

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 1778-10 Parcel # 45-12-17-201-007.000-030 State No. _____

1. Decedent's Legal Name (First, Middle, Last) ANICA DJURICH (Djuric)				1a. Maiden Last Name (If Female) Vukelic		2. Sex Female	3. Time Of Death 11:15 PM	4. Date Of Death (Month/Day/Year) June 3, 2010	
5. Social Security Number 316-74-0766	6a. Age - Yrs 95	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) Mar. 20, 1915		8. Birthplace (City And State Or Foreign Country) Rjecan Yugoslavia	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) Methodist Hospital-Southlake Campus									
12. City Or Town, State, And Zip Code Merrillville				13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name -		15a. (If Wife) Give Maiden Last Name -		16. Decedent's Usual Occupation Home Maker		17. Kind Of Business/Industry Own home			
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Merrillville					
18c. Street And Number 7013 Taft Street				18d. Apt. No. -	18e. Zip Code 46410		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education High School		20. Decedent Of Hispanic Origin No		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) Nikola Vukelic			23. Mother's Name (First, Middle, Last) Jelica Vukelic			23a. Mother's Maiden Last Name Gajsac			
24. Informant's Name Vida Churchich		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 26867 N. 73rd Way, Scottsdale, AZ 85266					
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Calumet Park Cemetery		25c. Location - City, Town, And State Merrillville, Indiana					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns Funeral Home, 10101 Broadway, Crown Point, IN 46307					27. Funeral Home License Number: FH83002445		
27b. Signature Of Indiana Funeral Service Licensee: <i>Jovan Samic</i>					27c. License Number (Of Licensee): FD08601292				
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Acute myocardial infarction 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 B. _____ C. _____									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In Death: _____									
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury JUL 15 2010		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) LAKE COUNTY AUDITOR			38. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number TAXES: 26867 N. 73rd WAY		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred SCOTTSDALE, AZ 85262		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			41. Signature, Of Person Certifying Cause Of Death: <i>M. O'Leary M.D.</i>				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DR. N O'Leary 8895 BROADWAY Merrillville IN 46307				44. License Number 01028410		45. Date Certified 6-8-10			
46. Additional Funeral Service Provider:				47. *Akas: 027943					
48. Signature of Local Health Officer: <i>Susan W Best, D.O.</i>					49. For Registrar Only - Date Filed (Month/Day/Year): June 9, 2010				

2010 JUN 15 PM 12:49
 MICHELLE J. HANNA
 RECORDER
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD

FILED