

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S
NUMBER 271

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

STATE FILE NO. **7450**
DATE RECEIVED
AUG 11 1953

STATE PRINTING DEPT. 7-5316

OCCUPATION IS VERY IMPORTANT.

1. NAME OF DECEASED (TYPE OR PRINT) Clarance Archibald Seeley			420.0		
2. PLACE OF DEATH A. COUNTY Clackamas			3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE Oregon B. COUNTY Clackamas		
B. CITY (If outside corporate limits, write RURAL location) OR TOWN Gladstone		C. LENGTH OF STAY (in this place) 2 years	C. CITY (If outside corporate limits, write RURAL) OR TOWN Gladstone		
D. FULL NAME OF HOSPITAL OR INSTITUTION At Home 1085 Nelson Lane			D. STREET (If rural, give location) ADDRESS 1085 Nelson Lane		
4. DATE OF DEATH (Month) (Day) (Year) July 30 1953	5. SEX Male	6. COLOR OR RACE White	7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	7B. NAME OF HUSBAND OR WIFE Marie Anna	
8. DATE OF BIRTH Nov. 9, 1886	9. AGE (in years last birthday) 66	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	10. BIRTHPLACE (State or foreign country) Nebraska	11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. FATHER'S NAME John L Seeley			13. MOTHER'S MAIDEN NAME Mandy J Phyllinhea		
14A. USUAL OCCUPATION Retired	14B. KIND OF BUSINESS OR INDUSTRY Farming	15. IF VETERAN, NAME WAR None		16. INFORMANT'S OWN SIGNATURE <i>Gordon L. Seeley</i>	
17. SOCIAL SECURITY NO. 507-12-7727	MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)				INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Myocardial infarction				
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (B) Arteriosclerosis Heart Disease 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 <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 OF INJURY (Month) (Day) (Year) (Hour) (m.)	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>June</u> , 19 <u>52</u> TO <u>July</u> , 19 <u>53</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>July 11</u> , 19 <u>53</u> , AND THAT DEATH OCCURRED AT <u>1:30 P.M.</u> , FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE (Degree or title) <i>William J. Pynch M.D.</i>		23B. ADDRESS 812-7th Oregon City		23C. DATE SIGNED 7-31-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/3/53	24C. NAME OF CEMETERY OR CREMATORY Mt. View Cemetery		24D. LOCATION (City, town, or county) (State) Oregon City Ore.	
DATE REC'D BY LOCAL REG. 8-1-53	REGISTRAR'S SIGNATURE <i>Barbara Farchild</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>R.H. Conrad</i>		ADDRESS 119 Oregon City, Ore	

Seeley