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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

85-000569

69
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First: Vernon; Middle: Edgar; Last: SEELEY			2 DATE OF DEATH (month, day, year): January 12, 1985
3 RACE (White, Black, American Indian, etc. (specify)): White	4 SEX: Male	5a AGE—Last birthday (years): 69; 5b Under 1 year (mos / days); 5c Under 1 day (hours / min)	6 DATE OF BIRTH (month, day, year): July 17, 1915
7a CITY, TOWN OR LOCATION OF DEATH: Salem	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Salem Memorial Hospital	7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient	7d COUNTY OF DEATH: Marion
8 STATE OF BIRTH (If not in U.S.A. name country): Oregon	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Edna E.	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 541-18-0494	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Engineer	14b KIND OF BUSINESS OR INDUSTRY: Electrical	
15a RESIDENCE—STATE: Oregon	15b COUNTY: Marion	15c CITY, TOWN, OR LOCATION: Salem	15d STREET AND NUMBER OR R.F.D., ZIP: 183 Connecticut Ave. SE 97301	15e Inside City Limits (specify yes or no): Yes
16 FATHER—NAME first middle last: Lynn Victor Seeley	17 MOTHER—first middle last (Maiden Name): Irene B. Grover	18 INFORMANT—NAME and relationship to deceased: Edna E. Seeley - Wife	
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Mausoleum	19b CEMETERY OR CREMATORY—NAME: Belcrest Mausoleum	19c LOCATION city or town state: Salem, Oregon	
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): Randy C. Garner	20b NAME AND ADDRESS OF FACILITY: V.T. Golden Mortuary, Inc. 605 Commercial Street, S.E. Salem, Oregon 97301		
To be Completed by CERTIFYING PHYSICIAN Only: To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a [Signature]: Timothy M. Mahoney	21b DATE SIGNED (Mo., Day, Yr.): 1-14-85	21c HOUR OF DEATH: 1:30 A.M.	
21d NAME AND ADDRESS OF CERTIFIER (Type or Print): 195 Cottage St Salem, Oregon 97301			
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):			
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JAN 15 1985	22b REGISTRAR [Signature]: Deanna Stensrud		

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) CANCER OF PANCREAS — Interval between onset and death: 6 MONTHS
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): DIABETES MELLITUS

24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED		
26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26g LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN	STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED APRIL 18 1985

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

Return to Richard C. Much
18830 Ansley Place
Saratoga, Ca. 95070

Mrs. Vernon E. Seeley
183 S.E. Connecticut Ave
Salem, OR 97301

UNLESS DO

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 18th day of June A.D., 1985 at 1:27 o'clock P M, and duly recorded in Vol M85, of Deeds on page 9210.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK
by: Pam Smith, Deputy