

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR NUMBER **413**

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

STATE FILE NO. **956**
DATE RECEIVED **FEB 11 1953**

1. NAME OF DECEASED (TYPE OR PRINT) a. (First) **Arthur** b. (Middle) **C** c. (Last) **SEELEY** **331X**

2. PLACE OF DEATH A. COUNTY **Multnomah** 3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE **Oregon** B. COUNTY **Multnomah**

B. CITY (If outside corporate limits, write RURAL location) OR TOWN **Portland** C. LENGTH OF STAY (in this place) **39 yrs.**

C. CITY (If outside corporate limits, write RURAL) OR TOWN **Portland**

D. FULL NAME OF HOSPITAL OR INSTITUTION **St. Vincents Hospital**

D. STREET (If rural, give location) ADDRESS **2018 S. W. Madison Street**

4. DATE OF DEATH (Month) (Day) (Year) **January 31, 1953** 5. SEX **Male** 6. COLOR OR RACE **White** 7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 7B. NAME OF HUSBAND OR WIFE **Daisie E.**

8. DATE OF BIRTH **December 6, 1883** 9. AGE (In years last birthday) **69** 10. BIRTHPLACE (State or foreign country) **Astenberg, Ohio** 11. CITIZEN OF WHAT COUNTRY? **US**

12. FATHER'S NAME **L. B. Seeley** 13. MOTHER'S MAIDEN NAME **Amelia Carpenter**

14A. USUAL OCCUPATION **Owner of Apts-ret'd** 14B. KIND OF BUSINESS OR INDUSTRY **---** 15. IF VETERAN, NAME WAR **No** 16. INFORMANT'S OWN SIGNATURE *[Signature]*

17. SOCIAL SECURITY NO. **---** MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) **massive cerebral hemorrhage 2 hours** INTERVAL BETWEEN ONSET AND DEATH **2 hours**

18. CAUSE OF DEATH ANTECEDENT CAUSES DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR? _____

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **1-31-53**, 19__ TO **1-31-53**, 19__ THAT I LAST SAW THE DECEASED ALIVE ON **1-31-53** AND THAT DEATH OCCURRED AT **3:35 P.M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE. **E. FLOYD SOUTH, M. D. Coroner** *[Signature]*

23A. SIGNATURE *[Signature]* (Degree or title) **MD** 23B. ADDRESS **Mayer Building** 23C. DATE SIGNED **2-4-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24B. DATE **2Feb53** 24C. NAME OF CEMETERY OR CREMATORY **Riverview Cemetery** 24D. LOCATION (City, town, or county) (State) **Portland, Oregon**

DATE REC'D BY LOCAL REG. **FEB 5 1953** REGISTRAR'S SIGNATURE *[Signature]* FEDERAL DIRECTOR'S SIGNATURE *[Signature]* ADDRESS **P. O. BOX 2506, PORTLAND 1, OREGON**

STATE PRINTING DEPT.

OCCUPATION IS VERY IMPORTANT.

Seeley