

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER **3880**  
*R-15-273-C*

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

STATE FILE NO. **11722**  
 DATE RECEIVED **NOV 10 1952**

STATE PRINTING DEPT. OCCUPATION IS VERY IMPORTANT.

1. NAME OF DECEASED (TYPE OR PRINT)			2. PLACE OF DEATH			3. USUAL RESIDENCE			
a. (First) <b>JACK</b>			b. (Middle) <b>L</b>			c. (Last) <b>SEELEY</b>			
A. COUNTY <b>Multnomah</b>			B. CITY (If outside corporate limits, write RURAL location) <b>Portland</b>			C. CITY (If outside corporate limits, write RURAL) <b>Portland</b>			
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>829 S.W. Park St.</b>			E. STREET ADDRESS <b>Geneva Hotel-2nd and Salmon</b>			F. COUNTY <b>Multnomah</b>			
4. DATE OF DEATH <b>Oct. 27, 1952</b>		5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>		7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		7B. NAME OF HUSBAND OR WIFE		
8. DATE OF BIRTH <b>1881 May 28, 1952</b>		9. AGE (In years last birthday) <b>71</b>		10. BIRTHPLACE (State or foreign country) <b>Michigan</b>		11. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
12. FATHER'S NAME <b>Charles R. Seeley</b>				13. MOTHER'S MAIDEN NAME <b>Fanny A. Hartfield</b>					
14A. USUAL OCCUPATION <b>Waiter</b>		14B. KIND OF BUSINESS OR INDUSTRY <b>Arlington Club</b>		15. IF VETERAN, NAME WAR		16. INFORMANT'S OWN SIGNATURE <b>Elsie Marie Felt</b> <i>by: E. M. Felt</i>			
17. SOCIAL SECURITY NO. <b>544-07-7244</b>	18. CAUSE OF DEATH						19. DATE OF OPERATION		
	MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) <b>Coronary Thrombosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>		
	II. OTHER SIGNIFICANT CONDITIONS								
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) (Min.)		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 <b>Oct 27 1952</b> , 19 <b>52</b> , TO <b>Oct 28 1952</b> , 19 <b>52</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>Oct 27 1952</b> AND THAT DEATH OCCURRED AT <b>1:30 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
23A. SIGNATURE <i>W. M. Packey M.D.</i> (Degree or title)				23B. ADDRESS <b>330 Med. Art Bldg.</b>				23C. DATE SIGNED <b>Oct 28 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/31/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Multnomah Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Portland, Multnomah, Oregon</b>			
DATE REC'D BY LOCAL REG. <b>Oct 30 1952</b>		REGISTRAR'S SIGNATURE <i>Shos d. Meador M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Colonial Mortuary-Portland</b>		ADDRESS <b>5-64</b>			

Seeley