

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF DEATH

122-76-U14353

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED - NAME FIRST MIDDLE LAST 2. SEX 3. DATE OF DEATH MONTH DAY YEAR Agnes Luella Melbye female June 28, 1976			
4. AGE (IN YEARS LAST BIRTHDAY) 82		5. DATE OF BIRTH MONTH DAY YEAR October 27, 1893	
4b. UNDER ONE YEAR MONTHS DAYS 4c. UNDER ONE DAY HOURS MINUTES		6. RACE SPECIFY white	
7b. LOCATION OF DEATH (CITY, VILLAGE OR TOWNSHIP) Moorhead		7d. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Ansgar Hospital	
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) McIntosh, Minnesota		9. CITIZEN OF WHAT COUNTRY USA	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SPECIFY widowed		11. SPOUSE - NAME Carl M. Melbye (Deceased)	
12. WAS DECEASED EVER IN U.S. ARMED FORCES SPECIFY YES OR NO no		13. SOCIAL SECURITY NUMBER 476-22-9385	
14. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Teacher & Housewife		14b. KIND OF BUSINESS OR INDUSTRY Rural Schools & Househo	
15a. RESIDENCE - STATE Minnesota		15b. COUNTY Clay	
15c. CITY, VILLAGE OR TOWNSHIP Ulen		15d. INSIDE CORPORATE LIMITS SPECIFY YES OR NO yes	
16a. FATHER - NAME Hans Wickum		16b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Minnesota	
16c. ADDRESS OF DECEDENT STREET AND NUMBER Ulen, Minnesota 56585		16d. POST OFFICE	
18a. MOTHER - MAIDEN NAME Mary Bestul		18b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Minnesota	
19. INFORMANT - NAME Mr. Lowell Melbye, Willmar, Minnesota		19b. ADDRESS	
20. PART I - DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE (A), (B) AND (C)) A. IMMEDIATE CAUSE Bilateral Pneumonitis B. DUE TO, OR AS A CONSEQUENCE OF viral infection C. DUE TO, OR AS A CONSEQUENCE OF PART II OTHER SIGNIFICANT CONDITIONS Pulmonary congestion liver, spleen, kidneys, lungs 21a. AUTOPSY SPECIFY YES OR NO Yes 21b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 10 days			
22a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED SPECIFY IF DEFERRED CHECK BOX		22b. DATE OF INJURY MONTH DAY YEAR HOUR	
22c. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)		22d. LOCATION STREET OR RFD NUMBER CITY, VILLAGE OR TOWNSHIP COUNTY STATE	
22f. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 20)			
23a. CERTIFICATION - PHYSICIAN I attended the deceased from 5-26-61 to 6-28-76 and last saw him/her alive on 6-28-76. I did not view the body after death. Death occurred at 8:15 P.M. at the place and time and on the date stated above and to the best of my knowledge due to the causes stated.		23b. CERTIFICATION - MEDICAL EXAMINER OR CORONER On the basis of the examination of the body and/or the investigation, in my opinion death occurred at _____ M., on the date and due to the causes stated above. The decedent was pronounced dead on _____ at _____ M.	
23c. PHYSICIAN - SIGNATURE Gertrude Olsen Saxman M.D.		23d. MEDICAL EXAMINER OR CORONER - SIGNATURE	
23e. PHYSICIAN - NAME (TYPE OR PRINT) Gertrude Olsen Saxman M.D.		23f. MEDICAL EXAMINER OR CORONER - NAME (TYPE OR PRINT)	
23g. MAILING ADDRESS PHYSICIAN, MEDICAL EXAMINER OR CORONER Ulen, Minn. 56585		23h. DATE SIGNED MONTH DAY YEAR 7-6-76	
24a. BURIAL, CREMATION, REMOVAL SPECIFY Burial		24b. CEMETERY OR CREMATORY - NAME North Cemetery	
24c. LOCATION (CITY, VILLAGE OR COUNTY) (STATE) Ulen Clay Minnesota		24d. DATE OF BURIAL, CREMATION OR REMOVAL MONTH DAY YEAR July 1, 1976	
25a. FUNERAL HOME - NAME Erlien Funeral Home		25b. FUNERAL HOME - ADDRESS Twin Valley, Minnesota 56584	
26a. DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR July 8, 1976		26b. LOCAL REGISTRAR - SIGNATURE Mary Collew, Deputy	
27. MORTICIAN OR FUNERAL DIRECTOR - SIGNATURE Becky O'Brien			

MEDICAL CERTIFICATION

NOT FOR OFFICIAL USE

E. J. O'Brien

SIGNATURE OF SUB REGISTRAR

19 76

July 1

BURIAL OR REMOVAL PERMIT ISSUED