* 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

CERTIFICATE OF DEATH

Local No. 0065-06 State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED–NAME (First, Middle, Last): John Frank Malenchek
2. SEX: Male
3a. TIME OF DEATH: 2:00 A M
3b. DATE OF DEATH (Month, Day, Yr.): January 11, 2006
4. *SOCIAL SECURITY NUMBER: [redacted]-7882
5a. AGE–Last Birthday (Years): 78
5b. UNDER 1 YEAR Months Days:
5c. UNDER 1 DAY Hours Minutes:
6. DATE OF BIRTH (Mo. Day, Yr): August 05, 1927
7. BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1954
9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☒ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Regency Place Nursing Home
9c. CITY, TOWN, OR LOCATION OF DEATH: Dyer
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Clara Stephenson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Lever Brothers
12b. KIND OF BUSINESS/INDUSTRY: Maintence
13a. RESIDENCE–STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Dyer
13d. STREET AND NUMBER: 1030 Rockwell Lane
13e. ZIP CODE: 46311
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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): 12 College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): John Malenchek Sr.
19. MOTHER'S NAME (First, Middle, Maiden Surname): Katherine Dekenic

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Clara Malenchek
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1030 Rockwell Lane Dyer, Indiana 46311
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): January 13, 2006 Chapel Lawn Memorial Gardens
21c. LOCATION–City or Town, State: Schererville, Indiana
22a. EMBALMER'S NAME: Steven J. Struck
22b. EMBALMER'S LICENSE NO.: FD08600181
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FD20500007
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Chapel Lawn Funeral Home, FH19900051 8178 Cline Avenue, Schererville, Indiana, 46375

CAUSE OF DEATH

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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. COD
b. DUE TO (OR AS A CONSEQUENCE OF): CVA
c. DUE TO (OR AS A CONSEQUENCE OF): PROSTATE CA
d. DUE TO (OR AS A CONSEQUENCE OF): HTN

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

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 CAUSE OF DEATH? (Yes or No): No

CERTIFIER

29a. CERTIFIER (Check only one)
☑ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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: [signature] Alexander Stemer
29c. MEDICAL LICENSE NO.: 01025591
29d. DATE SIGNED (Month, Day, Year): 1-11-06
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Alexander A. Stemer, MD, 761-45th ST., MUNSTER, IN. 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Susan W Best D.O.
32. DATE FILED (Month, Day, Year): January 12, 2006

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
34e. PLACE OF INJURY–At home, farm, street, factory, office building, etc (Specify):
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc.

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STOP

FILED SEP 28 2009 PEGGY HOLINGA LAKE COUNTY AUDITOR

RECORDER'S OFFICE SEAL

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