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RESUBMIT

Local No. 925

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. *1985*
No. *1985*

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED—NAME 1. ERNEST MALATINKA			SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. DECEMBER 29, 1984
RACE—(a) White, Black, American Indian, etc. (Specify) WHITE	AGE—Last Birthday (Mo. Day) 5a. 47	UNDER 1 YEAR 5b. MO. DATE	UNDER 1 DAY 5c. HOUR MIN.	DATE OF BIRTH (Mo., Day, Yr.) 6. 6-28-37
CITY, TOWN OR LOCATION OF DEATH 7b. HAMMOND		HOSPITAL OR OTHER INSTITUTION—(Name if not in path or, give street and number) 7c. 2211 CALUMET AVENUE		IF HOSP. OR INST. Indicate DOA Of (Enter Mo., Day, Year) (Specify) 7d. NO
STATE OF BIRTH (If not in U.S.A. name country) 8. INDIANA	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. MARRIED	SURVIVING SPOUSE (If wid. give maiden name) 11. JOANN DAKIN	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. NO
SOCIAL SECURITY NUMBER 13. 306-34-7330		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. POLICEMAN	KIND OF BUSINESS OR INDUSTRY 14b. HAMMOND POLICE DEPT.	
RESIDENCE—STATE 15a. INDIANA	COUNTY 15b. LAKE	CITY, TOWN OR LOCATION 15c. HAMMOND		
STREET AND NUMBER 15d. 7449 ARIZONA			IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15f. YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16. JOHN MALATINKA		MOTHER—MAIDEN NAME 17. MARY BYNTER		
INFORMANT—NAME RELATIONSHIP 18a. JOANN MALATINKA-WIFE		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE 18b. 7449 ARIZONA, HAMMOND, INDIANA 46323		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b. ELMWOOD CEMETERY		LOCATION CITY OR TOWN STATE 19c. HAMMOND, INDIANA
DATE (MONTH, DAY, YEAR) 20a. 1-4-1985		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20b. V. HUBER FUNERAL HOME, 7051 KENNEDY AVE., HMD., IN		
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) stated.		DATE SIGNED (Mo., Day, Yr.) 21b. 4-12-85	HOUR OF DEATH 21c. 46323	
CERTIFIER 21a. Signature <i>Daniel D. Thomas, M.D.</i>		PRONOUNCED DEAD (Mo., Day, Yr.) 21d. ON 12-29-84	PRONOUNCED DEAD (Hour) 21e. AT 6:00 P.M.	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21f. DANIEL D. THOMAS, M.D., 2293 N. MAIN, CROWN POINT, INDIANA 46307				
HEALTH OFFICER—SIGNATURE 22a. <i>Franklin J. Remuda, M.D.</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. April 15-1985	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL (a) AND (b)) PART I (a) LACERATION OF BRAIN DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO SHOTGUN WOUND TO HEAD DUE TO OR AS A CONSEQUENCE OF: (c) PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				
				Interval between onset and death UNDETERMINED
				Interval between onset and death
				Interval between onset and death
				AUTOPSY (Specify Yes or No) 24. YES
ACC. SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify) 25a. ACCIDENT	DATE OF INJURY (Mo., Day, Yr.) 25b. 12-29-84	HOUR OF INJURY 25c. M	DESCRIBE HOW INJURY OCCURRED 25d. SHOTGUN WOUND TO HEAD	
INJURY AT WORK (Specify Yes or No) 25e. YES	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f. OFFICE BUILDING	LOCATION 25g. ROBERTSDALE SUB STATION	CITY OR TOWN HAMMOND	STATE IN.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.

APR 15 1985
Funeral Director's Signature
HARRISON HEALTH COMMISSIONER
OR LAKE COUNTY
FUNDING FROM
1988
286
DECEASED
38-73-23

FUNERAL DIRECTOR'S
LICENSE No. 2497
SIGNATURE
John V. Huber

Disposition Permit Issued
Provisional Certificate
 Yes No

LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA