

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER 2395

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

STATE FILE NO. **7617**
DATE RECEIVED **JUL 25 1950**

STATE PRINTING DEPT. 48240

1. NAME OF DECEASED (TYPE OR PRINT) a. (First) John b. (Middle) Jackson c. (Last) Seeley			420.1		
2. PLACE OF DEATH A. COUNTY Multnomah B. CITY (If outside corporate limits, write RURAL location) OR TOWN Portland C. LENGTH OF STAY (in this place) Life			3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE Oregon B. COUNTY Mult. C. CITY (If outside corporate limits, write RURAL) OR TOWN Portland D. STREET (If rural, give location) ADDRESS 2136 S. E. Ankeny St		
4. DATE OF DEATH (Month) (Day) (Year) 7 8 1950		5. SEX Male	6. COLOR OR RACE White	7A. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (Specify) Married	7B. NAME OF HUSBAND OR WIFE Muriel
8. DATE OF BIRTH Sept. 4, 1882		9. AGE (In years last birthday) 67		10. BIRTHPLACE (State or foreign country) Portland, Oregon	11. CITIZEN OF WHAT COUNTRY? USA
12. FATHER'S NAME Jira Joseph Seeley			13. MOTHER'S MAIDEN NAME Emily Arnspigel		
14A. USUAL OCCUPATION Salesman		14B. KIND OF BUSINESS OR INDUSTRY	15. IF VETERAN, NAME WAR		16. INFORMANT'S OWN SIGNATURE Muriel J. Seely
17. SOCIAL SECURITY NO. 541-12-8258	MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Cardiorespiratory Failure				INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH * This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES DUE TO (B) Myocardial Infarction DUE TO (C) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis femoral Artery				
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>7-7</u> , 19 <u>50</u> TO <u>7-8</u> , 1950. THAT I LAST SAW THE DECEASED ALIVE ON <u>7-8</u> , 19 <u>50</u> AND THAT DEATH OCCURRED AT <u>4:10 p.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE (Degree or title) Richard M. Bernard M.D.			23B. ADDRESS Multnomah Hospital		23C. DATE SIGNED July 19, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 7/13/50	24C. NAME OF CEMETERY OR CREMATORY Portland Memorial		24D. LOCATION (City, town, or county) (State) Portland, Oregon	
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE W. Miller Miller & Tracey, Portland, Ore.		

Seeley