

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S
NUMBER 150

STATE FILE NO. **3467**
DATE RECEIVED
MAR 28 1955

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

1. NAME OF DECEASED (TYPE OR PRINT) MINNIE SEELY			a. (First) MINNIE			b. (Middle) SEELY			c. (Last)		
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 Wood Village						C. LENGTH OF STAY (in this place) 6 days					
D. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Green Acres Nursing Home						D. STREET (If rural, give location) ADDRESS 415 S. W. Alder St.					
4. DATE OF DEATH (Month) (Day) (Year) 3/14/1955			5. SEX Female		6. COLOR OR RACE White		7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		7B. NAME OF HUSBAND OR WIFE Robert P.		
8. DATE OF BIRTH 1/6/1871			9. AGE (In years last birthday) 84		If Under 1 Year: Months Days		If Under 24 Hrs.: Hours Min.		10. BIRTHPLACE (State or foreign country) Illinois		11. CITIZEN OF WHAT COUNTRY? U. S.
12. FATHER'S NAME No Record						13. MOTHER'S MAIDEN NAME No Record					
14A. USUAL OCCUPATION Retired School Teacher				14B. KIND OF BUSINESS OR INDUSTRY Teacher		15. IF VETERAN, NAME WAR ---		16. INFORMANT'S OWN SIGNATURE OR WIFE <i>Leon L. Bateman</i> Welfare Records			
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) Heart, Acute Dilatation								INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH		ANTECEDENT CAUSES									
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (B) _____									
		DUE TO (C) _____									
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION									
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)			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?					
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>3/8/55</u> , 19 <u>55</u> , TO <u>3/14/55</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>3-14-55</u> AND THAT DEATH OCCURRED AT <u>9 a.m.</u> , FROM THE CAUSES AND ON THE DATE STATED ABOVE. F. FLOYD SOUTH, M. D. Coroner <i>Arrived Deputy</i>											
23A. SIGNATURE <i>Dr. Miss</i>						23B. ADDRESS <i>Trasvada Ore</i>			23C. DATE SIGNED 3-15-55		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-17-1955		24C. NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery				24D. LOCATION (City, town, or county) (State) Gresham, Oregon			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>Hansley</i>						25. BOARD DIRECTOR'S SIGNATURE <i>Dr. Bateman</i> ADDRESS Bateman Funeral Chapel, Gresham					

MARGIN RESERVED FOR BINDING
 N. B.—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. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.
 STATE PRINTING DEPT.
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