCES?	HOSPITAL Inc	9a. P	1	DEATH (Check only on	_				
			None		HOSPITAL Inpatient DC ER/Outpatient DC		.04	OTHER: Nursing Hom		a Li Other (Specify)			
	9b. FACILITY NAME (If not institut		tion, give street and number)		· · · · · · · · · · · · · · · · · · ·			CITY TOWN, OR LOCATION OF DEATH		9d. COUNTY OF DEATH			
ECEDENT	Riley	Hospice	Res	sidence		Muns	Munster		Lake				
	10. MARITAL ST. (Specify)	ATUS	11. SUF	RVIVING SPOUSE vife, give maiden name)	12a. DECEDENT done during.		T'S USUAL C	'S USUAL OCCUPATION (Give kin most of working life. Do not use reti		12b. KIND OF	- · · ·		
	Married		Mai	rija Brujio	3	ity C	most of working life. Do not use retired) ty Controller		Harbor Tool Co.				
	13a. RESIDENCE	-STATE	13b. CC	YTAUC	13c. CITY, TOWN O	13d. STREET AND N		_					
	IN			Lake	Munster			1118 Ca					
	13e. ZIP CODE	13f. INSIDE CIT			15. WAS DECEDENT OF HISPANIC OR				E—American Indian.	17. DECEDENT'S EDUCATION (Specify on highest grade completed)			
	13g ON A FAR		· 		Mexican, Puerto Rican, etc.)		(Sp		ecify)	Elementary/Seco	Elementary/Secondary (0-12) College (1-4 or 5 +)		
	46321	M∑No □		U.S.A.	<u> </u>			<u> </u>	White	12			
ARENTS	18. FATHER'S NAME (First Middle, Last)							19. MOTHER'S NAME (First. Middle, Maiden Surname)					
	Trivo Trbojevic 20a. INFORMANT'S NAME (Type/Print) 20b. MAILING ADDRESS (St								ukmanovic				
IFORMANT			_						Route Number. City or		ode) 20c R Wif	elationship	
		Marija Trbojevic 1118 Camellia Dr. Munster, IN 46321 Wife 21a METHOD OF DISPOSITION ☐ Entombment 21b DATE AND PLACE OF DISPOSITION (Name of cometery, crematory, or least continuous) 21c LOCATION—City or Town, State											
	₩ Burrel Cremation Removal from State other place) April 2									LOCATION—	City of Town. 2		
,	Donation Other (Specify)							Libertyville, IL					
ISPOSITION	22a EMBALMERS NAME: 22b EMBALMERS LICENSE NO.							23	WAS DEATH REPORT	TED TO CORONE	R?		
	Robert A. Oberman IL#034-011043						No Dyes C						
	24a SIGNATURE OF FUNERAL DIRECTOR 24b LICENSE NUMB							25 NAME	ADDRESS, AND LICE	NSE NUMBER OF	FUNERAL HOL	P Trees	
	Diameter is the							8415	s-Kish Fu Calumet 1	Munster.	, IN(For	Kompare	
	1045184 FH/Chicago									Signatu	re Oni	<u> </u>	
	26. PART I. Enter the diseases injuries, or complications that caused the death. Do not enter nonspecific arising shock or hear failure-List colv. one seuse on each line. COPY OF THE CERTIFICATE OF DEATH OF THE CONTROL							L. CO.				Approximate	
	IN AN AEDIA TE CALIS	COPY OF THE	ABOVE IS A TRUE AND	COMPLETED &	the Corcin				Oriset and Death				
	IMMEDIATE CAUSELIGNOCOUNTY HEALTH DEPARTMENT, DUE TO (OR AS A CONSEQUENCE OF)									7	_ 70	Janone Co	
AUSE OF EATH	resulting in death)			b						J			
	Conditions, if any in	which gave te cause.	APR	1 9 2005	R AS A CONSEQUEN	CE OF)							
	stating the underlying cause last	ng		C	R AS A CONSEQUEN	CE OF)				 			
			ı	d.	4-0-1-00day								
1	PART II. Other sign	rificant conditions	- Conditio	ons contributing to death be	ut not previously stated	in Part I. 27.	WAS DECE	DENT	28a. WAS AN	AUTOPSY 2	8b. WERE AUT	OPSY FINDINGS	
1			The second contact	Constitution and the second se	The street Market Street	THIRD	PREGNANT	T 18.42	DAYS PERFORM	ED?	AVAILABLE		
ļ					TURD	ER'S	(Yes or no	No	No			(Yes or no)	
H	29a. CERTIFIER	/ TST CE	RTIEVIN	GPHYSICIAN TO LO	£03.			4 -1					
	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and due to the cause(s) as stated. Check only one) To the best of my knowledge, death occurred at the time, date, and due to the cause(s) as stated.												
	CONSIDER 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.												
	296 SIGNATURE	AND TITUE OF G	ATIFIER			3	7		MEDICAL LICENSE N			D (Month: Day, Year)	
ERTIFIER											19,2005		
	30. NAME AND AC	pheas offer	ON WHO	O COMPLETED CAUSE O		/	. ,	/					
-	Chery			rig, M.D.	1630 45t	h Ave.	Munst	er,I	N 46321				
ALIN	HEALTH OFFIC	ERS SIGNATUR	E -		usan u	JB.	4	۸۵		32	DATE FILED (Month, Day, Year)	
FICER	12 MANINES OF S	EATU		l au pare			· , 4.	·.···			m	-17,200S	
	3. MANNER OF D	EAIR		34a. DATE OF INJURY (Month, Day, Year)			Or no)	K?	34d DE AIBE DW	BORY OCCUR	PED!	/	

34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

PLACE OF INJURY—At home, farm, street, factory, office

34f LOCATION (Street and Number or Rural Route Number, City or Town, State)

PEGGY HOLINGA KATONA

PEGGY HOLINGA KATONA

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify appearance of Albaca, and OUNTY AUDITOR

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

34g DATE PRONOUNCED DEAD (Month, Day, Year)

Natural Pending Investiga

Accident

Suicide