

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S
NUMBER 120

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

STATE FILE NO. **6348**
DATE RECEIVED
JUN 11 1954

STATE PRINTING DEPT. 6-219

1. NAME OF DECEASED (TYPE OR PRINT) a. (First) **Carl** b. (Middle) **W.** c. (Last) **Seeley** 442X

2. PLACE OF DEATH A. COUNTY **Douglas** 3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE **Oregon** B. COUNTY **Douglas**

B. CITY (If outside corporate limits, write RURAL location) OR TOWN **Roseburg** C. LENGTH OF STAY (in this place) **22 yrs.** C. CITY (If outside corporate limits, write RURAL) OR TOWN **Roseburg** X

D. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Douglas County Hospital** D. STREET (If rural, give location) ADDRESS **925 Cobb**

4. DATE OF DEATH (Month) (Day) (Year) **6/3/54** 5. SEX **M** 6. COLOR OR RACE **W** 7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed** 7B. NAME OF HUSBAND OR WIFE **----**

8. DATE OF BIRTH **8/6/1872** 9. AGE (In years last birthday) **81** If Under 1 Year: Months Days If Under 24 Hrs.: Hours Min. 10. BIRTHPLACE (State or foreign country) **Wisconsin** 11. CITIZEN OF WHAT COUNTRY? **USA**

12. FATHER'S NAME **William Seeley** 13. MOTHER'S MAIDEN NAME **Elizabeth Moran**

14A. USUAL OCCUPATION **Operator** 14B. KIND OF BUSINESS OR INDUSTRY **Public Address System.** 15. IF VETERAN, NAME WAR **none** 16. INFORMANT'S OWN SIGNATURE *M. C. Seeley*

17. SOCIAL SECURITY NO. **544-32-8880** MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) **Cerebral Hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **5 days**
18. CAUSE OF DEATH ANTECEDENT CAUSES DUE TO (B) **C. V. Disease** **9**
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
Mortbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 19B. MAJOR FINDINGS OF OPERATION **-** 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 (Month) (Day) (Year) (Hour) OF INJURY **none** m. 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR? **none**

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **April 1, 1954** TO **6/3/54**, THAT I LAST SAW THE DECEASED ALIVE ON **6/3, 1954** AND THAT DEATH OCCURRED AT **12:45 pm** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE *Charles B Wade* (Degree or title) 23B. ADDRESS **Roseburg Or.** 23C. DATE SIGNED **6/7/54**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **6/7/54** 24C. NAME OF CEMETERY OR CREMATORY **Melrose Cemetery** 24D. LOCATION (City, town, or county) (State) **Roseburg, Douglas, Oregon**

DATE RECD BY LOCAL REG. **6/7/54** REGISTRAR'S SIGNATURE *Leola Cummings* 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **R. L. Powell 147 Roseburg, Oregon**

OCCUPATION IS VERY IMPORTANT.

See