

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S

NUMBER 19

45-1101
H4-6794

STATE OF OREGON

BOARD OF HEALTH—PORTLAND

FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

STATE FILE NO.

7974

DATE RECEIVED

AUG 12 1953

STATE PRINTING DEPT.

OCCUPATION IS VERY IMPORTANT.

1. NAME OF DECEASED (TYPE OR PRINT) WALTER BLAINE SEELY			3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE Oregon B. COUNTY Marion		
2. PLACE OF DEATH A. COUNTY Marion		C. LENGTH OF STAY (in this place) 52 yrs.		C. CITY (If outside corporate limits, write RURAL) OR TOWN Rural -- Woodburn	
D. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi. N. of Union School			D. STREET (If rural, give location) ADDRESS 1 Mi. N. of Union School		
4. DATE OF DEATH (Month) (Day) (Year) July 18, 1953	5. SEX Male	6. COLOR OR RACE white	7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	7B. NAME OF HUSBAND OR WIFE Mayme Hughes Seely	
8. DATE OF BIRTH Nov. 28, 1882	9. AGE (In years) (at birthday) 70	10. BIRTHPLACE (State or foreign country) Wilsonville, Oregon	11. CITIZEN OF WHAT COUNTRY USA		
12. FATHER'S NAME Stephen Bishop Seely			13. MOTHER'S MAIDEN NAME Sarah Ann Kauffmann		
14A. USUAL OCCUPATION Farmer		14B. KIND OF BUSINESS OR INDUSTRY Diversified Farm		16. INFORMANT'S OWN SIGNATURE Mayme Seely <i>cyCBC.</i>	
17. SOCIAL SECURITY NO. ----		18. CAUSE OF DEATH * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Acute myocardial insufficiency 2 hours DUE TO (B) Coronary heart disease 3 months DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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>May</u> 19 <u>53</u> TO <u>18 July</u> 19 <u>53</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>18 July</u> 19 <u>53</u> , AND THAT DEATH OCCURRED AT <u>11:00 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE <i>S.C. M. Kelly, M.D.</i>		23B. ADDRESS <i>Silverton, Ore</i>		23C. DATE SIGNED <i>20 July '53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/21/53	24C. NAME OF CEMETERY OR CREMATORY Belle Passi Cem.	24D. LOCATION (City, town, or county) (State) Woodburn, Oregon		
DATE REC'D BY LOCAL REG. 7-21-53	REGISTRAR'S SIGNATURE <i>Gladys Adams</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Charles Cornwell</i>		ADDRESS Woodburn, Ore. Ringo Funeral Chapel	

Seen