

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER 54 D3-6088

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

STATE FILE NO. 5164
DATE RECEIVED MAY 29 1952

STATE PRINTING DEPT.

1. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>Byron</u> b. (Middle) <u>William</u> c. (Last) <u>Seeley</u> <u>420.1</u>		
2. PLACE OF DEATH A. COUNTY <u>Deschutes</u> B. CITY (If outside corporate limits, write RURAL location) OR TOWN <u>Bend</u>		3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE <u>Oregon</u> B. COUNTY <u>Deschutes</u> C. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Bend</u> D. STREET (If rural, give location) ADDRESS <u>1809 E. 8th St</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>5-21-1952</u>	5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	7B. NAME OF HUSBAND OR WIFE <u>Bernice</u>	
8. DATE OF BIRTH <u>3-18-1901</u>	9. AGE (In years last birthday) <u>51</u>	10. BIRTHPLACE (State or foreign country) <u>Los Angeles, California</u>
11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. FATHER'S NAME <u>William James Seeley</u>
13. MOTHER'S MAIDEN NAME <u>Catherine McDonald</u>		14. USUAL OCCUPATION <u>Contractor</u>
14B. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	15. IF VETERAN, NAME WAR <u>—</u>	16. INFORMANT'S OWN SIGNATURE <u>Donald B Seeley</u>
17. SOCIAL SECURITY NO. <u>559-01-5197</u>	MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) <u>Cerebral occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
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.		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) 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>5/21 1952</u> TO <u>5/21 1952</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>5/21 1952</u> AND THAT DEATH OCCURRED AT <u>7:00 p.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE <u>William Seeley</u> (Degree or title) <u>m-b</u>	23B. ADDRESS <u>Bend Ore.</u>	23C. DATE SIGNED <u>5/23/52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>5-26-1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery Bend Oregon</u>
24D. LOCATION (City, town, or county) (State) <u>Bend Oregon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Winnipeg-Windstar Bend Ore.</u>	
DATE REC'D BY LOCAL REG. <u>5-24-52</u>	REGISTRAR'S SIGNATURE <u>Helen M. Cole</u>	

Seeley