

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER **2182**

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

STATE FILE NO. **6911**
DATE RECEIVED **JUN 29 1954**

STATE PRINTING DEPT.

1. NAME OF DECEASED (TYPE OR PRINT) **MARY A. SEELY** **332X**

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

B. CITY (If outside corporate limits, write RURAL location) **Portland** C. LENGTH OF STAY (in this place) **20 Yrs.** C. CITY (If outside corporate limits, write RURAL) **Portland**

D. FULL NAME OF HOSPITAL OR INSTITUTION **Providence Hospital** D. STREET (If rural, give location) ADDRESS **1323 N. Emerson**

4. DATE OF DEATH (Month) (Day) (Year) **6-11-1954** 5. SEX **Female** 6. COLOR OR RACE **White** 7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed** 7B. NAME OF HUSBAND OR WIFE **Franklin**

8. DATE OF BIRTH **3-29-1858** 9. AGE (In years last birthday) **96** If Under 1 Year: Months | Days If Under 24 Hrs.: Hours | Min. 10. BIRTHPLACE (State or foreign country) **Oregon** 11. CITIZEN OF WHAT COUNTRY? **USA**

12. FATHER'S NAME **John Kauffman** 13. MOTHER'S MAIDEN NAME **Elizabeth Manning**

14A. USUAL OCCUPATION **At Home** 14B. KIND OF BUSINESS OR INDUSTRY **- - - - -** 15. IF VETERAN, NAME WAR **None** 16. INFORMANT'S OWN SIGNATURE **Lillie Barber**

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) **Cerebral thrombosis** INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES DUE TO (B) **Cerebral arteriosclerosis**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (C) **Generalized arteriosclerosis**

II. OTHER SIGNIFICANT CONDITIONS **Left hemiplegia, Arteriosclerotic Heart disease, Semiplegia**

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 OF INJURY (Month) (Day) (Year) (Hour) m. 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 **May 15, 1954** TO **June 12, 1954**, THAT I LAST SAW THE DECEASED ALIVE ON **June 12, 1954**, AND THAT DEATH OCCURRED AT **7:00 P.M.**, FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (Degree or title) **Joseph V. Amato, M.D.** 23B. ADDRESS **429 Mayer Bldg.** 23C. DATE SIGNED **June 15, 1954**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **6-15-1954** 24C. NAME OF CEMETERY OR CREMATORY **Pleasant Hill Cemetery** 24D. LOCATION (City, town, or county) (State) **Wilsonville, Oregon**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **JUN 17 1954** **Thos L Meadows, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Hennessey, Goetsch and McGee**

SIGNATURE IS VERY IMPORTANT.

See