

TYPE OR PRINT  
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THIS IS A  
PERMANENT  
RECORD

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- B 41-27B-18
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THIS DOCUMENT NOT VALID  
UNLESS STAMPED ON REVERSE SIDE

LICENSE No. 946

EMBALMER'S NAME  
JAMES F. BURNS

FUNERAL HOME No. 238  
FUNERAL DIRECTOR'S LICENSE No. 1374  
FUNERAL DIRECTOR'S SIGNATURE  
*James F. Burns*

5cc

93024111

Local No. ....

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Willis J. Letnor 5774 Stone Ave  
Portage  
State No. 74238

|  |  |  |   |
|--|--|--|---|
| DECEASED - NAME<br>FIRST MIDDLE LAST<br>DOROTHY J. LETNER  |  | SEX<br>FEMALE  | DATE OF DEATH (MONTH DAY YEAR)<br>NOV. 28, 1984   |
| RACE - (See White, Black, American Indian or Alaskan)<br>WHITE   | AGE - (List Birthdate)<br>54   | UNDER 1 YEAR<br>MONTHS DAYS<br>4   | DATE OF BIRTH (MO DAY YEAR)<br>JAN. 9, 1930   |
| CITY, TOWN OR LOCATION OF DEATH<br>PORTER PORTAGE  |  | HOSPITAL OR OTHER INSTITUTION (Name, if not on other page sheet and number)<br>2164 DAMON                  | IF HOSP OR INST (Specify type of inst)<br>AT HOME                                       |
| STATE OF BIRTH (of not in U.S.A. name in parenthesis)<br>MICHIGAN  | CITIZEN OF WHAT COUNTRY<br>USA   | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>MARRIED   | SURVIVING SPOUSE (Name, if not on other page sheet and number)<br>REV. WILLIS J. LETNER |
| SOCIAL SECURITY NUMBER<br>367 26 9109  | USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION<br>IND PORTER | USUAL OCCUPATION (Give kind of work done during most of working life. Do not list profession)<br>HOUSEWIFE | KIND OF BUSINESS OR INDUSTRY<br>AT HOME   |
| RESIDENCE - STATE<br>IND   | RESIDENCE - COUNTY<br>PORTER   | CITY, TOWN OR LOCATION<br>PORTAGE  | 14b AT HOME   |
| 15a 2164 DAMON   | 15b PORTER   | 15c PORTAGE  | 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                 |
| IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.<br>16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  | 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                    | 16b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                 |
| FATHER - NAME FIRST MIDDLE LAST<br>GLEN EDGERTON SR  |  | MOTHER - MAIDEN NAME FIRST MIDDLE LAST<br>MABEL  |   |
| INFORMANT - NAME (Type or Print)<br>REV. WILLIS LETNER   | RELATIONSHIP<br>HUSB.  | MAILING ADDRESS<br>2164 DAMON  | CITY OR TOWN<br>PORTAGE   |
| DISPOSITION<br>19a BURIAL  |  | CEMETERY OR CREMATORY - (FURNAL HOME)<br>MEMORIAL PARK CEMETERY  | LOCATION<br>BATTLE CREEK MICHIGAN   |
| DATE (MONTH DAY YEAR)<br>DECEMBER 1, 1984  |  | FURNAL HOME - NAME AND ADDRESS<br>BURNS FUNERAL HOME, 701 E. 7th, HOBART IN 46368                          |   |
| 20a NAME OF ATTENDING PHYSICIAN (Type or Print)<br>ABEY, ANNESLEY, M.D.  |  | DATE SIGNED (MO DAY YEAR)<br>12 3 84   | HOUR OF DAY<br>12   |
| 21a 6040 LUTE ROAD, PORTAGE, INDIANA 46368   |  | 21b 46368  |   |
| 22a IMMEDIATE CAUSE<br>CARCINOMA OF COLON  |  | 22b 12-5-84  |   |
| PART I (a) DUE TO OR AS A CONSEQUENCE OF   |  | Interval between onset and death<br>1 YEAR 6 MONTHS  |   |
| (b) DUE TO OR AS A CONSEQUENCE OF  |  | Interval between onset and death<br>None   |   |
| (c) DUE TO OR AS A CONSEQUENCE OF  |  | Interval between onset and death<br>None   |   |
| PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)   |  | AUTOPSY - (Specify Yes or No)<br>No  |   |

FILED

APR 16 1993

ALTON LAKE COUNTY

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