

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH -- PORTLAND
PUBLIC HEALTH SERVICE

STATE FILE NO. **84**
DATE RECEIVED **JAN 27 1958**

LOCAL REGISTRAR'S NUMBER **H 18-27-2**

1. NAME OF DECEASED (Type or print all entries in black ink) CARROL CARPENTER SEELEY			2. PLACE OF DEATH A. COUNTY Clatsop B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify) Seaside C. LENGTH OF STAY IN 2B 3 yrs.			3. USUAL RESIDENCE (If Institution, give residence before admission) A. STATE Oregon B. COUNTY Clatsop C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Seaside D. STREET ADDRESS, RURAL ROUTE, ETC. 320 Ave. S		
4. DATE OF DEATH Month Jan. Day 11 Year 1958		5. SEX M		6. COLOR OR RACE W		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		
8. SOCIAL SECURITY NO. Unk.		9. USUAL OCCUPATION (Kind of work done during most of life) Engineer		10. KIND OF BUSINESS OR INDUSTRY Hiway		11. NAME OF SPOUSE Louise Seeley		
12. DATE OF BIRTH Month Sept. Day 1 Year 1878		13. AGE LAST BIRTHDAY Yrs. 79		IF UNDER 1 YEAR Months Days		IF UNDER 24 HOURS Hours Minutes		
14. BIRTHPLACE (State or Foreign Country) San Francisco, Cal.			15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country			16. IF DECEASED WAS A VETERAN, WHAT WAR? WW I		
17. NAME OF FATHER La Mar Seeley			18. MAIDEN NAME OF MOTHER Amelia Carpenter			19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Wife Louise Seeley		
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Shock severe Interval Between Onset and Death (Years, days, hours, etc.) 1 hr - Conditions, if any, which gave rise to above cause (B), stating the underlying cause last) DUE TO (B): Insulin - Using about 1 mt. DUE TO (C): Diabetes Mellitus 30 years - PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): Recent Prostate Surgery -								
23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work		25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		25B. City County State		
26. TIME OF INJURY Hour Month Day Year a. m. p. m.				27. DESCRIBE HOW INJURY OCCURRED.				
28. CERTIFICATE: I certify that I (attended) (investigated the death of) the deceased from 6:10 p 11 Jan 58 to 1-11-58 and that the death occurred at 7:00 PM from the causes and on the date stated above. M. E. Ward M.D. (Signature) Seaside, Ore. (Address) 13 Jan 58 (Date Signed)								
29. RESERVED FOR REGISTRAR'S USE								
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE 1-14-58		30C. NAME OF CREMATORY OR CEMETERY Riverview Cemetery		30D. LOCATION (City or Town) State Portland, Ore.		
31. DATE RECEIVED BY LOCAL REGISTRAR Jan 13, 1958		32. REGISTRAR'S SIGNATURE Robert Blue		33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Hughes-Ransom Mort. Seaside, Ore.				

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.

FORM 92-4

Seeley