STANDARD CERTIFICATE OF DEATH

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

LOCAL REGISTRAR'S NUMBER 342

STATE FILE NO. 9761

DATE RECEIVED SEP 26 1950

1. NAME OF DECEASED (TYPE OR PRINT) a. (First) b. (Middle) c. (Last): Baby Girl Seeley — 720.0

2. PLACE OF DEATH
A. COUNTY: Marion
B. CITY OR TOWN (If outside corporate limits, write RURAL location): Salem
C. LENGTH OF STAY (in this place): life
D. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Salem General Hospital

3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
A. STATE: Oregon
B. COUNTY: Marion
C. CITY OR TOWN (If outside corporate limits, write RURAL): Salem
D. STREET ADDRESS (If rural, give location): 2765 Sedona

4. DATE OF DEATH (Month) (Day) (Year): Sept. 19, 1950
5. SEX: female
6. COLOR OR RACE: white
7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
7B. NAME OF HUSBAND OR WIFE: none
8. DATE OF BIRTH: Sept. 18, 1950
9. AGE (In years last birthday): If Under 1 Year — Months / Days; If Under 24 Hrs. — Hours: 2 / Min.:
10. BIRTHPLACE (State or foreign country): Salem, Ore.
11. CITIZEN OF WHAT COUNTRY?: U. S. A.
12. FATHER'S NAME: William L. Seeley
13. MOTHER'S MAIDEN NAME: Gertrude M. Sandstrom
14A. USUAL OCCUPATION: none
14B. KIND OF BUSINESS OR INDUSTRY: none
15. IF VETERAN, NAME WAR: none
16. INFORMANT'S OWN SIGNATURE: William L. Seeley
17. SOCIAL SECURITY NO.: none

MEDICAL CERTIFICATION — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

18. CAUSE OF DEATH
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A): Hemolytic Disease of the Newborn — INTERVAL BETWEEN ONSET AND DEATH: Birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (B):
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: 9-19-50
19B. MAJOR FINDINGS OF OPERATION: (Exchange Transfusion attempted)
20. AUTOPSY? YES ☐ NO ☒

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 OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-19, 1950 TO 9-19, 1950, THAT I LAST SAW THE DECEASED ALIVE ON 9-19, 1950 AND THAT DEATH OCCURRED AT 1:35 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (Degree or title): Dewis D. Cloud M.D
23B. ADDRESS: 1280 Center St
23C. DATE SIGNED: 9-20-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-20-50
24C. NAME OF CEMETERY OR CREMATORY: Lee Mission
24D. LOCATION (City, town, or county) (State): Salem Marion Ore.

DATE REC'D BY LOCAL REG. SEP 20 1950
REGISTRAR'S SIGNATURE: W. J. Stone M.D
25. FUNERAL DIRECTOR'S SIGNATURE: Virgil T. Golden
ADDRESS: Salem, Ore.