## TTENTION ESTATE: Disclosure of the 3# we need to pursue our responsibilities

-14.44

voluntary and the	nere will be no penalty for	INDIANA S	TATE DEP	ARTME	NT OF	HEAL	l H			
ocal No	95 - 352		CERTIFICAT	E OF D	EATH		Sta <b>te</b> N	0		
		RIES ARE CONFIDENTIAL PE	R IC 16-1-19-3							
TYPE/PRINT	3 DECEASED-NAME (First Mi	Andric		<sup>2 SEX</sup>   Male		TIME OF DEATH		November 30. 1995		
IN	4. *SOCIAL SECURITY NUMBER	Radenko S.	5b. UNDER 1 YEAR	5c UNDEA		TE OF BIRTH (A			City and State or Fo	<del></del>
PERMANENT BLACK INK	317-32-6894	(Years) 84	Months Days	Hours	Minutes	t.17,	1911	Yug	oslavia	3.
BLACK INK	88. WAS DECEDENT 86 YEAR LAST SERVED IN				9a PLACE OF DEATH (Check only one Si					
	A U.S VETERAN?	U.S. ARMED FORCES?	HOSPITAL  Inpatient		OTHER Nursing Hon		-	1 Other (Specify)		
	No n/a  9b. FACILITY NAME (if not institution, give street and number)		ER/Qutpatient		9c. CITY, TOWN, OR LOCATION OF DEATH		Residence ON OF DEATH	94. COUNTY OF DEATH		
ECEDENT	St Catl				ast Chicago			Lake O		
	10. MARITAL STATUS							KIND OF BUSINESS/INDUSTRY		
	(Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Vidosava Jo			ing most of working life. Do not teellworker		se repred)	LT	L T V Stel Co.	
	13a. RESIDENCE—STATE 13b. COUNTY		13c. CITY, TOWN, OR LOCATION				TREET AND NUM	RABMUN DI		
	Indiana	Lake	East Ch		cago		212 W.	148th	148th Street	
	13e. ZIP CODE   13F INSIDE CIT		15. WAS DECEDENT	OF HISPANIC (	ORIGIN7 specify Cuban.	16. RACE—Am Black, White			DECEDENT'S EDUC	
	□ No 🔏		77		вр <del>еску</del> Сибан.	(Specify)		(Specify only highest trade completed)  Elementary/Secondary (0-12 College (1-4 or 5 + )		
	46312 X No C	1115.4				Whi	te	n/a		•
ARENTS	18. FATHER'S NAME (First Middle, Last)				19. MOTHER'S NAME (First, Middle, Meiden Surneme)					
AMERICO	Simion Andric				Kostadinka Milosovic    Kostadinka Milosovic					
IFORMANT ISPOSITION	20a. INFORMANT'S NAME (Type)		4							
						8th St., East Chicago, IN   Wife				
					TION (Name of cometery, crematory, or   21c. LOCATION—City or Town, State   1995					
	Burisl ☐ Cremation ☐ Other (Speci	Removal from State			,			Gravs	flak	Illinois
	228. EMBALMERS NAME. 22b. EMBALMERS LICENSE NO.				ner of God Cem. Gr				, =	;=:
	Charles W.	FD0104372			IXI	⊠ No ☐ Yes				
	24 STONATURE OF FUNERAL D	Wells	<del></del>	ICENSE NUMB	ER 2	5. NAME. ADD	RESS, AND LICEN	SE NUMBER OF	FUNERAL HOME	
	J- (/			Oleska-Pastrick Funeral Homels 012 3934 Elm St., East Chicago, IN						
	( aux	AP / ashice	F را	D0880	0012	3934	Elm St	.,East	Chica	go,IN
•		ses injuries, or complications that c		ter nonspecific t	erms, such as ca	ardiac or respirat	ory	-		Approximate Interval Between
	Onget and Destri								Onset and Death	
	IMMEDIATE CAUSE (Fine)  disease or condition  DUE TO (OR AS A CONSEQUENCE OF)									
AUSE OF EATH	resulting in death)	X	CIF 115							
	Conditions, if any, which gave	DUE TO	OR AS A CONSEQUENC	E OF):	~` o	_				
	stating the underlying  DUE TO (OR AS A CONSEQUENCE OF)									
	cause last	d.								
	PART II. Other significant condition	s - Conditions contributing to death	but not previously stated i	n Part i.	7. WAS DECE	DENT	28a. WAS AN A	UTOPSY 2	8b. WERE AUTOPS	SY FINDINGS
				PREGNANT ( POSTPARTUI (Yes or no)		T OR 90 DAYS PERFO				OT ROI
						)			OF DEATH? (Yes ar no)	
		<del></del>	<u> </u>		No		No		No	
	29a. CERTIFIER  CERTIFYING PHYSICIAN  To the best of my knowledge, death occurred at the time, date, and due to the cause(a) as stated.  The control of the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.									
	one)  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(a) and manner as stated.									
	296. SIGNATURE AND TITLE OF			,			DICAL LICENSE N		d. DATE SIGNED U	Month. Day. Year)
ERTIFIER	*	Y /				<u> </u> x-0	1036	043	12-4-	45
	<del></del>	ASON WHO COMPLETED CAUS	E OF PEATH (ITEM-26) (T	ype/Print)	) 40.	0.1	Heal !	0 . 0/-	572 1/1	<b>*</b> 1 1
	111.4.10	nmany	1.W. JX	OLk	JOCK	<u>KO</u>	TIGN	uncii, 🤻	1341	
EAL TH	31. HEALTH OFFICER'S SIGNATIL	JRE			Ü		$\mathcal{I}$	32	DATE FILED (MCA	nth. Day. Year)

EALTH FFICER

33. MANNER OF DEATH

Netural Pending investigation

SBH06-004 State Form 10110 (R4/3-93)

34a. DATE OF INJURY

(Month, Day, Year)

34e. PLACE OF INJURY---At hor building, etc. (Specify)

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no.) If yes, specify d

34b. TIME OF

INJURY

34c. INJURY AT WORK?

34f. LOCATION (S

(Yes or no)

PEGGY HULINGA KATONA

LAKE COUNTY AUDITOR