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CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST	1b. MIDDLE	1c. LAST
Mary	Lou	Dolochycki

2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
Sept. 22, 1969	8:50 AM

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Female	White	California	Oct. 1, 1925	43 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Norman Gage Oregon	Lucille Hogue Oregon

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
USA	561-32-1885	Married	Paul Dolochycki

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Waitress	3	Orchard Lanes	Resturant

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Glenn General Hospital	1133 W. Sycamore St.	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Willows	Glenn	8 months YEARS	Life YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
———	No	Mrs. Nancy Thomas P.O. Box 634 Hamilton City, Calif.

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Orland	Glenn	California

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. (SIGNATURE AND TITLE)

21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AS THE HOUR, DATE, AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED. FROM (ENTER MONTH, DAY, YEAR) 7/12/69 TO (ENTER MONTH, DAY, YEAR) 9/22/69 AND LAST SAW THEM (ENTER MONTH, DAY, YEAR) 9/22/69

21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: ▶ Thomas Elmendorf MD

21d. DATE SIGNED: 9-24-69

21e. ADDRESS: Willows, California

21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: A-11697

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER
Burial	9-25-69	Glen Oaks Memorial Park	Warren Brusie 5495

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CERTIFIED BY CORONER WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR
Brusie Funeral Home	No	▶ May Quint	Sept. 25, 1969

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

IMMEDIATE CAUSE (A)	Hemorrhage	14 hrs.
DUE TO, OR AS A CONSEQUENCE OF (B)	Esophageal varices	2 yrs.
DUE TO, OR AS A CONSEQUENCE OF (C)	cirrhosis of the liver (Laennec's)	3 yrs.

30. PART II: OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY)	32a. AUTOPSY (SPECIFY YES OR NO)	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
	Yes	Yes

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR
				M.

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19.	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)
	MILES		

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

REV. 1-1-68 Form VS-11

State of California
County of Glenn
City of Willows } ss.

This is to certify that the attached is a full, true and correct copy of the original Death Certificate Number 115 as it appears on the records of this office in Book Number 39 at Page 115.

In Testimony Whereof, witness my hand at Willows, California, this 26th day of September 1969.

Mary Quint
LOCAL REGISTRAR DISTRICT NO. 1155

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ganong, Ganong and Gordon

this 20th day of Feb. A. D., 19 70 at 10:55 o'clock A. M., and duly recorded in Vol. M 70, of Deeds on Page 1357.

WM. D. MILNE, County Clerk
By Lucian Mitchell

fee 1.50