

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRATION NUMBER **1446**

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

STATE FILE NO. **4524**
DATE RECEIVED **APR 25 1952**

1. NAME OF DECEASED (TYPE OR PRINT)			a. (First)			b. (Middle)			c. (Last)			331X					
2. PLACE OF DEATH			A. COUNTY			B. CITY (If outside corporate limits, write RURAL location) OR TOWN			C. LENGTH OF STAY (In this place)			3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
			Multnomah			Portland			8 Yrs.			A. STATE Oregon B. COUNTY Mult.					
D. FULL NAME OF HOSPITAL OR INSTITUTION			Good Samaritan			D. STREET (If rural, give location) ADDRESS			1716 N. W. Flanders								
4. DATE OF DEATH			5. SEX			6. COLOR OR RACE			7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			7B. NAME OF HUSBAND OR WIFE					
4-11-1952			Male			White			Married			Mary					
8. DATE OF BIRTH			9. AGE (In years last birthday)			10. BIRTHPLACE (State or foreign country)			11. CITIZEN OF WHAT COUNTRY?								
1-4-1882			70			Iowa			USA								
12. FATHER'S NAME						13. MOTHER'S MAIDEN NAME											
John B. Seeley						Anna Harper											
14A. USUAL OCCUPATION			14B. KIND OF BUSINESS OR INDUSTRY			15. IF VETERAN, NAME WAR			16. INFORMANT'S OWN SIGNATURE								
Manager			Apartment House			None			Mary H. Seeley								
17. SOCIAL SECURITY NO.			MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)									INTERVAL BETWEEN ONSET AND DEATH					
			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) <i>Cerebrothrombosis</i>									14 days					
18. CAUSE OF DEATH			II. OTHER SIGNIFICANT CONDITIONS														
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES														
			DUE TO (B) _____														
			DUE TO (C) _____														
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)											
21A. HOMICIDE																	
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 <i>3/28</i> 19 <i>52</i> TO <i>4/11</i> 19 <i>52</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>4/10</i> 19 <i>52</i> AND THAT DEATH OCCURRED AT <i>8</i> AM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.																	
23A. SIGNATURE <i>M. H. Seeley</i> (Degree or title)						23B. ADDRESS <i>812 Bellvue Park</i>						23C. DATE SIGNED <i>4/17/52</i>					
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY			24D. LOCATION (City, town, or county) (State)								
Burial			4-14-1952			Rose City			Portland, Ore.								
DATE REC'D BY LOCAL REG. APR 18 1952			REGISTRAR'S SIGNATURE <i>Thomas A. Hennessey</i>						25. FUNERAL DIRECTOR'S SIGNATURE <i>Hennessey, Goetsch and McGee</i>								

Seeley