

TION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE EXACT STATEMENT OF CAUSE OF DEATH IN PLAIN TERMS SO THAT IT MAY BE PROPERLY CLASSIFIED. OCCUPATION IS VERY IMPORTANT.

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER **333**

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

STATE FILE NO **9901**
 DATE RECEIVED **30 1 5 1952**

1 NAME OF DECEASED (TYPE OR PRINT) LOREN JAMES SEELY		8234	
2 PLACE OF DEATH A COUNTY Jackson		3 USUAL RESIDENCE A STATE Oregon B COUNTY Jackson	
B CITY OR TOWN Medford	C LENGTH OF STAY 17 yrs.	D CITY OR TOWN Medford	
D FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital		E STREET ADDRESS 549 Fairmount Ave.	
4 DATE OF DEATH Sept. 29, 1952	5 SEX Male	6 COLOR OR RACE White	7A MARRIED NEVER MARRIED WIDOWED DIVORCED Never Married
8 DATE OF BIRTH Jan. 29, 1935	9 AGE 17	10 BIRTHPLACE Medford, Oregon	11 CITIZEN OF WHAT COUNTRY U.S.A.
12 FATHER'S NAME James E. Seely		13 MOTHER'S MAIDEN NAME Cleora Caton	
14A USUAL OCCUPATION Laborer	14B KIND OF BUSINESS OR INDUSTRY Roofing	15 IF VETERAN NAME WAR No	16 INFORMANT'S OWN SIGNATURE <i>James E. Seely</i>
17 SOCIAL SECURITY NO 540-32-8625	18 MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral aneurysm		INTERVAL BETWEEN ONSET AND DEATH 15 hrs.
19 CAUSE OF DEATH ANTECEDENT CAUSES DUE TO multiple skull fractures		INTERVAL BETWEEN ONSET AND DEATH 15 hrs.	
19A DATE OF OPERATION		19B MAJOR FINDINGS OF OPERATION	
21A ACCIDENT SUICIDE HOMICIDE accident	21B PLACE OF INJURY Public House Medford	20 AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21C TIME OF INJURY 7 28 52 PM	21D INJURY OCCURRED WHILE <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/> NOT AT WORK	21E HOW DID INJURY OCCUR cap struck over	
22 I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7/28 19 52 TO 7/29 19 52 . THAT I LAST SAW THE DECEASED ALIVE ON 7/29 19 52 AND THAT DEATH OCCURRED AT 1223AM FROM THE CAUSE AND ON THE DATE STATED ABOVE.			
23A SIGNATURE <i>Walter Toland</i>	DEGREE OR TITLE M.D.	23B ADDRESS Medford, Oregon	23C DATE SIGNED 9/30/52
24A BURIAL CREMATION REMOVAL Burial	24B DATE 10-1-1952	24C NAME OF CEMETERY OR CREMATORY Siskiyou Meml. Park	24D LOCATION Medford, Jackson, Oregon
DATE REC'D BY LOCAL REG 10-1-52	REGISTRAR'S SIGNATURE <i>Alvin Merkel, M.D.</i>	GENERAL DIRECTOR'S SIGNATURE <i>London C. Hays</i> Medford, Ore.	

Seeley