

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S
NUMBER 138

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

STATE FILE NO. **7372**
DATE RECEIVED **JUL 12 1954**

STATE PRINTING DEPT.

1. NAME OF DECEASED (TYPE OR PRINT) Jasper Newton Seely			a. (First) Jasper			b. (Middle) Newton			c. (Last) Seely		
2. PLACE OF DEATH A. COUNTY Washington						3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE Oregon B. COUNTY Washington					
B. CITY (If outside corporate limits, write RURAL location) OR TOWN Sherwood				C. LENGTH OF STAY (in this place) Life		C. CITY (If outside corporate limits, write RURAL) OR TOWN Sherwood				331X	
D. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 3, Box 20						D. STREET (If rural, give location) ADDRESS Rt. 3 Box 20					
4. DATE OF DEATH June 23, 1954			5. SEX M		6. COLOR OR RACE White		7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		7B. NAME OF HUSBAND OR WIFE Rosa		
8. DATE OF BIRTH Dec. 21, 1886			9. AGE (In years last birthday) 68		10. BIRTHPLACE (State or foreign country) Oregon		11. CITIZEN OF WHAT COUNTRY? U.S.				
12. FATHER'S NAME Robert Ira Seely						13. MOTHER'S MAIDEN NAME (unknown) Stafford					
14A. USUAL OCCUPATION Farming			14B. KIND OF BUSINESS OR INDUSTRY Agriculture			15. IF VETERAN, NAME WAR Unknown			16. INFORMANT'S OWN SIGNATURE Rosa Seely		
17. SOCIAL SECURITY NO. Unknown		MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)								INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH <small>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</small>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Cerebral Hemorrhage								2 1/2 Mo.	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (B) Fracture of Lt. fore arm Open reduction.								3/26/54	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertesion.									
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) 51					
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 3/26 19 54 TO 6/23 19 54 THAT I LAST SAW THE DECEASED ALIVE ON 6/22 19 54 AND THAT DEATH OCCURRED AT 2P M.. FROM THE CAUSES AND ON THE DATE STATED ABOVE.											
23A. SIGNATURE J. J. Tucker M.D. (Degree or title)						23B. ADDRESS Sherwood Ore.			23C. DATE SIGNED 6/26/1954		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 26, 54		24C. NAME OF CEMETERY OR CREMATORY Pleasant Hill			24D. LOCATION (City, town, or county) (State) Washington Ore.				
DATE REC'D BY LOCAL REG. 6/29/54		REGISTRAR'S SIGNATURE Louise Cullingworth			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Young's Funeral Home, Andrew E. Young, Tigard, Ore.						

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