

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER 60

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

STATE FILE NO. **563**
DATE RECEIVED **JAN 26 1950**

1. NAME OF DECEASED (TYPE OR PRINT) GEORGE SEELEY			420.1		
2. PLACE OF DEATH A. COUNTY MULTNOMAH		3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE ORE B. COUNTY MULT			
B. CITY (If outside corporate limits, write RURAL location) OR TOWN PORTLAND		C. LENGTH OF STAY (in this place) 3 yrs.		C. CITY (If outside corporate limits, write RURAL.) OR TOWN PORTLAND	
D. FULL NAME OF HOSPITAL OR INSTITUTION 5923 N. LOVELY ST.			D. STREET (If rural, give location) ADDRESS 5923 N. LOVELY ST.		
4. DATE OF DEATH (Month) (Day) (Year) 1 2 1951		5. SEX M	6. COLOR OR RACE W	7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	7B. NAME OF HUSBAND OR WIFE Sarah
8. DATE OF BIRTH 10 8 1858		9. AGE (In years last birthday) 92		10. BIRTHPLACE (State or foreign country) Nova Scotia	
12. FATHER'S NAME No record		13. MOTHER'S MAIDEN NAME No record			
14A. USUAL OCCUPATION Sea Captain		14B. KIND OF BUSINESS OR INDUSTRY Retired	15. IF VETERAN, NAME WAR - - -		16. INFORMANT'S OWN SIGNATURE <i>Mrs. Mona Roberts</i>
17. SOCIAL SECURITY NO.	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) CORONARY THROMBOSIS				SARAI TIME
	DUE TO (B) ARTERIO SCLEROSIS				SEVERAL YEARS
	DUE TO (C) CEREBRAL HEMORRHAGE - 1950				JAN.
	II. OTHER SIGNIFICANT CONDITIONS				
	GANGRENE OF LEFT BIG TOE AND SIDE OF LEFT FOOT				
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 JAN 30 1950 TO JAN 2 1951 THAT I LAST SAW THE DECEASED ALIVE ON 1-30 1951 AND THAT DEATH OCCURRED AT 3:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE <i>Dennis S. Swart M.D.</i> (Degree or title)		23B. ADDRESS 8335 N. Juniper St		23C. DATE SIGNED 1-4-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE Jan. 5, 1951	24C. NAME OF CEMETERY OR CREMATORY Riverview Abbey Crematorium		24D. LOCATION (City, town, or county) (State) Portland, Oregon	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 5 1951	FUNERAL HOME ADDRESS St. Johns Funeral Home Portland 3, Ore.				

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