

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S
NUMBER 109

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

STATE FILE NO. **5115**
DATE RECEIVED **MAY 26 1953**

STATE PRINTING DEPT.

OCCUPATION IS VERY IMPORTANT.

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| 1. NAME OF DECEASED (TYPE OR PRINT) Ernest G. Seely 331X | | |
| 2. PLACE OF DEATH A. COUNTY Douglas | | 3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE Oregon B. COUNTY Douglas |
| B. CITY (If outside corporate limits, write RURAL location) OR TOWN Roseburg | C. LENGTH OF STAY (in this place) 1/2 hr. | C. CITY (If outside corporate limits, write RURAL) OR TOWN Roseburg-rural-Melrose |
| D. FULL NAME OF HOSPITAL OR INSTITUTION Douglas Community Hospital | | D. STREET (If rural, give location) ADDRESS Rt. 3 Box 1152 |
| 4. DATE OF DEATH (Month) (Day) (Year) 5/ 21/ 53 | 5. SEX M | 6. COLOR OR RACE W |
| 7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 7B. NAME OF HUSBAND OR WIFE Lucile |
| 8. DATE OF BIRTH Dec. 27, 1877 | 9. AGE (In years last birthday) 75 | 10. BIRTHPLACE (State or foreign country) Wilsonville, Oregon |
| 12. FATHER'S NAME Judson L. Seely | | 11. CITIZEN OF WHAT COUNTRY? USA |
| 14A. USUAL OCCUPATION retired-farmer | | 13. MOTHER'S MAIDEN NAME Unknown |
| 14B. KIND OF BUSINESS OR INDUSTRY Own farm | 15. IF VETERAN, NAME WAR none | |
| 17. SOCIAL SECURITY NO. none | 16. INFORMANT'S OWN SIGNATURE Lucile Seely | |
| 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. | | |
| MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C) | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Cerebral Hemorrhage | | |
| DUE TO (B) High Blood Pressure. | | |
| 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 (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR? |
| 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 18, 1953 TO May 21, 1953 , THAT I LAST SAW THE DECEASED ALIVE ON 5-14, 1953 AND THAT DEATH OCCURRED AT 8:30am , FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | |
| 23A. SIGNATURE R. Pearson M.D. (Degree or title) | 23B. ADDRESS Roseburg, Oregon | 23C. DATE SIGNED May 22, 53 |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 5/25/53 | 24C. NAME OF CEMETERY OR CREMATORY Melrose Cemetery |
| 24D. LOCATION (City, town, or county) (State) Roseburg, Douglas, Oregon | | |
| DATE REC'D BY LOCAL REG 5-25-53 | REGISTRAR'S SIGNATURE Paul Cummings | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. L. O'Connell 80 Roseburg, Oregon |

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