

LOCAL REGISTRAR'S NUMBER 12 #4-9862 **STANDARD CERTIFICATE OF DEATH**
 STATE OF OREGON
 BOARD OF HEALTH—PORTLAND
 FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

STATE FILE NO. **192**
 DATE RECEIVED **JAN 26 1953**

STATE PRINTING DEPT.

332X

1. NAME OF DECEASED (TYPE OR PRINT) a. (First) Earl b. (Middle) M. c. (Last) Seeley		2. PLACE OF DEATH A. COUNTY Douglas B. CITY (If outside corporate limits, write RURAL location) OR TOWN Roseburg C. LENGTH OF STAY (If in this place) 6 days D. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital		3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE Oregon B. COUNTY Douglas C. CITY (If outside corporate limits, write RURAL) OR TOWN Roseburg-rural D. STREET (If rural, give location) ADDRESS Rt. 3 Box 1740	
4. DATE OF DEATH (Month) (Day) (Year) 1/20/53	5. SEX M	6. COLOR OR RACE W	7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	7B. NAME OF HUSBAND OR WIFE Amy	
8. DATE OF BIRTH Sept. 12, 1875		9. AGE (In years last birthday) 77	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	10. BIRTHPLACE (State or foreign country) Wisconsin
12. FATHER'S NAME Wm. Seeley			13. MOTHER'S MAIDEN NAME Elizabeth Moran		
14A. USUAL OCCUPATION retired		14B. KIND OF BUSINESS OR INDUSTRY Carpentry		15. IF VETERAN, NAME WAR none	
17. SOCIAL SECURITY NO. none		16. INFORMANT'S OWN SIGNATURE Amy Seeley			18. CAUSE OF DEATH
18. CAUSE OF DEATH		MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)			INTERNAL OR EXTERNAL ONSET AND DEATH
18. CAUSE OF DEATH		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Cerebral thrombosis			
18. CAUSE OF DEATH		DUE TO (B) Gen. Arteriosclerosis			
18. CAUSE OF DEATH		DUE TO (C) Senility			
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 Jan. 14, 1953 TO Jan 20, 1953 THAT I LAST SAW THE DECEASED ALIVE ON Jan 14, 1953 AND THAT DEATH OCCURRED AT 12:40am FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE (Degree or title) John L. Valerius M.D.		23B. ADDRESS Roseburg, Oregon		23C. DATE SIGNED 1/20/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/23/52		24C. NAME OF CEMETERY OR CREMATORY Melrose Cemetery	
24D. LOCATION (City, town, or county) (State) Roseburg, Douglas, Oregon		25. FUNERAL DIRECTOR'S SIGNATURE R. R. Roberts ADDRESS E80 Roseburg, Or			
DATE REC'D BY LOCAL REG. 1-21-53		REGISTRAR'S SIGNATURE Laura Cummings			

Seeley