

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.

INDIANA STATE DEPARTMENT OF HEALTH 45601 0709 EU 141

CERTIFICATE OF DEATH

State No.

Local No. 1568-07

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED--NAME (First, Middle, Last) Milan Popovich				2 SEX Male	3a TIME OF DEATH 10:20a	3b DATE OF DEATH (Month, Day, Yr) June 23, 2007	
4 *SOCIAL SECURITY NUMBER 316-09-0302	5a AGE--Last Birthday (Years) 87	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Jan. 17, 1920	7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana		
8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence <input type="checkbox"/> Hospice Residence			
9b FACILITY NAME (If not institution, give street and number) Riley Memorial Hospice Residence			9c CITY, TOWN, OR LOCATION OF DEATH Munster		9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) N/A	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Welder		12b KIND OF BUSINESS/INDUSTRY Union Tank			
13a RESIDENCE--STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION East Chicago		13d STREET AND NUMBER 3928 Catalpa Street			
13e ZIP CODE 46312	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) <input checked="" type="checkbox"/> College (1-4 or 5+)		
18 FATHER'S NAME (First, Middle, Last) Dan Popovich			19 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Novak				
20a INFORMANT'S NAME (Type/Print) Milan Popovich, Jr.		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3928 Catalpa St., East Chicago, IND 46312		20c Relationship Son			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 28, 2007 Concordia Cemetery		21c LOCATION--City or Town, State Hammond, Indiana			
22a EMBALMER'S NAME Henry J. Blake		22b EMBALMER'S LICENSE NO. FD01019406		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>John P. Fife</i>		24b LICENSE NUMBER (of Licensee) FD01020366		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME, INC. - FH83001512 4201 Indpls. Blvd., East Chicago, IND			
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Advanced congestive heart failure</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Cardiomyopathy</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>Hypertension</i> DUE TO (OR AS A CONSEQUENCE OF) d.				Approximate Interval Between Onset and Death			
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 THIS CERTIFICATE? N/A			
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>[Signature]</i>		29c MEDICAL LICENSE NO. 01029951		29d DATE SIGNED (Month, Day, Year) June 25, 2007	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Y. Kim - 4035 Elm Street, East Chicago, Indiana 46312							
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>							
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) DEC 06 2010	34b TIME OF INJURY	34c INJURY AND WORK (Yes or no) PEGGY HULINGA KATONA LAKE COUNTY AUDITOR			34d PLACE OF INJURY--At home, farm, street, factory, office, building, etc. (Specify) LAKE COUNTY AUDITOR
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Filed in Clerk's Office
SEP 19 2007

FILED

DEC 06 2010
PEGGY HULINGA KATONA
LAKE COUNTY AUDITOR