

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S

STATE OF OREGON

STATE FILE NO

349

NUMBER

BOARD OF HEALTH—PORTLAND

DATE RECEIVED

FEB 14 1952

FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

1 NAME OF DECEASED (Type or print) **Seeley**

2 PLACE OF DEATH A. COUNTY **Linn**

3 USUAL RESIDENCE A. STATE **Oregon** B. COUNTY **Linn**

4 DATE OF DEATH **1-21-52** 5 SEX **M** 6 COLOR OR RACE **W**

7A MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, **married** 7B NAME OF HUSBAND OR WIFE **Nellie**

8 DATE OF BIRTH **May 15, 1874** 9 AGE (In years last birthday) **77** 10 BIRTHPLACE (Name of foreign country) **Portland, Oregon** 11 CITIZEN OF WHAT COUNTRY? **USA**

12 FATHER'S NAME **Erish Seeley** 13 MOTHER'S MAIDEN NAME **Essie Wunscheiger**

14A USUAL OCCUPATION **Sawyer Retired** 14B KIND OF BUSINESS OR INDUSTRY **Laundry** 15 IF VETERAN, NAME WAR **none** 16 INFORMANT'S OWN SIGNATURE **Mrs. Nellie Seeley**

17 SOCIAL SECURITY NO. **unknown** 17 MEDICAL CERTIFICATION (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))

18 CAUSE OF DEATH (A) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH **Pulmonary Embolism**

(B) ANTECEDENT CAUSES **(Transurethral Prostatectomy)**

(C) OTHER SIGNIFICANT CONDITIONS **Coronary Occlusion**

19A DATE OF OPERATION **1-17-52** 19B MAJOR FINDINGS OF OPERATION **Aden-Carcinoma Prostate** 20 AUTOPSY? YES  NO

21A ACCIDENT, SUICIDE, HOMICIDE

21B PLACE OF INJURY (If on highway, street, or office building, street, etc.)

21C TIME OF INJURY

21D HOW DID INJURY OCCUR?

21E HOW DID INJURY OCCUR?

22 I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **1-14 1952** TO **1-21 1952** THAT I LAST SAW THE DECEASED ALIVE ON **1-20 1952** AND THAT DEATH OCCURRED **8:45 am** FROM THE CAUSES AND ON THE DATE STATED ABOVE

23A SIGNATURE **Brouillette** M.D. 23B ADDRESS **Eugene, Ore.** 23C DATE SIGNED **1-23-52**

24A BURIAL, CREMATION, REMOVAL (Specify) **burial** 24B DATE **1-26-52** 24C NAME OF CEMETERY OR CREMATORY **Loof Cemetery** 24D LOCATION (City, town, or county) (State) **Lebanon Linn Oregon**

DATE REC'D BY LOCAL REG. **2/4/52** REGISTRAR'S SIGNATURE **William C. Adams, Reg.** FUNERAL DIRECTOR'S SIGNATURE **William C. Adams** ADDRESS **Lebanon, Oregon**

Seeley