

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.

STATE PRINTING DEPT. 28526

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

STATE FILE NO. **8313**  
DATE RECEIVED  
**SEP 11 1950**

LOCAL REGISTRAR'S NUMBER **JD-71569**

1. NAME OF DECEASED (TYPE OR PRINT) a. (First) <b>Harry</b> b. (Middle) <b>Beacher</b> c. (Last) <b>Seely</b>			430.1		
2. PLACE OF DEATH A. COUNTY <b>Silliman</b>			3. USUAL RESIDENCE (Where deceased lived. If institution's residence before admission). A. STATE <b>Oregon</b> B. COUNTY <b>Silliman</b>		
B. CITY (If outside corporate limits, write RURAL location) <b>Arlington, Ore</b>		C. LENGTH OF STAY (in this place) <b>21 x 95</b>		C. CITY (If outside corporate limits, write RURAL) <b>Arlington</b>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>residence</b>			D. STREET (If rural, give location) <b>residence</b>		
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 11, 1950</b>		5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	7B. NAME OF HUSBAND OR WIFE <b>Velma Seely</b>
8. DATE OF BIRTH <b>July 23, 1884</b>		9. AGE (In years last birthday) <b>66</b>		10. BIRTHPLACE (State or foreign country) <b>Wiscouche, Ore</b>	
12. FATHER'S NAME <b>Edwin Seely</b>			13. MOTHER'S MAIDEN NAME <b>Mrs. Velma Seely</b>		
14A. USUAL OCCUPATION <b>janitor</b>		14B. KIND OF BUSINESS OR INDUSTRY <b>school</b>		15. IF VETERAN, NAME WAR <b>none</b>	
17. SOCIAL SECURITY NO. <b>542-07-3792</b>	MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)				INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) <b>County Health Officer</b>				
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	II. ANTECEDENT CAUSES				
	DUE TO (B) <b>Injury</b>				<b>instant</b>
	DUE TO (C) <b>Coronary occlusion</b>				
	III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>See found LHO</b>				
19A. DATE OF OPERATION <b>none</b>		19B. MAJOR FINDINGS OF OPERATION <b>none</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE <b>no</b>		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 _____, 19____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT <b>1:50</b> P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE (degree or title) <b>See Stewart M.D. B.H.C.</b>			23B. ADDRESS <b>Condon, Ore</b>		23C. DATE SIGNED <b>8-11-50</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>8-14-50</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Arlington</b>		24D. LOCATION (City, town, or county) (State) <b>Arlington, Ore</b>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>8-11-50</b>		REGISTRAR'S SIGNATURE <b>See Stewart</b>		FEDERAL DIRECTOR'S SIGNATURE <b>Merrill A. Albee</b>	
				ADDRESS <b>Condon, Ore</b>	

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