

ATTENTION ESTATE: Disclosure of the... we need to pursue our responsibilities... voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 95-352

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for: DECEASED NAME (Radenko S. Andric), SEX (Male), TIME OF DEATH (10:25p), DATE OF DEATH (November 30, 1995), SOCIAL SECURITY NUMBER (317-32-6894), AGE (84), DATE OF BIRTH (Oct. 17, 1911), BIRTHPLACE (Yugoslavia), FACILITY NAME (St Catherine Hospital), CITY/TOWN (East Chicago), COUNTY (Lake), MARITAL STATUS (Married), SURVIVING SPOUSE (Vidosava Jokovic), OCCUPATION (Steelworker), BUSINESS (L T V Steel Co.), RESIDENCE (Indiana, Lake, East Chicago, 1212 W. 148th Street), ZIP CODE (46312), RACE (White), EDUCATION (n/a), FATHER'S NAME (Simion Andric), MOTHER'S NAME (Kostadinka Milosovic), INFORMANT'S NAME (Vidosava Andric), MAILING ADDRESS (1212 W. 148th St., East Chicago, IN), RELATIONSHIP (Wife), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (December 4, 1995, Most Holy Mother of God Cem., Grayslake, Illinois), EMBALMER'S NAME (Charles W. Wells), LICENSE NUMBER (FD0104372), FUNERAL HOME (Oleska-Pastrick Funeral Home, 3934 Elm St., East Chicago, IN), IMMEDIATE CAUSE (massive stroke, at. hb, aspirate pneumonia), PART II (Other significant conditions), CERTIFIER (Certifying Physician), SIGNATURE AND TITLE OF CERTIFIER, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (M.A. Bahmany, M.D., 3801 Ridge Rd Highland), HEALTH OFFICER'S SIGNATURE, MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY, LOCATION (PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR), DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT? (No).