

29832

143

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH Vol. 1882 Page 18384
ORS - 146

18384

Local File Number		State File Number	
29832		18384	
DECEASED—NAME		DATE OF DEATH (MONTH, DAY, YEAR)	
Raymond Michael Dorcy		May 5, 1983	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		DATE OF BIRTH (MONTH, DAY, YEAR)	
White		December 16, 1925	
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
Keno		Klamath	
STATE OF BIRTH (IF NOT IN U.S., NAME COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
Pennsylvania		Divorced	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
203-16-9297		U.S. Navy Retired	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
Oregon		Klamath	
FATHER—NAME		MOTHER—MAIDEN NAME	
Roger James Dorcy		Lucy Gall	
BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY)		INFORMANT—NAME AND RELATIONSHIP TO DECEASED	
Cremation		Roger Dorcy, Brother	
CEMETERY OR CREMATORY—NAME		LOCATION—CITY OR TOWN	
Klamath Cremation Service		Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (NAME AND ADDRESS OF FACILITY)		DEGREE OR TITLE	
Q'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Oreg		NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:		FROM:	
DEATH OCCURRED (MONTH, DAY, YEAR)		NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
Approx. May 6, 1983 1:30 P.M.		NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
CERTIFIER (NAME AND SIGNATURE)		NAME—(TYPE OR PRINT)	
George R. Nicholson		M.D.	
MEDICAL EXAMINER (NAME AND SIGNATURE)		DATE SIGNED (MONTH, DAY, YEAR)	
Klamath		MAY 10 1983	
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)		REGISTRAR (SIGNATURE)	
MAY 10 1983		Gloria Benson	
IMMEDIATE CAUSE		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(B) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(C) OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)		AUTOPSY (SPECIFY YES OR NO)	
Arteriosclerotic Heart Disease		No	
DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)	
INJ. AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	
RESERVED FOR REGISTRAR'S USE		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)	

ORIGINAL-VITAL STATISTICS COPY

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Gloria Benson, Deputy Registrar

Date MAY 10 1983
VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

AFTER RECORDING—Return to: D.L. Hoos, 2261 S. 6th, Klamath Falls, OR

STATE OF OREGON: COUNTY OF KLAMATH: SS
I hereby certify that the within instrument was received and filed for record on the 25th day of October A.D., 1983 at 10:01 o'clock A.M., and duly recorded in Vol M 83, of Deeds on page 18384.

EVELYN BIEHN, COUNTY CLERK
by Phyllis Smith deputy

Fee \$4.00