STANDARD CERTIFICATE OF DEATH

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

LOCAL REGISTRAR'S NUMBER 346

STATE FILE NO. 10217

DATE RECEIVED SEP 26 1951

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.

FORM VS-2

1. NAME OF DECEASED (TYPE OR PRINT): a. (First) Clarence; b. (Middle); c. (Last) Seely — 4500

2. PLACE OF DEATH
A. COUNTY: Marion
B. CITY OR TOWN (If outside corporate limits, write RURAL location): Salem
C. LENGTH OF STAY (in this place): 28y 5m 6d
D. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oregon State Hospital

3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
A. STATE: Oregon
B. COUNTY: Marion
C. CITY OR TOWN (If outside corporate limits, write RURAL): Salem
D. STREET ADDRESS (If rural, give location): 1280 Chemeketa St.

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 1951
5. SEX: male
6. COLOR OR RACE: white
7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
7B. NAME OF HUSBAND OR WIFE: - -
8. DATE OF BIRTH: ? 1875
9. AGE (In years last birthday): 76
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.A.
12. FATHER'S NAME: George F. Seely
13. MOTHER'S MAIDEN NAME: Estelle A. Baldwin
14A. USUAL OCCUPATION: Laborer
14B. KIND OF BUSINESS OR INDUSTRY: - -
15. IF VETERAN, NAME WAR: None
16. INFORMANT'S OWN SIGNATURE: R. Hausman
17. SOCIAL SECURITY NO.: - -

MEDICAL CERTIFICATION — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

INTERVAL BETWEEN ONSET AND DEATH

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): Generalized arteriosclerosis — 7 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (B):
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 ☐ 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 Aug. 15, 1950 TO Sept. 15 1951, THAT I LAST SAW THE DECEASED ALIVE ON Sept. 15, 1951 AND THAT DEATH OCCURRED AT 11:40 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (Degree or title): Russell L Griss M.D.
23B. ADDRESS: Oreg. State Hosp. Salem, Oreg.
23C. DATE SIGNED: 9-17-51

24A. BURIAL, CREMATION, REMOVAL (Specify): Entombment
24B. DATE: 9-18-51
24C. NAME OF CEMETERY OR CREMATORY: Mt Crest Abbey
24D. LOCATION (City, town, or county) (State): Salem Ore

DATE REC'D BY LOCAL REG. SEP 20 1951
REGISTRAR'S SIGNATURE: W. J. Stone MD
27. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Salem Ore W Belknap