

N. B.—WRITE PLAINLY. WRITE 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. 24524

**STANDARD CERTIFICATE OF DEATH**  
 STATE OF OREGON  
 BOARD OF HEALTH—PORTLAND  
 FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 369 75-1695 STATE FILE NO. **10739**  
 DATE RECEIVED **NOV 14 1949**

1. NAME OF DECEASED (TYPE OR PRINT)			a. (First)			b. (Middle)			c. (Last)				
Fern			Seely			Seely			1312 442X				
2. PLACE OF DEATH						3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).							
A. COUNTY						A. STATE							
Jackson						Oregon							
B. CITY (If outside corporate limits, write RURAL location) OR TOWN						C. CITY (If outside corporate limits, write RURAL) OR TOWN							
Medford						Medford							
D. FULL NAME OF HOSPITAL OR INSTITUTION						D. STREET (If rural, give location) ADDRESS							
2322 Hillcrest Rd.						2322 Hillcrest Rd.							
4. DATE OF DEATH	(Month)	(Day)	(Year)	5. SEX	6. COLOR OR RACE	7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	7B. NAME OF HUSBAND OR WIFE						
Oct. 27, 1949				F	Wh	Married	Dwight						
8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year	If Under 24 Hrs.	10. BIRTHPLACE (State or foreign country)		11. CITIZEN OF WHAT COUNTRY?							
June 10, 1899	50			Colorado		USA							
12. FATHER'S NAME						13. MOTHER'S MAIDEN NAME							
Ruben F. Bliss						Orra Rawson							
14A. USUAL OCCUPATION			14B. KIND OF BUSINESS OR INDUSTRY			15. IF VETERAN, NAME WAR			16. INFORMANT'S OWN SIGNATURE				
Housewife			Same			No			Dwight Seely (Dw)				
17. SOCIAL SECURITY NO.		MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)								INTERVAL BETWEEN ONSET AND DEATH			
None		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Acute Heart failure								4 days			
18. CAUSE OF DEATH		ANTECEDENT CAUSES								6 Yrs.			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (B) C.V.R. Disease								6 Mo.			
		DUE TO (C) Cerebral Hemorrhage								8 Yrs.			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to disease or condition causing death.								Chronic Colitis Hepatitis			
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		21E. INJURY OCCURRED WHILE AT WORK		21F. HOW DID INJURY OCCUR?									
None		None											
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-13, 1946, TO 10-27, 1949, THAT I LAST SAW THE DECEASED ALIVE ON 10-22, 1949, AND THAT DEATH OCCURRED AT 12:05 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.													
23A. SIGNATURE				(Degree or title)				23B. ADDRESS				23C. DATE SIGNED	
<i>[Signature]</i>				M. D.				Medford, Oregon				10/28/49	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY				24D. LOCATION (City, town, or county) (State)					
Burial		10/29/49		Siskiyou Memorial Mausoleum, Medford, Oregon									
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE				FUNERAL DIRECTOR'S SIGNATURE ADDRESS							
11-3-49		<i>[Signature]</i>				Carlos W. Morris, Medford, Oregon							

Seeley