

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.

STATE PRINTING

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER 76

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

STATE FILE NO. **8847**
DATE RECEIVED JUL 26 1955

1. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>Jay</u> b. (Middle) <u>Edwards</u> c. (Last) <u>Seeley</u>			2. PLACE OF DEATH A. COUNTY <u>Polk</u> B. CITY (If outside corporate limits, write RURAL location) OR TOWN <u>Near Independence</u> C. LENGTH OF STAY (in this place) <u>3 Yrs</u> D. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Willamette River</u>			3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Oregon</u> COUNTY <u>Polk</u> C. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Independence</u> D. STREET (If rural, give location) ADDRESS <u>504 Walnut St.</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>May 29, 1955</u>	5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7A. MARRIED, NEVER MARRIED, OR WIFE DIVORCED (Specify) <u>Widowed</u>	7B. NAME OF HUSBAND OR WIFE				
8. DATE OF BIRTH <u>May 2, 1886</u>	9. AGE (In years last birthday) <u>69</u>	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	10. BIRTHPLACE (State or foreign country) <u>Viola, Wisconsin</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
12. FATHER'S NAME <u>James Seeley</u>			13. MOTHER'S MAIDEN NAME <u>May Edwards</u>					
14A. USUAL OCCUPATION <u>Retired</u>		14B. KIND OF BUSINESS OR INDUSTRY <u>Cheese Maker</u>		15. IF VETERAN, NAME WAR <u>-- --</u>		16. INFORMANT'S OWN SIGNATURE <u>Wilma Stalaker</u>		
17. SOCIAL SECURITY NO. <u>388-16-8331A</u>		MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) <u>Drowning</u>					INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH <small>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</small>		ANTECEDENT CAUSES DUE TO (B) <u>Jumping into river.</u> DUE TO (C) <u>Body recovered 7/10/55</u>						
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) <u>Suicide</u>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, river) <u>River</u>		21C. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Willamette River, Polk, Oregon</u>				
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 29, 1955 1:15 A.M.</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Suicide</u> <u>Jumped into Willamette River</u>				
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1-19</u> TO <u>7-19</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>7-19</u> , AND THAT DEATH OCCURRED AT <u>1:15</u> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
23A. SIGNATURE (Degree or title) <u>Paul Bollman</u> Coroner			23B. ADDRESS <u>Dallas, Oregon</u>			23C. DATE SIGNED <u>7/12/55</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24B. DATE <u>7/13/55</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Crest Abbey Crematorium, Salem, Oregon</u>		24D. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>7-13-55</u>		REGISTRAR'S SIGNATURE <u>Bertha Howe</u>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Paul Bollman</u> Home <u>Dallas, Oregon.</u>			

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