

DECEASED LOCAL REGISTERED NUMBER **3968** **K3-1958** STANDARD CERTIFICATE OF DEATH STATE OF OREGON BOARD OF HEALTH—PORTLAND FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

STATE FILE NO. **12583**
DATE RECEIVED **NOV 25 1952**

1. NAME OF DECEASED (TYPE OR PRINT) a. (First) Daisie b. (Middle) E c. (Last) SEELEY			171X		
2. PLACE OF DEATH A. COUNTY Multnomah B. CITY (If outside corporate limits, write RURAL location) OR TOWN Portland			3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE Oregon B. COUNTY Multnomah C. CITY (If outside corporate limits, write RURAL) OR TOWN Portland		
D. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Vincents Hospital			D. STREET (If rural, give location) ADDRESS 2018 S. W. Madison Street		
4. DATE OF DEATH (Month) (Day) (Year) November 3, 1952	5. SEX Female	6. COLOR OR RACE White	7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	7B. NAME OF HUSBAND OR WIFE Arthur C.	
8. DATE OF BIRTH November 12, 1888	9. AGE (In years last birthday) 63	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	10. BIRTHPLACE (State or foreign country) Kansas	11. CITIZEN OF WHAT COUNTRY? US
12. FATHER'S NAME Charles Platt			13. MOTHER'S MAIDEN NAME Carrie S. White		
14A. USUAL OCCUPATION Home	14B. KIND OF BUSINESS OR INDUSTRY	15. IF VETERAN, NAME WAR INFORMATIONAL SIGNATURE Arthur C. Seeley			
17. SOCIAL SECURITY NO.	MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Common Bump				INTERVAL BETWEEN ONSET AND DEATH 3 yrs 9 mos
18. CAUSE OF DEATH <small>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>	ANTECEDENT CAUSES				
	DUE TO (B) Leukemia				6 mos
	DUE TO (C) Secondary metastasis				1 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19A. DATE OF OPERATION 1-26-48	19B. MAJOR FINDINGS OF OPERATION Common 1-26-48 - on biopsy. Light 3-23-48 - on resected.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) Westlamb County - Portland		21D. (STATE) Oregon	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3 1952 4 PM	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 Jan 1934 , 19__ TO 11-3-52 , 19__, THAT I LAST SAW THE DECEASED ALIVE ON 11/2/52 , 19__, AND THAT DEATH OCCURRED AT 4:22 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE (Degree or title) John R. Hand MD		23B. ADDRESS Portland Clinic		23C. DATE SIGNED 11-5-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 5 Nov 52	24C. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24D. LOCATION (City, town, or county) (State) Portland, Oregon		
DATE REC'D BY LOCAL REG. NOV 25 1952	REGISTRAR'S SIGNATURE J. Hand	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John L. Seeley			

Seek