

N. B.—WRITE PLAINLY. WITH UNFAMILIAR WORDS, STATE FULLY. PHYSICIANS SHOULD STATE EXACT STATEMENT OF CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. OCCUPATION IS VERY IMPORTANT. STATE PRINTING DEPT.

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR NUMBER **268 65-95A-PM** STATE OF OREGON BOARD OF HEALTH—PORTLAND FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE  
 STATE FILE NO. **876** DATE RECEIVED

1. NAME OF DECEASED (TYPE OR PRINT)			a. (First)	b. (Middle)	c. (Last)
CHARLES OSCAR (JACK) SEELY					
2. PLACE OF DEATH			3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
A. COUNTY Multnomah			A. STATE Oregon		
B. CITY (If outside corporate limits, write RURAL location) OR TOWN Portland			B. COUNTY Multnomah		
C. LENGTH OF STAY (in this place)			C. CITY (If outside corporate limits, write RURAL) OR TOWN Portland		
D. FULL NAME OF HOSPITAL OR INSTITUTION 7610 N. Chatham			D. STREET (If rural, give location) ADDRESS 7610 N. Chatham		
4. DATE OF DEATH	5. SEX	6. COLOR OR RACE	7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		7B. NAME OF HUSBAND OR WIFE
1-19-55	M	W	Widowed		Matilda
8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	10. BIRTHPLACE (State or foreign country)	11. CITIZEN OF WHAT COUNTRY?
1-13-1883	72	0 6		Joplin, Mo.	U.S.A.
12. FATHER'S NAME William Henry Seely			13. MOTHER'S MAIDEN NAME Sophia Ellen Miller		
14A. USUAL OCCUPATION Chauffeur	14B. KIND OF BUSINESS OR INDUSTRY Taxi business	15. IF VETERAN, NAME WAR	16. INFORMANT'S OWN SIGNATURE		
		no	Pre-need records		
17. SOCIAL SECURITY NO. 542-20-2880	MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Coronary Thrombosis				
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) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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 OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 1/11 1955 <sup>Early AM</sup> 1/19 1955 THAT I LAST SAW THE DECEASED ALIVE ON 1/11 1955 AND THAT DEATH OCCURRED AT 11:00 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE. FLOYD SOUTH, M. D. Coroner by F. Ross Woodward - Deputy					
23A. SIGNATURE H. G. Keedel M.D.	(Degree or title)	23B. ADDRESS 8003 N. Menlo Ave	23C. DATE SIGNED 1/28/55		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/24/55	24C. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24D. LOCATION (City, town, or county) (State) Portland, Oregon		
DATE REC'D BY LOCAL REG. JAN 24 1955	REGISTRAR'S SIGNATURE F. Ross Woodward	MILITARY INTERMENT 3018 N. Lombard Portland, Ore.			

Seeley