

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. **10531**  
 DATE RECEIVED **OCT 10 1952**

LOCAL REGISTRATION NUMBER **3501**

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

NAME OF DECEASED (TYPE OR PRINT) a. (First) **George** b. (Middle) **William** c. (Last) **Seely** **422.1**

2. PLACE OF DEATH A. COUNTY **Multnomah** 3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **Oregon** B. CITY **Multnomah**

B. CITY (If outside corporate limits, write RURAL location) **Portland** C. LENGTH OF STAY (in this place) **118** C. CITY (If outside corporate limits, write RURAL) OR TOWN **Portland**

D. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Emanuel Hospital** D. STREET (If rural, give location) ADDRESS **4226 N.E. 15 th. Avenue**

4. DATE (Month) (Day) (Year) OF DEATH **9-26-1952** 5. SEX **male** 6. COLOR OR RACE **white** 7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 7B. NAME OF HUSBAND OR WIFE **Doras A. Seely**

8. DATE OF BIRTH **4-5-1886** 9. AGE (In years last birthday) **66** 10. BIRTHPLACE (State or foreign country) **Portland, Oregon** 11. CITIZEN OF WHAT COUNTRY? **U.S.**

12. FATHER'S NAME **Frank Seely** 13. MOTHER'S MAIDEN NAME **Kate Kenny**

14A. USUAL OCCUPATION **motion picture op.** 14B. KIND OF BUSINESS OR INDUSTRY **United Artists** 15. IF VETERAN, NAME WAR **no** 16. INFORMANT'S OWN SIGNATURE **Dora A. Seely**

17. SOCIAL SECURITY NO. **541 03 8332** MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (A) **cardiac decompensation** INTERVAL BETWEEN ONSET AND DEATH **6 months**

18. CAUSE OF DEATH ANTECEDENT CAUSES DUE TO (B) **generalized arteriosclerotic cardiac vascular disease** DUE TO (C) **cardiac decompensation** **4 years**

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 (Month) (Day) (Year) (Hour) OF INJURY 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 **October 1949** TO **Sept 26 1952** THAT I LAST SAW THE DECEASED ALIVE ON **Sept 26 1952** AND THAT DEATH OCCURRED AT **10-45 P.M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE **David G. Johnson** (Degree of Title) **M.D.** 23B. ADDRESS **2450 NE Albion Portland, Oregon** 23C. DATE SIGNED **Sept 29, 1952**

24A. BURIAL, CREMATION, REINTERMENT (Specify) **burial** 24B. DATE **10-1-1952** 24C. NAME OF CEMETERY OR CREMATORY **Lane Fir Cemetery** 24D. LOCATION (City, town, or county) (State) **Portland, Oregon.**

DATE REC'D BY LOCAL REG. **SEP 29 1952** REGISTRAR'S SIGNATURE **Thomas A. Seely** FUNERAL DIRECTOR'S SIGNATURE **Thomas A. Seely** ADDRESS **The Little Chapel of the Chimes**

FORM VS-2  
 MAR RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADII  
 TION 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.

Seely