

LOCAL REGISTRAR'S NUMBER 18 75-23

**STANDARD CERTIFICATE OF DEATH**  
 STATE OF OREGON  
 BOARD OF HEALTH—PORTLAND  
 FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

STATE FILE NO. 268  
 DATE RECEIVED JAN 26 1955

STATE PRINTING DEPT.

1. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>BERTHA</u> b. (Middle) <u>HENRIETTA</u> c. (Last) <u>SEELEY</u>		
2. PLACE OF DEATH A. COUNTY <u>Jackson</u>		3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Oregon</u> B. COUNTY <u>Jackson</u>
B. CITY (If outside corporate limits, write RURAL location) OR TOWN <u>Medford</u>	C. LENGTH OF STAY (in this place) <u>4 months</u>	C. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Medford rural</u>
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>		D. STREET (If rural, give location) ADDRESS <u>3410 Pacific Hwy. No.</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13, 1955</u>	5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
8. DATE OF BIRTH <u>Mar. 12, 1892</u>	9. AGE (In years last birthday) <u>62</u>	7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>
12. FATHER'S NAME <u>Unknown Olsen</u>		7B. NAME OF HUSBAND OR WIFE <u>Roy E.</u>
14A. USUAL OCCUPATION <u>Housewife</u>		10. BIRTHPLACE (State or foreign country) <u>LaCenter, Washington</u>
14B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
17. SOCIAL SECURITY NO. <u>533-10-2859</u>		13. MOTHER'S MAIDEN NAME <u>Unknown</u>
18. CAUSE OF DEATH		15. IF VETERAN, NAME WAR <u>No</u>
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		16. INFORMANT'S OWN SIGNATURE <u>Roy E. Seeley</u>
MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 mins</u>
ANTECEDENT CAUSES DUE TO (B) <u>Phlebotrombosis</u>		<u>1 wk</u>
DUE TO (C) <u>abscess Pelvis</u>		<u>3 wks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1) Ruptured Diverticulum Colon 3 wks</u> <u>2) Coronary thrombosis old</u>
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	
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>12-17, 1954</u> TO <u>1-13, 1955</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>1-13, 1955</u> AND THAT DEATH OCCURRED AT <u>8:55AM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE <u>M. Waters</u> (Degree or title) <u>M.D.</u>	23B. ADDRESS <u>Medford, Oregon</u>	23C. DATE SIGNED <u>1-17-55</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24B. DATE <u>1-16-55</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Vancouver Cemetery</u>
24D. LOCATION (City, town, or county) (State) <u>Vancouver, Clarke, Wash.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph R. Lind</u> ADDRESS <u>Medford, Ore.</u>	
DATE REC'D BY LOCAL REG. <u>1-15-55</u>	REGISTRAR'S SIGNATURE <u>W. E. Merkel, M.D.</u>	

MAKEUP RESERVED FOR DIVISION  
 N. B.—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. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

Seeley