

MARGIN RESERVED FOR BINDING

FORM VS-2

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.

STANDARD CERTIFICATE OF DEATH										
LOCAL REGISTRAR'S NUMBER <u>41</u>			STATE OF OREGON BOARD OF HEALTH—PORTLAND FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE				STATE FILE NO. <u>8698</u>			DATE RECEIVED <u>SEP 11 1951</u>
1. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>John</u> b. (Middle) <u>Clayton</u> c. (Last) <u>Seely</u> <u>420.1</u>										
2. PLACE OF DEATH A. COUNTY <u>Deschutes</u> B. CITY (If outside corporate limits, write RURAL location) OR TOWN <u>Bend</u> C. LENGTH OF STAY (in this place) <u>21 days</u> D. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Charles Hospital</u>					3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE <u>Oregon</u> B. COUNTY <u>Jefferson</u> C. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Metolius</u> D. STREET (If rural, give location) ADDRESS <u>P.O. Box 364</u>					
4. DATE OF DEATH (Month) <u>8</u> (Day) <u>28</u> (Year) <u>1951</u>		5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		7B. NAME OF HUSBAND OR WIFE <u>Daisy</u>				
8. DATE OF BIRTH <u>12/13/1904</u>		9. AGE (In years last birthday) <u>46</u>	If Under 1 Year Months <u> </u> Days <u> </u>	If Under 24 Hrs. Hours <u> </u> Min. <u> </u>	10. BIRTHPLACE (State or foreign country) <u>South Dakota</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
12. FATHER'S NAME <u>Ashley Seely</u>					13. MOTHER'S MAIDEN NAME <u>Lucy M. Eastman</u>					
14A. USUAL OCCUPATION <u>laborer</u>			14B. KIND OF BUSINESS OR INDUSTRY		15. IF VETERAN, NAME WAR <u>no</u>		16. INFORMANT'S OWN SIGNATURE <u>Daisy B Seely</u>			
17. SOCIAL SECURITY NO. <u>541-12-2814</u>		MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) <u>Coronary Occlusion (Thrombosis)</u> DUE TO (B) <u>Always a healthy man until sudden onset of coronary thrombosis</u> DUE TO (C) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> </u>							INTERVAL BETWEEN ONSET AND DEATH <u>Sudden in Oct 4 wks</u>	
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 (Month) (Day) (Year) (Hour) m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?						
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO <u>8-28</u> , 19 <u>51</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>8-28</u> , 19 <u>51</u> , AND THAT DEATH OCCURRED AT <u>49</u> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.										
23A. SIGNATURE (Degree or title) <u>Raymond F Jones M.D.</u>				23B. ADDRESS <u>Redmond Oregon</u>			23C. DATE SIGNED <u>9-28-51</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24B. DATE <u>9-2-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Methodist Hill</u>		24D. LOCATION (City, town, or county) (State) <u>Metolius, Oregon</u>					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>8/29/51 R.W. Christianson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert Gaska</u>			ADDRESS <u>Redmond EJ 71</u>					

Seely