

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

LOCAL REGISTRAR'S NUMBER		STANDARD CERTIFICATE OF DEATH				STATE FILE NO.	
2881		STATE OF OREGON BOARD OF HEALTH -- PORTLAND PUBLIC HEALTH SERVICE				8629	
						DATE RECEIVED	
						AUG 14 1956	
1. NAME OF DECEASED <small>(Type or print all entries in black ink)</small>		First	Middle	Last			
		Ruby	Hayes	Seeley			
2. PLACE OF DEATH A. COUNTY				3. USUAL RESIDENCE (If Institution, give residence before admission)			
Multnomah				A. STATE		B. COUNTY	
				Oregon		Umatilla	
B. CITY, TOWN, OR LOCATION <small>(If outside corporate limits, so specify)</small>		C. LENGTH OF STAY IN 2B		C. CITY, TOWN OR LOCATION <small>(If outside corporate limits, so specify)</small>			
Portland		8 days		Hermiston			
D. NAME OF HOSPITAL OR INSTITUTION <small>(If not in hospital, give street address)</small>				D. STREET ADDRESS, RURAL ROUTE, ETC.			
University State Tuberculosis Hospital				25 Dogwood			
4. DATE OF DEATH		5. SEX		6. COLOR OR RACE		7. MARITAL STATUS	
Month Day Year		Female		Negro		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
7 24 56							
8. SOCIAL SECURITY NO.		9. USUAL OCCUPATION <small>(Kind of work done during most of life)</small>		10. KIND OF BUSINESS OR INDUSTRY		11. NAME OF SPOUSE	
unknown		Housewife		- - -		Victor Seeley	
12. DATE OF BIRTH		13. AGE LAST BIRTHDAY		IF UNDER 1 YEAR		IF UNDER 24 HOURS	
Month Day Year		Yrs.		Months Days		Hours Minutes	
4 25 12		44					
14. BIRTHPLACE (State or Foreign Country)		15. WAS DECEASED A CITIZEN OF		16. IF DECEASED WAS A VETERAN, WHAT WAR?			
North Dakota		<input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country    Name of Country		- - -			
17. NAME OF FATHER		18. MAIDEN NAME OF MOTHER		19. DECEASED'S NAME AND RELATIONSHIP TO DECEASED			
Hecktor Hayes		Fannie Unknown		Victor E Seeley HUSBAND			
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):						Interval Between Onset and Death (Years, days, hours, etc.)	
Hyperkalemia							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last )		DUE TO (B):					
		Addisonian crisis					
		DUE TO (C):					
		Tuberculosis of adrenals					
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):				21. If deceased was Female, was there a pregnancy in the past 12 months?		22. Was an Autopsy performed?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23. WAS DEATH RESULT OF		24. IF ACCIDENT, DID INJURY OCCUR		25A. PLACE OF INJURY <small>(Such as Farm, Home, Forest, etc.)</small>		25B. City County State	
<input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		<input type="checkbox"/> At Work <input type="checkbox"/> Not At Work					
26. TIME OF INJURY		27. DESCRIBE HOW INJURY OCCURRED.					
Hour Month Day Year							
..... a. m.							
..... p. m.							
28. CERTIFICATE:							
I certify that I (attended) <del>the deceased</del> the deceased from or on July 16, 1956 to July 24, 1956 and that the death occurred at 3:40 pm from the causes and on the date stated above.							
Leland W. Hoar, M.D.		3181 SW Sam Jackson Park Road				7-25-56	
LELAND W. HOAR, M.D.		Portland 1, Oregon				(Date Signed)	
29. RESERVED FOR REGISTRAR'S USE							
30A. DECEASED WAS		30B. DATE		30C. NAME OF CREMATORY OR CEMETERY		30D. LOCATION (City or Town) State	
<input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		7/31/56		Greenwood Hills		Portland Oregon	
31. DATE RECEIVED BY LOCAL REGISTRAR		32. REGISTRAR'S SIGNATURE		33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS			
JUL 30 1956		Leland W. Hoar, M.D.		Arthur L. Cox 2826 N. Williams Ave.			

MEDICAL CERTIFICATION

017X

Seeley