

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

STATE FILE NO. **6221**
 DATE RECEIVED
JUN 11 1954

LOCAL REGISTRAR'S
 NUMBER 224

STATE PRINTING DEPT.

OCCUPATION IS VERY IMPORTANT.

1. NAME OF DECEASED (TYPE OR PRINT)			a. (First) <i>Arthur</i>	b. (Middle)	c. (Last) <i>Seely</i>	157X			
2. PLACE OF DEATH A. COUNTY <i>Clackamas</i>				3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE <i>Oregon</i> B. COUNTY <i>Clackamas</i>					
B. CITY (If outside corporate limits, write RURAL location) OR TOWN <i>Wilsonville</i>			C. LENGTH OF STAY (in this place) <i>Life</i>		C. CITY (If outside corporate limits, write RURAL) OR TOWN <i>Wilsonville</i>				
D. FULL NAME OF HOSPITAL OR INSTITUTION				D. STREET (If rural, give location) ADDRESS					
4. DATE OF DEATH (Month) (Day) (Year) <i>June 4 1954</i>		5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		7B. NAME OF HUSBAND OR WIFE <i>Pearl</i>			
8. DATE OF BIRTH <i>July 18, 1877</i>		9. AGE (In years last birthday) <i>76</i>	If Under 1 Year Months <i>8</i>	If Under 24 Hrs. Hours Min.	10. BIRTHPLACE (State or foreign country) <i>Wilsonville Oregon</i>		11. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
12. FATHER'S NAME <i>Bom Seely</i>				13. MOTHER'S MAIDEN NAME <i>Mary Smith</i>					
14A. USUAL OCCUPATION <i>Saw filer</i>		14B. KIND OF BUSINESS OR INDUSTRY <i>Self</i>		15. IF VETERAN, NAME WAR		16. INFORMANT'S OWN SIGNATURE, <i>Max Stolte</i>			
17. SOCIAL SECURITY NO.	18. CAUSE OF 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.						INTERVAL BETWEEN ONSET AND DEATH <i>1 yr +</i>		
	MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) <i>Ca of Pancreas</i>								
	ANTECEDENT CAUSES DUE TO (B) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <i>Apr 4 '54</i>		19B. MAJOR FINDINGS OF OPERATION <i>Ca of Pancreas - metastases</i>						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 (Month) (Day) (Year) (Hour) 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 <i>Sept 9 1949</i> TO <i>June 4 1954</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>June 1 1954</i> AND THAT DEATH OCCURRED AT <i>1.15 PM.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
23. SIGNATURE <i>Max Stolte, M.D.</i> (Degree or title)				23B. ADDRESS <i>Sherwood Or</i>			23C. DATE SIGNED <i>June 4 '54</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/8/54</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Pleasant Hill Cem</i>		24D. LOCATION (City, town, or county) (State) <i>Sherwood Oregon</i>				
DATE REC'D BY LOCAL REG. <i>6-7-54</i>	REGISTRAR'S SIGNATURE HOLLISTER M. STOLTE, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE <i>RM Holman 71</i> ADDRESS HOLMAN-HANKINS-RILANCE OREGON CITY					

Seeley