## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

-013 - 000 -0 35 State No. Local No. 4096-10 GEORGE M. PAUNOVICH MALE 11:05 AM NOV. 20,2010 6b Under 1 Yea YOUNGSTOWN, OHIO 359-48-3048 63 MAY 6, 1947 Mainpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival ☐ Yes X No Unknown ☐  $\begin{tabular}{ll} $\square$ Hospice Facility & $\square$ Decedent's Home & $\square$ Nursing Home/Long-Term Care Facility & $\square$ Other (Specify) \\ \end{tabular}$ 11 Facility Name (If Not Institution, Gi ST. ANTHONY HOSPITAL N 12 City Or Town, State, And Zip Code 13 County Of Death 14 Marital Status At Time Of Death CROWN POINT LAKE Married Married But Separated Divorced ☐ Widowed ☐ Never Marred ☐ Unknown

17 Kind Of Business/Industry 15a (if Wife)Give Maiden Last Name 16 Decedent's Usual Occupation 15 Surviving Spouse's Name MILLIE PAUNOVICH CLERKS OFFICE LAKE COUNTY GOVERNMENT BOSNAK 18 Residence - State 18b City Or Town INDIANA CROWN POINT LAKE ∾ 18f Inside City Limits? 18d Apt No 9632 DEWEY PL. 46307 9 **X**Yes □ No 21 Decedent's Race 19 Decedent's Education Decedent Of Hispanic Origi 12YRS. NO WHITE 22 Father's Name (First, Middle, Last) 23 Mother's Name (First, Middle, Last) PETER PAUNOVICH MILKA PAUNOVICH RADAKOVICH 24b Mailing Address (Street And Number, City, State, Zip Code) 24 Informant's Name 24a Relationship To Decedent 9632 DEWEY PL. CROWN POINT, IND↓ANA 3≥6307 MILLIE PAUNOVICH WIFE 25. Place Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) 25c Location - City, Town And State 25a Method Of Disposition 77 <u>(\_;</u> ■ Burial □ Cremation □ Donation □ Entombment MONTROSE CEMETERY CHICAGO, ILLINOIS Removal From State NOV. 23, 2010 Other (Specify)

26 Was Coroner Contacted 7. Name And Complete Address Of Funeral Facility
LINCOLN RIDGE FUNERAL HOME
7607 W. LINCOLN HWY. CROWN POINT, INDIANA ☐ Yes 【XNo 88809070 27b Signature Of Indiana E  $\ddot{\wp}$ FD01008300 Cause Of Death (See Instructions And Examples) 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 Approximate interval Onset To Death · ACUTE MYDCARDIAL INFANCTION Immediate Cause (Final Disease Or Condition Resulting In Death 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 Part II Enter Other Significant Conditions Contributing To Death But Not Resulting in The Underlying Cause Given in Part I

TYPE THE RESULTED WIA C 29. Was An Autopsy Performed?

— Yes No
30 Were Autopsy Findings Available To Complete The Cause Of Death? Yes No THIS CERTIFIES THE ABOVE IS A FRUE AND COMPUTED THE PROPERTY OF THE WITH THE TAKE OF THE PROPERTY OF THE WITH THE TAKE OF THE PROPERTY OF THE Natural 🗆 Hom ☐ Yes Probably ☐ No ☐ Unknown 34 Date Of Injury (Month/Day/Year Yes IND 3 At Stiget & Dugyber 38a City Or Town UEE AUNO 2010 Zip Code 38 Location Of Injury - State 407EGGY"HOLINGA KATONA 39 Describe How Injury Occurred "AKE COUNTY AUDITOR Certifying Physician 🗌 Coroner 🗎 Health Office ause Of Death 43 Name, Address And Zip Code Of Person Certifying Carding Care Associates, 12058 main St. Ste 101, Grown Point, Ind

1005178

Susan u

State Form 10110 (R7/9-07) ATTENTION ESTATE. The Social Security of speing requested by this state agency morder to pursue its statutory responsibility. Dis

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