

MARGIN RESERVED FOR BINDING
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.

LOCAL REGISTRAR'S NUMBER		STANDARD CERTIFICATE OF DEATH				STATE FILE NO. 4720	
1546		STATE OF OREGON BOARD OF HEALTH -- PORTLAND PUBLIC HEALTH SERVICE				DATE RECEIVED MAY 10 1956	
1. NAME OF DECEASED (Type or print all entries in black ink)							
First		Middle		Last			
Leslie		C.		Seeley			
2. PLACE OF DEATH				3. USUAL RESIDENCE (If Institution, give residence before admission)			
A. COUNTY Mult.				A. STATE Ore.		B. COUNTY Mult.	
B. CITY, TOWN, OR LOCATION		C. LENGTH OF STAY IN 2B		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION			
Portland		16 yrs.		Portland			
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				D. STREET ADDRESS, RURAL ROUTE, ETC.			
Providence Hosp.				4823 N.E. 72 Ave;			
4. DATE OF DEATH		5. SEX		6. COLOR OR RACE		7. MARITAL STATUS	
Month Day Year		Ma.		Wh.		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
4 17 1956							
8. SOCIAL SECURITY NO.		9. USUAL OCCUPATION (Kind of work done during most of life)		10. KIND OF BUSINESS OR INDUSTRY		11. NAME OF SPOUSE	
524-12-9133		Boilermaker		-		Lila A.	
12. DATE OF BIRTH		13. AGE LAST BIRTHDAY		IF UNDER 1 YEAR		IF UNDER 24 HOURS	
Month Day Year		Yrs.		Months Days		Hours Minutes	
5 8 1908		47					
14. BIRTHPLACE (State or Foreign Country)		15. WAS DECEASED A CITIZEN OF		16. IF DECEASED WAS A VETERAN, WHAT WAR?			
Iowa		<input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country		---			
17. NAME OF FATHER		18. MAIDEN NAME OF MOTHER		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED			
Hubert A. Seeley		Helena House		Mrs Lila Seeley- Wife			
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)							Interval Between Onset and Death (Years, days, hours, etc.)
PART I: DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (A): Congestive failure with pulmonary edema							72 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last)							
DUE TO (B): Amyloid heart disease and Myocardial fibrosis							72 hrs
DUE TO (C):							
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):						21. If deceased was Female, was there a pregnancy in the past 12 months?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
						22. Was an Autopsy performed?	
						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23. WAS DEATH RESULT OF		24. IF ACCIDENT, DID INJURY OCCUR		25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		25B. City County State	
<input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		<input type="checkbox"/> At Work <input type="checkbox"/> Not At Work					
26. TIME OF INJURY		27. DESCRIBE HOW INJURY OCCURRED.					
Hour Month Day Year							
a. m. p. m.							
28. CERTIFICATE:							
I certify that I (attended) (investigated the death of) the deceased from or on December 1, 1953 to April 11, 1956 (date) and that the death occurred at 7 a.m. from the causes and on the date stated above.							
Edwin C. Osgood (Signature)		M.D. Univ. of Ore. Medical School (Title)		4-20-56 (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE							
30A. DECEASED WAS		30B. DATE		30C. NAME OF CREMATORY OR CEMETERY		30D. LOCATION (City or Town) State	
<input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		4/21/56		Rose City Cem.		Portland Ore.	
31. DATE RECEIVED BY LOCAL REGISTRAR		32. REGISTRAR'S SIGNATURE		33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS			
MAY 2 1956		[Signature]		Ross Hollywood Chapel			

Seeley