

Birth Reported
Standard Certificate of Death
STATE OF OREGON

STATE PRINTING DEPT.

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Salem
(c) Name of hospital or institution: Deaconess Hospital
(d) Length of stay: In hospital or institution 1 Day
In this community _____ In state _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Oregon (b) County Polk
(c) City or town West Salem
(d) Street No. 637 Piedmont Street
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) FULL NAME Irving C. Seeley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife _____ years
7. Birth date of deceased January 6, 1944
8. Age: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace Salem Oregon
10. Usual occupation _____
11. Industry or business _____
12. Name Irving Seeley
13. Birthplace Pueblo, Colo.
14. Maiden name Gladys Lou Benton
15. Birthplace Lexington, Mo.

MEDICAL CERTIFICATION
20. Date of death: Month January day 6 year 1944 hour 6 minute 6
21. I hereby certify that I attended the deceased from Jan 6 1944, to Jan 6 1944; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Hemorrhagic Disease of newborn 161c
Due to _____
Other conditions _____
Major findings: Of operations _____
Of autopsy _____

10. (a) Informant's own signature Hospital Records
(b) Address Salem, Oregon
17. (a) Burial (b) Date thereof 1-10-44
(c) Place: burial or cremation I.O.O.F. Salem, Ore.
18. (a) Signature of funeral director L.E. Barrick
(b) Address Salem, Oregon
19. (a) 11 1944 (b) W. J. Stone M.D.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature Margaret Maye (M. D. or other) _____
Address 388 State St. Date signed Jan 10 - 44

Seeley