INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

The control of the	7315	191	18-10	T.) arcel	# 4	5-1	a - 17	-20	1- X	7.0	900-1	030	\mathcal{O}	
Secretary Secr				1			,	nale)		2. Sex	3. Time	Of Death			ir)
Signature Sign								er 1 Hour	7. Date Of		Ì				
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18							1					C F		: : : : : : : : : : : : : : : : : : :	-
Control Control Contro	11. Facility Name (If Not Instit	tution, Give Street A	nd Number)			Dead On Arrival	∐ Hos	pice Facility 🔲 i	Jecedent's Hor	me 🔲 Nursing F	Home/Long-1	erm Care Facility	Other (Spe	ecity)	
Merrillville Lake State		_	-South	Lake	Campus									- th	· - <u> </u>
Home Maker No State Addition State St	Merrillvill	Le						Lake			٠ .	☐ Married ☐ N	Married, But So Never Married	eparated Divorced	- 10 E
Indiana Lake Merrillville 18. Sept No. 18	15. Surviving Spouse's Name			15a. (If Wife)Give Maiden Last Name —			Female 11:15 PM June 3, 2010		•						
State Stat							18b	City Or Town Merri 1	1vi11	e		<u> </u>			
7013 Taft Street 19. December Street 19. No. 27. Finder Name (Find. Mindle, Law) Nkola 28. Patter Name (Find. Mindle, Law) Nkola 29. No. 20. Street Street 20. No. 20. Street Street 20. No. 20. Street Street 20. Street St				Lie				1101111			nt No	18e 7in (Code	18f. Inside City Lii	mits?
State Stat		Street								100. 7	pt. No.	· '			
The Pater Name (Print Middle, Lat) Nikola Vukelic Talker Name (Print Middle, Lat) Talker Name (Print Name	19. Decedent's Education					nic Origin						,L.	<u>~</u>		
Nikola Vukelic Zen memorar Name Zen memorar Na	•				NO		23. Mo					<u>S</u> 23a.	Wottner's Mak	in den Last Name	
25. Name of Otsposition 25. Name of Otsposition 25. Passe of Otsposition 26. Leader - Cky, Town, And Sale 27. Leader - Cky, Town, And Sale 27. Name And Compiles Address Of Farent Family 28. Wher Convert Cambridge 29. Name And Compiles Address Of Farent Family 29. Supply Orlindran Fineral Sorvice Userse 27. Name And Compiles Address Of Farent Family 29. Supply Orlindran Fineral Sorvice Userse 27. Name And Compiles Address Of Farent Family 29. Supply Orlindran Fineral Sorvice Userse 20. Family Herrs Library 20. Part United Time Otsesses Name of Otsesses 20. Part United Family Orlindran Fineral Sorvice Userse 21. Consider And Additional Fineral Sorvice Userse 22. Part United Family Orlindran Fineral Sorvice Userse 23. Part United Family Orlindran Fineral Sorvice Userse 24. Part United Family Orlindran Fineral Sorvice Userse 25. Part United Family Orlindran Fineral Sorvice Userse 26. Part United Family Orlindran Fineral Sorvice Userse 27. Leases Number (Of Learnes) 28. Part United Family Orlindran Fineral Sorvice Userse 29. Part United Family Orlindran Fineral Sorvice Userse 29. Part United Family Orlindran Fineral Sorvice Userse 20. Part United Family Orlindran Fineral Sorvice Users 20. Part Unite			elic				j				с	五首	dusac	nb2	
25. Netword of Disposition 25. Place of Dispos	24. Informant's Name			2	24a. Relationship I	o Decedent	1								
28. March of Chappestion Devation Devation Entendment 20. Pleas of Disposition (Humo of Countery, Cheer Place) 25. Location - City, Town, And State 27. The Counter Counter of Prince Park 27. The Counter Counter of Prince Park 27. The Park 27. The Counter of Prince 27. The Coun	Vida Church	nich]	Daughte		·		3rd W	lay, Sc	ottsd	arie, Az	C1852	96	
28. Part Monter 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, If Any, Leading To The Cause Listed On Line, A. Enter The Underlying Cause (Disease Or Injury That Inhitated The Events Resulting in Death) Last Part II. Enter Other Significant Conditions, If Any, Leading To The Cause Listed On Line, A. Enter The Underlying Cause (Disease Or Injury That Inhitated The Events Resulting in Death) Last Part II. Enter Other Significant Conditions Contribution To Death But Not Resulting in Journal of The Events Resulting in Death But Not Resulting in Journal of The Events Resulting in Death But Not Resulting in Journal of The Events Resulting in Death But Not Resulting in Journal of The Events Resulting in Death But Not Resulting in Journal of The Events Resulting in Death But Not Resulti	26. Was Coroner Contacted? Yes No	Вι	Name And Comp	ete Addres	s Of Funeral Facility	/		way, C		Point,	IN 46	307 Of Licensee):			ber:
Die 16 (Or As A Consequence Of) Die 16 (Or As A Consequence Of) Die 16 (Or As A Consequence Of)	Such As Cardiac Arrest, A Line. Add Additional Li Immediate Cause (Final	Respiratory Arre ines If Necessar Disease Or Cond	st, Or Ventricu y. dition Resulting	lar Fibrilla J In Death	omplications—TI ation Without Sho	hat Directly Cause owing The Etiolog	ed The Do y. Do No	eath, Do Not E It Abbreviate.	Enter Termin Enter Only C Oue To (Or As A C	al Events One Cause On Consequence Of):	lufar	ction	4	Interval: Or	
31. Did Tobacco Use Contribute To Death? 32. If Female:	Line A. Enter The Under	lying Cause (Dis			ated										
Yes Probably No Unknown Programt Within Past Year Programt A Time Of Death Not Progrant Within Past Year Programt Within Past Year Suicide Could Not Be Determined Suicide Could Not Be De	Part II. Enter Other Significan	it Conditions Contrib	outing To Death B	ut Not Resu	D. Walting In	ing use Gir init	Par		29, Was An Au 30, Were Auto	ūtopsy Performed	d? [silable To Cor	Yes Mo	Of Death?	☐ Yes ☐ No	
Not Pregnant, Bull Pregnant 43 Days To 1 Year Before Death Unknown if Pregnant Within The Past Year Suicicle Could Not Be Determined 35. Time Of Injury (Month/Day/Year) 35. Time Of Injury At Work? PEGGY HOLINGA Received State Reconstruction Site, Restaurant, Wooded Area) 37. Injury At Work?					thin Past Year	5 201	Not Pregn	ant, But Pregnant Wit	hin 42 Days Of De				Pending Investiga	ation	
38. Location Of Injury - State 38. City Or To LAKE COUNTY 38b. Street & Number of Local Health Officer: 38. Location Of Injury - State 38. City Or To LAKE COUNTY 38b. Street & Number of Local Health Officer: 38. Location Of Injury - State 38. City Or To LAKE COUNTY 38b. Street & Number of Local Health Officer of State of Local Health Officer of Local Health Officer 38. Location Of Injury - State 38. City Or To LAKE COUNTY 38b. Street & Number of Local Health Officer of Local	Fa #		□ No	Pregnant, Bu	it Pregnant 43 Days To	1 Year Before Death	Unknown I	Pregnant Within The	Past Year	☐ Sui nstruction Site, R	cide 🔲 Could estaurant, W	Not Be Determined ooded Area)		Injury At Work?	
SCOHSDAR, AZ 85262 Driver/Operator Passenger Pedestrian Other (Specify)	38. Location Of Injury - State		38a. (City Or Tow	AKE CC	OUNTY A!	DIT Street & Nu	OR BENEFIT	ENCATE OF THIDEPLET			Lief	. 38d.		
A ** Clear Coroner Health Officer* 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: **DR. N Obria 8895 Brondway Merrillville IN 46307 01028410 6-9-10 44. License Number 45. Date Certified 6-9-10 45. Additional Funeral Service Provider: 47. **Akas: 48. Signature of Local Health Officer: 49. For Registrar Only - Date Filed (Month/Day/Year).	39 Describe How Injury Occu	ırred		+	AXES. 8	36867 dale, A	n. Z'	73rd 8526	<u>W</u> 4	a 2016 -	-	4		other (Specify)	نون ک
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: OR. N Obria 8895 Bronowry Merkillville IN 46307 01028410 6-9-10 46. Additional Funeral Service Provider: 47. 'Akas: 48. Signature of Local Health Officer: 49. For Registrar Only - Date Filed (Month/Day/Year).	41. Signature, Of Person Ce	~ ~ .			up.	•			- 1		sician 🔲 Co	1			RVI
48. Signature of Local Health Officer: 49. For Registrar Only – Date Filed (Month/Day/Year):	DR. NOB	nin 8	on Certifying Ca	use Of De	eath: Dury /	Meeri IIv	ille	IN 4	16307	1 an 3 1 may 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	010:				
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LEVILLE TO THE SECOND S) ps	2-7	Z 10				49.	. For Registrar			rear):		
tate Form 10110 (R7/9-07) 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. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-3 7-1-10										wil	- 1/2		4		