

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S

NUMBER 21

STATE OF OREGON

BOARD OF HEALTH—PORTLAND

FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

STATE FILE NO.

2330

DATE RECEIVED

FEB 26 1951

1. NAME OF DECEASED (TYPE OR PRINT)			a. (First)			b. (Middle)			c. (Last)					
Robert			Floyd			Seelye			454X					
2. PLACE OF DEATH A. COUNTY						3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).								
Wasco						A. STATE Oregon B. COUNTY Wasco								
B. CITY OR TOWN				C. LENGTH OF STAY (in this place)		C. CITY OR TOWN				D. STREET ADDRESS				
The Dalles				10 years		Boyd								
D. FULL NAME OF HOSPITAL OR INSTITUTION						D. STREET ADDRESS								
The Dalles General Hospital														
4. DATE OF DEATH			5. SEX			6. COLOR OR RACE			7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			7B. NAME OF HUSBAND OR WIFE		
Feb. 12 1951			Male			White			Widowed			Eva		
8. DATE OF BIRTH			9. AGE (In years last birthday)			10. BIRTHPLACE (State or foreign country)			11. CITIZEN OF WHAT COUNTRY?					
May 25 1891			52 years			Manito, Illinois			U.S.A.					
12. FATHER'S NAME						13. MOTHER'S MAIDEN NAME								
Robert Seelye						Minnie Bayless								
14A. USUAL OCCUPATION			14B. KIND OF BUSINESS OR INDUSTRY			15. IF VETERAN, NAME WAR			16. INFORMANT'S OWN SIGNATURE					
Butcher			Meat Cutter			W. W. #1			Minnie Bayless					
17. SOCIAL SECURITY NO.			MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)						INTERVAL BETWEEN ONSET AND DEATH					
357-03-6573			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Thrombosis Iliac Artery left						48 hrs					
18. CAUSE OF DEATH			II. OTHER SIGNIFICANT CONDITIONS											
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			Antecedent Causes											
			DUE TO (B) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											
			DUE TO (C)											
			Atherosclerosis Generalized											
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 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 <u>2/10</u> 19 <u>51</u> TO <u>2/12</u> 19 <u>51</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>2/12</u> 19 <u>51</u> , AND THAT DEATH OCCURRED AT <u>7:50</u> P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.														
23A. SIGNATURE <u>Paul R. Vogt md</u> (Degree or title)						23B. ADDRESS <u>The Dalles, Ore</u>			23C. DATE SIGNED <u>2/13/51</u>					
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY			24D. LOCATION (City, town, or county) (State)					
Burial			Feb. 21, 1951			I.O.O.F. Cemetery			The Dalles, Oregon					
DATE REC'D BY LOCAL REG.			REGISTRAR'S SIGNATURE			FEDERAL DIRECTOR'S SIGNATURE AND ADDRESS								
2-20-51			<u>Laverne Murlitt, Deputy</u>			<u>Charles R. Culler</u> C. R. Callaway & Son The Dalles, Ore.								

MARGIN RESERVED FOR BINDING

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.

Seeley