

STANDARD CERTIFICATE OF DEATH										
LOCAL REGISTRAR'S NUMBER <u>56</u>			STATE OF OREGON BOARD OF HEALTH—PORTLAND FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE				STATE FILE NO. <u>1054</u>			DATE RECEIVED <u>JAN 27 1949</u>
1. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>ROY</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>SEELEY</u>										
2. PLACE OF DEATH A. COUNTY <u>Multnomah</u>					3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE <u>Oregon</u> B. COUNTY <u>Multnomah</u>					
B. CITY (If outside corporate limits, write RURAL location) OR TOWN <u>Portland - Rural</u>			C. LENGTH OF STAY (in this place)		C. CITY (If outside corporate limits, write RURAL.) OR TOWN <u>Portland - Rural</u>			D. STREET (if rural, give location) ADDRESS <u>13938 S. E. Powell Blvd.</u>		
D. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>13938 S. E. Powell Blvd.</u>					D. STREET (if rural, give location) ADDRESS <u>13938 S. E. Powell Blvd.</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>1-20-49</u>			5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		7B. NAME OF HUSBAND OR WIFE <u>Pearl E.</u>			
8. DATE OF BIRTH <u>11-13-1883</u>		9. AGE (In years last birthday) <u>65</u>	If Under 1 Year Months Days <u>2 7</u>	If Under 24 Hrs. Hours Min. <u></u>	10. BIRTHPLACE (State or foreign country) <u>York, Nebraska</u>			11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
12. FATHER'S NAME <u>Zeneth Seeley</u>					13. MOTHER'S MAIDEN NAME <u>Isabella Cashler</u>					
14A. USUAL OCCUPATION <u>Cabinet Work</u>			14B. KIND OF BUSINESS OR INDUSTRY <u>--</u>		15. IF VETERAN, NAME WAR <u>NO</u>		16. INFORMANT OF DEATH (Name and address) <u>Mrs. Roy Seeley By H. Moore</u>			
17. SOCIAL SECURITY NO. <u>53</u>	MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)							INTERVAL BETWEEN ONSET AND DEATH <u>19 yrs</u>		
18. CAUSE OF DEATH	I. DISEASE OR CONDITION DIRECTLY CAUSING DEATH <u>Spontaneous Ethanol cell carcinoma of face</u>									
	II. ANTECEDENT CAUSES									
	Morbidity 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 <u>Inanition</u>									
	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 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) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?					
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>May 13, 1940</u> TO <u>Jan 20, 1949</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Jan 16, 1949</u> AND THAT DEATH OCCURRED AT <u>11:00 AM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.										
23A. SIGNATURE <u>R. J. Bettman, M.D.</u> (Degree or title)					23B. ADDRESS <u>629 Melrose Blvd Portland Ore</u>			23C. DATE SIGNED <u>1/22/49</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>1-24-49</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Rose City Cemetery</u>			24D. LOCATION (City, town, or county) (State) <u>Portland, Multnomah, Oregon</u>				
DATE REC'D BY LOCAL REG. <u>1/26/49</u>		REGISTRAR'S SIGNATURE <u>F. SYDNEY HANSEN, M. D.</u>			25. FUNERAL HOME OR MORTUARY <u>Colonial Mortuary - Portland Haslinger E-175</u>					

Seeley