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

Vol M86 Page

Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME: First: Lloyd | Middle: Glenn | Last: SEELY Sr.

2 DATE OF DEATH (month, day, year): February 20, 1986

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Male

5a AGE—Last Birthday (years): 85

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): May 20, 1906

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not an either, give street and number): Merle West Medical Center

7c IF HOSP OR INST, indicate DOA, OP/Emer., Inp., Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in USA, name country): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed

11 SPOUSE (IF MARRIED, WIDOWED): Irene E. Seely

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 542-38-4296

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): School Supervisor

14b KIND OF BUSINESS OR INDUSTRY: Education

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 4433 Bryant Ave. 97603

15e Inside City Limits (specify Yes or No): No

16 FATHER—NAME first middle last: Curtis R. Seely

17 MOTHER—first middle last (Maiden Name): Stella D. Kirkpatrick

18 INFORMANT—NAME and relationship to deceased: Lloyd Glenn Seely Jr., Son

DISPOSITION

19a Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town, state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): Mike Hair

20b NAME AND ADDRESS OF FACILITY: Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O

CERTIFIER

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): [illegible] M.D.

21b DATE SIGNED (Mo. Day Yr.): 2-21-86

21c HOUR OF DEATH: 11:20 A. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Kenneth K. Magee, M.D. 1900 Main St., Klamath Falls, Ore. 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo. Day Yr.): FEB 24 1985

22b REGISTRAR (Signature): Katherine E. Cravinho

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23 IMMEDIATE CAUSE

PART I (a) Cardio respiratory Arrest — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Congestive Heart — Interval between onset and death: 2 Days

DUE TO, OR AS A CONSEQUENCE OF:

(c) Myocardial Infarction — Interval between onset and death: 3-4 Days

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

Inferior Wall Myocardial Infarction

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo. Day Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY (Specify Yes or No): No	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No
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 Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

[SEAL]

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E. Cravinho Deputy Registrar

Date February 24, 1986

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT OF HEALTH SERVICES.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____

of February A.D., 19 86 at 2:16 o'clock P P M., and duly recorded in Vol. M86, of Deeds on Page 3150

the 24th day

FEE $5.00

Evelyn Biehn, County Clerk

By _____

Ret: Lloyd Seely Jr., Box 256, Lakeview, Oregon 97630