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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number: 268 — State File Number

1 DECEASED NAME (First, Middle, Last)	HOLLIS EDWARD DORTCH
2 DATE OF DEATH (month, day, year)	June 26, 1984
3 RACE (White, Black, American Indian, etc. (specify))	White
4 SEX	Male
5a AGE—Last birthday (years)	78
5b Under 1 year (mos / days)	
5c Under 1 day (hours / min)	
6 DATE OF BIRTH (month, day, year)	October 30, 1905
7a CITY, TOWN OR LOCATION OF DEATH	Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	Merle West Medical Center
7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	Inpatient
7d COUNTY OF DEATH	Klamath
8 STATE OF BIRTH (If not in U.S.A. name country)	Arkansas
9 CITIZEN OF WHAT COUNTRY	U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	Mary E.
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	No
13 SOCIAL SECURITY NUMBER	429 / 10 / 2664
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Timber Faller - Retired
14b KIND OF BUSINESS OR INDUSTRY	Logging
15a RESIDENCE—STATE	Oregon
15b COUNTY	Klamath
15c CITY, TOWN, OR LOCATION	Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP	2263 Reclamation 97601
15e Inside City Limits (specify yes or no)	Yes
16 FATHER—NAME first middle last	Joseph H. Dortch
17 MOTHER—first middle last (Maiden Name)	Georgia Posey
18 INFORMANT—NAME and relationship to deceased	Mary E. Dortch - Wife
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Burial
19b CEMETERY OR CREMATORY—NAME	Eternal Hills Memorial Gardens
19c LOCATION city or town state	Klamath Falls, Oregon
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]	James L. Ward
20b NAME AND ADDRESS OF FACILITY	WARD'S - 1945 Main - Klamath Falls, Oregon 97601
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [Signature]	David D. Reeder MD
21b DATE SIGNED [Mo., Day, Yr.]	6-28-84
21c HOUR OF DEATH	9:30 A M
21d To Be Completed By CERTIFYING PHYSICIAN Only — NAME AND ADDRESS OF CERTIFIER [Type or Print]	David D. Reeder, MD / 2301 Mt. View Blvd / Klamath Falls, Oregon 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]	
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	JUN 28 1984
22b REGISTRAR [Signature]	Kathleen E Ciavenks

PART I — IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] — Interval between onset and death

(a) CARCINOMA Gallbladder — Months

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death

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).

24 AUTOPSY [Specify Yes or No]	No
25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]	No
26a ACCIDENT [Specify Yes or No]	No
26b DATE OF INJURY [Mo., Day, Yr.]	
26c HOUR OF INJURY	M
26d DESCRIBE HOW INJURY occurred	
26e INJURY AT WORK [Specify Yes or No]	
26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	
26g LOCATION — STREET OR R.F.D. NO — CITY OR TOWN — STATE	

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

'84 AUG 27 AM 11 36

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 Kathleen E Ciavenks, Deputy Registrar

Date JUN 29 1984

VOID IF ALTERED

(SEAL)

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

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 27th day of August A.D., 1984 at 11:36 o'clock A M, and duly recorded in Vol M84 of Deeds on page 14791.

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Index: $1.00
Fee: $ 4.00

Return: Mary E. Dortch 2263 Reclamation Klamath Falls, Oregon 97601