

MARGIN RESERVED FOR BINDING

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.

LOCAL REGISTRAR'S NUMBER		STANDARD CERTIFICATE OF DEATH			STATE OF OREGON BOARD OF HEALTH -- PORTLAND PUBLIC HEALTH SERVICE		STATE FILE NO. 2425		DATE RECEIVED MAR 8 1956		
28 0-7-9											
1. NAME OF DECEASED (Type or print all entries in black ink)		First Middle Last									
CLARK		JONATHON			SEELY						
2. PLACE OF DEATH A. COUNTY				3. USUAL RESIDENCE (If Institution, give residence before admission) A. STATE B. COUNTY							
Wasco				Washington				Klickitat			
B. CITY, TOWN, OR LOCATION		C. LENGTH OF STAY IN 2B		C. CITY, TOWN OR LOCATION		D. STREET ADDRESS, RURAL ROUTE, ETC.					
The Dalles		13 days		Bickleton		-					
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION											
The Dalles General											
4. DATE OF DEATH		5. SEX		6. COLOR OR RACE		7. MARITAL STATUS					
Month Day Year		Male		White		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married					
Feb. 19, 1956											
8. SOCIAL SECURITY NO.		9. USUAL OCCUPATION		10. KIND OF BUSINESS OR INDUSTRY		11. NAME OF SPOUSE					
533-12-3493		Farmer				Blanche Seely					
12. DATE OF BIRTH		13. AGE LAST BIRTHDAY		IF UNDER 1 YEAR		IF UNDER 24 HOURS					
Month Day Year		Yrs. Months Days		Hours Minutes							
Nov. 5, 1904		51									
14. BIRTHPLACE (State or Foreign Country)		15. WAS DECEASED A CITIZEN OF		16. IF DECEASED WAS A VETERAN, WHAT WAR?							
Windom, Minn.		<input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country									
17. NAME OF FATHER		18. MAIDEN NAME OF MOTHER		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED							
John O. Seely		Leona Benbow		Mrs. O. J. Seely		Bickleton, Wash.					
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):		DUE TO (B):		Interval Between Onset and Death (Years, days, hours, etc.)							
Cancer of Stomach				3.4 mo							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last)		DUE TO (C):									
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):		21. If deceased was Female, was there a pregnancy in the past 12 months?		22. Was an Autopsy performed?							
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
23. WAS DEATH RESULT OF		24. IF ACCIDENT, DID INJURY OCCUR		25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		25B. City County State					
<input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		<input type="checkbox"/> At Work <input type="checkbox"/> Not At Work									
26. TIME OF INJURY		27. DESCRIBE HOW INJURY OCCURRED.									
Hour Month Day Year											
28. CERTIFICATE:		I Certify that I attended (investigated the death of) the deceased from or on		May 1955 to							
		and that the death occurred at 11 A. M.		Feb. 25, 1956							
		(Signature)		(Title)		(Address)					
		Maurice Vogt MD		The Dalles Ore.		2/25/56					
29. RESERVED FOR REGISTRAR'S USE		30A. DECEASED WAS		30B. DATE		30C. NAME OF CREMATORY OR CEMETERY		30D. LOCATION (City or Town) State			
		<input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		2-23-56		I.O.O.F.		Bickleton, Wn.		151X	
31. DATE RECEIVED BY LOCAL REGISTRAR		32. REGISTRAR'S SIGNATURE		33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS							
Feb. 27, 1956		LaVerne Murfitt		J. Phillips		Bickleton, Wn.					

Seeley