

STATE PRINTING DEPT. 26526

OCCUPATION IS VERY IMPORTANT.

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER 88

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

STATE FILE NO. 5947

DATE RECEIVED JUN 7 1949

1. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>Francis</u> b. (Middle) <u>Virgil</u> c. (Last) <u>Seeley</u>		
2. PLACE OF DEATH A. COUNTY <u>Wasco</u>		3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE <u>Ore.</u> B. COUNTY <u>Wasco</u>
B. CITY (If outside corporate limits, write RURAL location) OR TOWN <u>Rural</u>	C. LENGTH OF STAY (in this place)	C. CITY (If outside corporate limits, write RURAL) OR TOWN <u>The Dalles</u>
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Snipes Acres</u>		D. STREET (If rural, give location) ADDRESS <u>915 West 9th St.</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1949</u>	5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		7B. NAME OF HUSBAND OR WIFE <u>Elizabeth M Seeley</u>
8. DATE OF BIRTH <u>Feb. 15, 1900</u>	9. AGE (In years last birthday) <u>49</u>	10. BIRTHPLACE (State or foreign country) <u>Hotchkiss, Colo.</u>
11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
12. FATHER'S NAME <u>Commodore Seeley</u>		13. MOTHER'S MAIDEN NAME <u>Martha A. Seaman</u>
14A. USUAL OCCUPATION <u>Mechanic</u>	14B. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>	15. IF VETERAN, NAME WAR <u>None</u>
16. INFORMANT'S OWN SIGNATURE <u>Elizabeth M Seeley</u>		
17. SOCIAL SECURITY NO. <u>521-03-8017</u>	MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
18. CAUSE OF DEATH * 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 Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (B) <u>Coronary Arteriosclerosis</u>		
DUE TO (C) <u>—</u>		
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 (Month) (Day) (Year) (Hour) (Minute) 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 <u>1946</u> TO <u>May 20 1949</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>May 5 1949</u> AND THAT DEATH OCCURRED AT <u>4</u> A. M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE <u>Paul R. Vogt</u> (Degree or title) <u>MD</u>	23B. ADDRESS <u>The Dalles Ore.</u>	23C. DATE SIGNED <u>5-24-49</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>May 26, 1949</u>	24C. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Center</u>
24D. LOCATION (City, town, or county) (State) <u>The Dalles, Oregon</u>		
DATE REC'D BY LOCAL REG. <u>5-26-49</u>	REGISTRAR'S SIGNATURE <u>David J. Osterud M.D.</u>	FUNERAL DIRECTOR'S SIGNATURE <u>—</u> ADDRESS <u>C.R. Callaway &amp; Son, The Dalles, Ore.</u>

Seeley