

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER 299

STATE OF OREGON
BOARD OF HEALTH—PORTLAND
FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

STATE FILE NO. **8613**
DATE RECEIVED **AUG 28 1952**

STATE PRINTING DEPT.

1. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>Nettie</u> b. (Middle) <u>H</u> c. (Last) <u>Seeley</u>			331X		
2. PLACE OF DEATH A. COUNTY <u>Clackamas</u> B. CITY (If outside corporate limits, write RURAL location) <u>Rural</u> C. LENGTH OF STAY (If this place) <u>Life</u> D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wilsonville No Add</u>			3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE <u>Oregon</u> B. COUNTY <u>Clackamas</u> C. CITY (If outside corporate limits, write RURAL.) <u>Rural</u> D. STREET (If rural, give location:) ADDRESS <u>Wilsonville No Add.</u>		
4. DATE OF DEATH (Month) <u>8</u> (Day) <u>2</u> (Year) <u>52</u>	5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	7B. NAME OF HUSBAND <u>Robert Ira</u>	
8. DATE OF BIRTH <u>June 17, 1861</u>	9. AGE (In years last birthday) <u>91</u>	If Under 1 Year <u>1</u> If Under 24 Hrs. <u>16</u>	10. BIRTHPLACE (State or foreign country) <u>Stafford</u>	11. CITIZEN OF WHAT COUNTRY? <u>US</u>	
12. FATHER'S NAME <u>Warren Corby</u>			13. MOTHER'S MAIDEN NAME <u>Elizabeth Bird</u>		
14A. USUAL OCCUPATION <u>housewife</u>	14B. KIND OF BUSINESS OR IND. <u>at home</u>	15. IF VETERAN, NAME WAR <u>no</u>	16. INFORMANT'S OWN SIGNATURE <u>Lesa A. Cuthill</u>		
17. SOCIAL SECURITY NO. <u>no</u>	MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) <u>Corbro-vascular accident</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
18. CAUSE OF DEATH <small>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</small>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (B) <u>Generalized arterio-sclerosis</u>				
	DUE TO (C)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)	21C. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21D. TIME (Month) (Day) (Year) (Hour) (Min.) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>July</u> 19 <u>51</u> TO <u>Aug</u> 19 <u>52</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Aug</u> 19 <u>52</u> AND THAT DEATH OCCURRED AT <u>6:00</u> P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE (Degree or title) <u>Mrs. Pennington, M.D.</u>		23B. ADDRESS <u>Shawwood Ave</u>		23C. DATE SIGNED <u>Aug 7 52</u>	
24A. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>	24B. DATE <u>8 6 52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Robt Byrd Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>Stafford Ore</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>8-11-52</u>	REGISTRAR'S SIGNATURE <u>Gerald R. Clark MD</u>		FUNERAL DIRECTOR'S SIGNATURE <u>R. M. Holman 174</u> ADDRESS <u>HOLMAN, HANKINS-RILANCE OREGON CITY</u>		

Seeley