INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State No. 66 005145

PLACE OF DEATH

3. COUNTY: Lake

6. CITY, TOWN, OR LOCATION: East Chicago

c. Length of Stay in Co.: 16 yrs.

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): St. Catherine Hospital

e. IF OUTSIDE CITY LIMITS, DEATH INSIDE CITY LIMITS? YES ☐ NO ☐

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)

a. STATE: Indiana

b. COUNTY:

c. CITY, TOWN, OR LOCATION: East Chicago

d. STREET ADDRESS: 3343 Mich. Ave.

e. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☐

1. NAME OF DECEASED (Type or print): First MICHAEL Middle Last MILOSEVICH

2. DATE OF DEATH: Feb. 4, 1966

3. SEX: Male

4. COLOR OR RACE: White

5. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

6. DATE OF BIRTH: Jan. 13, 1915

7. AGE (If less than 1 year, months, days, or hours): 51

8a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

8b. KIND OF BUSINESS OR INDUSTRY: Const.

9. BIRTHPLACE (State or foreign country): Illinois

10. FATHER'S NAME: Rodio Milosevich

11. MOTHER'S MAIDEN NAME: Katie Milosevich

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service): No

13. SOCIAL SECURITY NO.: 276-10-3686

14a. INFORMANT'S NAME: Michael P. Milosevich

14b. INFORMANT'S ADDRESS: 1957 Central Ave. Cicero, Illinois

MEDICAL CERTIFICATION

15. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Cardiac Dilatation

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last:

DUE TO (b):

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. a: YES

16a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

16b. DESCRIBE HOW INJURY OCCURRED:

16c. TIME OF INJURY: Hour a.m. p.m. Month Day Year

16d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

16e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)

16f. CITY, TOWN, OR LOCATION:

17. ATTENDING PHYSICIAN: I certify that I attended the deceased from ____ to ____ and last saw him/her alive on ____. Death occurred at 11:30 P.M. EST ☐ CST ☐ on the date stated above and the cause or causes stated.

18. HEALTH OFFICER: I certify that I saw the body of the deceased on ____ and viewed the remains on ____.

19a. Signature of Attending Physician or Health Officer: [illegible]

19b. ADDRESS: East C[illegible]

20a. BURIAL, CREMATION, REMOVAL (Specify): Burial

20b. DATE: Feb. 9, 1966

20c. NAME OF CEMETERY OR CREMATORY: Local

20d. LOCATION: Zeli[illegible], Ind.

DATE REC'D BY LOCAL HEALTH OFFICER: 2-5-66

SIGNATURE OF HEALTH OFFICER: E. A. Campagna

21. FUNERAL DIRECTOR: J. S. McGuan & Sons East [illegible], Ind.

EMBALMER'S NAME, [illegible] LICENSE No. [illegible]

FUNERAL DIRECTOR'S LICENSE No. 7[illegible]

SBH [illegible] Rev. 1958 U.S. Department Health, Education [illegible]