

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER 79

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

STATE FILE NO. **6199**
DATE RECEIVED JUN 11 1953

STATE PRINTING DEPT.

1. NAME OF DECEASED (TYPE OR PRINT) <u>Isabell</u> a. (First) <u>Seeley</u> b. (Middle)		3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE <u>Oregon</u> B. COUNTY <u>Yamhill</u>	
2. PLACE OF DEATH A. COUNTY <u>Yamhill</u>		C. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Rural, Willamina</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>		D. STREET (If rural, give location) ADDRESS <u>Rural</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1953</u>	5. SEX <u>R</u>	6. COLOR OR RACE <u>wh.</u>	7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>
8. DATE OF BIRTH <u>March 13, 1859</u>	9. AGE (In years last birthday) <u>94</u>	10. BIRTHPLACE (State or foreign country) <u>Harpers Ferry Iowa</u>	7B. NAME OF HUSBAND OR WIFE <u>Zenas L. Seeley</u>
12. FATHER'S NAME <u>Henry Cashler</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
14A. USUAL OCCUPATION <u>Housewife</u>		13. MOTHER'S MAIDEN NAME <u>Martha Cofman</u>	
14B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		15. IF VETERAN, NAME WAR	
17. SOCIAL SECURITY NO. <u>no</u>		16. INFORMANT'S OWN SIGNATURE <u>Ida Dundas</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) <u>Apoplexy</u> DUE TO (B) <u>Syphilis</u> DUE TO (C) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND 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) 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>March 6 1953</u> TO <u>May 23 1953</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>May 23 1953</u> , AND THAT DEATH OCCURRED AT <u>3:30 A.M.</u> , FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u>[Signature]</u> (Degree or title)		23B. ADDRESS <u>Willamina Ore</u>	23C. DATE SIGNED <u>5/24/53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>May 27, 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Rose City</u>	24D. LOCATION (City, town, or county) (State) <u>Portland Oregon</u>
DATE REC'D BY LOCAL REG. <u>5-26-53</u>	REGISTRAR'S SIGNATURE <u>H.M. Stolter M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> <u>Peninsula Funeral Home</u> 304 S. LOEBARD ST. PORTLAND, OREGON	

MAKING RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

FORM VS-2

Seeley