

4448

Oregon State Board of Health
Division of Vital Statistics

Standard Certificate of Death
STATE OF OREGON

State File No. 2032
Local Registrar's No. 37

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.

1. PLACE OF DEATH: MAY 13 1946

(a) County POLK

(b) City or town DALLAS
(if outside city or town limits write RURAL)

(c) Name of hospital or institution: DALLAS HOSPITAL
(if not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution 9 1/2 Months
(Specify whether In this community years, months or days) In state 54 Yrs In state 54 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State OREGON (b) County POLK

(c) City or town RURAL
(If outside city or town limits write RURAL.)

(d) Street No. R. F. D. #1, INDEPENDENCE
(If rural give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) FULL NAME HORACE G. SEELEY

3. (b) If veteran. name war _____ 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Martina SEELEY 6. (c) Age of husband or wife 80 years
if alive

7. Birth date of deceased MARCH 7, 1861
(Month) (Day) (Year)

8. Age: Years 85 Months 1 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace DELEWARE CO., NEW YORK
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

12. Name SAMUEL R. SEELEY

13. Birthplace DELEWARE CO., NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name AGUSTA MORENUS

15. Birthplace DELEWARE CO., NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature JUNE COPSON

(b) Address CORVALLIS, OREGON

17. (a) CREMATION (b) Date thereof 4/22/46
(Burial or cremation) (Month - Day - Year)

(c) Place: burial or cremation MT CREST ABBEY CREMATORTUM HENKLE & BOLLMAN, SALEM, OREGON

18. (a) Signature of funeral director J. Paul Bollman

(b) Address DALLAS, OREGON

19. (a) 4-22-46 (b) L. B. Bonatti
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month APRIL day 19 year 1946 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Aug 5-1945 to Apr. 19 46; that I last saw him alive on Apr. 19 46; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cardio Vascular Renal Disease.</u>	
Due to _____	
Due to _____	
Other conditions _____ <small>(Include pregnancy within 3 months of death)</small>	
Major findings: Of operations _____	
Of autopsy _____	

PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While _____? _____
(Specify type of place)

23. Signature E. Phelps M.D. (M, D, or other) _____
Address DALLAS, OREGON Date signed _____

Seeley