

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST DONALD		1B. MIDDLE NN		1C. LAST SEELYE		2A. DATE OF DEATH (MONTH, DAY, YEAR) March 15, 1984		2B. HOUR 2100	
3. SEX Male		4. RACE/ETHNICITY Caucasian		5. SPANISH/HISPANIC NO		6. DATE OF BIRTH June 19, 1913		7. AGE 70	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) OR		9. NAME AND BIRTHPLACE OF FATHER Bert Seelye MN		10. BIRTH NAME AND BIRTHPLACE OF MOTHER unk day unk		11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER 141-10-8448	
13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Tula M. Graves		15. PRIMARY OCCUPATION Salesman		16. NUMBER OF YEARS THIS OCCUPATION 50		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Remco Company	
18. KIND OF INDUSTRY OR BUSINESS Retail Sales		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2020 Devdos		19B. 19C. CITY OR TOWN Eugene		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Tula M. Seelye - Wife 1250 Kalmia Junction City, OR 97448		21. CITY OR TOWN Eugene	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) CARDIORESPIRATORY ARREST (B) CEREBROVASCULAR ACCIDENT (C) AND RENAL FAILURE		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH None		24. WAS DEATH REPORTED TO CORONER? No		25. WAS BICEST PERFORMED? No		26. WAS AUTOPSY PERFORMED? No	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? None		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO, DA, YR.) 3/13/84		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Purnima Patel, M.D. 3/15/84		28C. DATE SIGNED 3/16/84		28D. PHYSICIAN'S LICENSE NUMBER A032125	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH DAY YEAR		32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION Cremation		37. DATE—MONTH DAY YEAR 3-19-84		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Mountain View Crematory, San Bernardino, CA		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE not embalmed		40. DATE ACCEPTED FOR REGISTRATION MAR 19 1984	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Virgin Mortuary Hemet		40B. LICENSE NO. 833		41. SIGNATURE OF REGISTRAR Thomas P. Hamilton II, M.D.		42. DATE ACCEPTED FOR REGISTRATION MAR 19 1984		43. STATE REGISTRAR A. * * * * * B. * * * * * C. his must be in red to be a D. * * * * * E. * * * * * F. * * * * *	

VS-11 (6-82)

"CERTIFIED COPY"

RIVERSIDE COUNTY HEALTH DEPARTMENT CERTIFICATION

MAR 20 1984

Date of Amendments, if any _____

I hereby certify that this is a true copy of a certificate
on file in the Riverside County Health Department, if the
certification is in red.

Thomas P. Hamilton II, M.D.

Thomas P. Hamilton II, M.D.
Director of Health & Local Registrar



DOH-VS-004 (REV. 6/83)

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for
record on the 22nd day of May A.D., 1984 at 11:48 o'clock A.M.,
and duly recorded in Vol. M84 of Deeds on page 8456.

EVELYN BIEHN, COUNTY CLERK

Fee: \$4.00

by: Pam Smith, Deputy

Return: Tula Seelye 2020 Devos Street Eugene, Oregon 97402