

STANDARD CERTIFICATE OF DEATH

4463

LOCAL REGISTRAR'S NUMBER 1448

STATE FILE NO.
DATE RECEIVED **MAY 2 1955**

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

1. NAME OF DECEASED (TYPE OR PRINT)			a. (First) GUY			b. (Middle) ALLEN			c. (Last) SEELY		
2. PLACE OF DEATH						3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)					
A. COUNTY MULTNOMAH						A. STATE OREGON					
B. CITY (If outside corporate limits, write RURAL location) PORTLAND						B. COUNTY MULTNOMAH					
C. LENGTH OF STAY (in this place) 36 years						C. CITY (If outside corporate limits, write RURAL) OR TOWN PORTLAND					
D. FULL NAME OF HOSPITAL OR INSTITUTION DOA Physicians & Surgeons						D. STREET (If rural, give location) ADDRESS Rt.2 Box 194					
4. DATE OF DEATH			5. SEX			6. COLOR OR RACE			7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		
Month 4 Day 12 Year 1955			Male			White			Widowed		
7B. NAME OF HUSBAND OR WIFE Annie			8. DATE OF BIRTH			9. AGE (In years last birthday)			10. BIRTHPLACE (State or foreign country)		
			Month 1 Day 28 Year 1871			Age 84			Sparta County, Wisconsin		
11. CITIZEN OF WHAT COUNTRY? USA						12. FATHER'S NAME Boyd Seely					
13. MOTHER'S MAIDEN NAME Rebecca						14A. USUAL OCCUPATION Farmer -Retired					
14B. KIND OF BUSINESS OR INDUSTRY						15. IF VETERAN, NAME WAR no					
16. INFORMANT'S OWN SIGNATURE <i>Laverena Mack</i>						17. SOCIAL SECURITY NO. 543-22-3879					
18. CAUSE OF DEATH						MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C) BETWEEN ONSET AND 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) Brain Hemorrhage					
						DUE TO (B) Arterio Sclerosis					
						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 OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?					
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1-5</u> , 19 <u>50</u> TO <u>4-12</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>4-10</u> , 19 <u>55</u> AND THAT DEATH OCCURRED AT <u>8:40A</u> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE, W. D. Colomer											
23A. SIGNATURE <i>W. D. Colomer</i> (Degree or title)						23B. ADDRESS 2138 SW Salmon			23C. DATE SIGNED 4/18/55		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 4 15 1955			24C. NAME OF CEMETERY OR CREMATORY Skyline Memorial Gardens			24D. LOCATION (City, town, or county) (State) Portland, Oregon		
DATE REC'D BY LOCAL REG. APR 21 1955			REGISTRAR'S SIGNATURE <i>Jos. A. Head</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>W. J. ...</i> ADDRESS Portland 3, Oregon					

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.

Seeley