

STATE PRINTING DEPT.

Oregon State Board of Health  
Division of Vital Statistics

# Standard Certificate of Death

STATE OF OREGON *PA*

State File No. 90  
Local Registrar's No. 19

**1. PLACE OF DEATH:**  
 (a) County Lincoln  
 (b) City or town Ocean Lake  
(If outside city or town limits write RURAL)  
 (c) Name of hospital or institution:  
Thompsons Nursing Home  
(If not in hospital or institution write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_ In state 16 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Oregon (b) County Lincoln  
 (c) City or town Toledo  
(If outside city or town limits write RURAL)  
 (d) Street No. No Record  
(If rural give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. (a) FULL NAME** Maurice Elvin Seeley  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex male race white 5. Color or \_\_\_\_\_  
 6. (a) Single, widowed, married, divorced Wid  
 6. (b) Name of husband or wife Wid 6. (c) Age of husband or wife \_\_\_\_\_  
If alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb. 26 1875  
(Month) (Day) (Year)  
 8. Age: Years \_\_\_\_\_ Months 5 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Springfield, Mo.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Laborer  
 11. Industry or business Common Labor  
 12. Name Edon O. Seeley  
 13. Birthplace No Record  
(City, town, or county) (State or foreign country)  
 14. Maiden name Alice Hartweel  
 15. Birthplace No Record  
(City, town, or county) (State or foreign country)  
 16. (a) Informant's own signature Hospital Records  
 (b) Address \_\_\_\_\_  
 17. (a) Burial (b) Date thereof Sept. 1, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Newport, Oregon  
 18. (a) Signature of funeral director Franklin O. Parker  
 (b) Address Newport, Oregon  
 19. (a) 8-31-43 (b) Don Mitchell  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. Date of death: Month August day 25  
 year 1943 hour 6 minute 09 PM  
 21. I hereby certify that I attended the deceased from July 24  
1943, to Aug 24, 1943; that I last saw him alive  
 on Aug 24, 1943; and that death occurred on the date  
 and hour stated above.  
 Immediate cause of death Coronary thrombosis  
heart failure  
 Due to hypertension  
 Due to arteriosclerosis  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy none  
 22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place,  
 in public place? \_\_\_\_\_  
(Specify type of place)  
 While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature DB Lung (M. D. or other) \_\_\_\_\_  
 Address Jaja Date signed 8/29/43

PHYSICIAN  
 Underline the cause to which death should be charged statistically

Seeley