

MINNESOTA DEPARTMENT OF HEALTH 013321
 Section of Vital Statistics
CERTIFICATE OF DEATH

483

REC'D JUL 13 1959

1. PLACE OF DEATH: STATE OF MINNESOTA a. COUNTY Becker		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Minnesota b. COUNTY Becker	
b. CITY, VILLAGE OR TOWNSHIP Detroit Lakes		c. CITY, VILLAGE OR TOWNSHIP Detroit Lakes	
c. LENGTH OF STAY in 1 b. 10 years		d. STREET ADDRESS POST OFFICE 830 1/2 Washington Ave, Detroit Lakes, Minnesota	
d. NAME OF (If not in hospital or institution, give street address) HOSPITAL OR INSTITUTION Buck's Apts, Apt # 5		e. IS RESIDENCE INSIDE CORPORATE LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
e. IS PLACE OF DEATH INSIDE CORPORATE LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		f. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

3. NAME OF DECEASED (Type or Print) MARIE HENDRICKSON				4. DATE OF DEATH Month Day Year June 18, 1959			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 8, 1876	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Norway		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Melby		13b. MOTHER'S MAIDEN NAME		14. SPOUSE'S NAME Edward Hendrickson			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 473-10-3771	17. INFORMANT'S OWN SIGNATURE <i>Ernesta Hendrickson</i>		ADDRESS Moorhead, Minnesota
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Acute Coronary Thrombosis 30 Min.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause on line (c):

DUE TO (b) **Chronic Coronary Sclerosis Several years**

DUE TO (c) **General Arterio Sclerosis Several years**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED?
 YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20a. ACCIDENT, SUICIDE OR HOMICIDE. (SPECIFY):

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY
Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street office bldg., etc.)

20f. CITY, VILLAGE OR TOWNSHIP COUNTY STATE

21. I certify I attended the deceased from **4-25-1957** to **6-18-1959**, and that I last saw the deceased alive on **6-21** 1959 and that death occurred at **4:45 P.M.** on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
L.H. Rutledge M.D.

22b. ADDRESS
Detroit Lakes, Minnesota

22c. DATE SIGNED
June 20, 1959

23a. BURIAL CREMATION REMOVAL (Specify)
Removal

23b. DATE
June 24, 1959

23c. NAME OF CEMETERY OR CREMATORY
Salem Lutheran Cemetery

23d. LOCATION (City, village or county) (State)
Hitterdal, Minnesota

24. DATE FILED BY LOCAL REG.
6-29-59

25. REGISTRAR'S SIGNATURE
Charles P. Greenlaw

26. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR
Wayne Lance

ADDRESS
Donehower-Lance Funeral Home, Detroit Lakes, Minn.

MEDICAL CERTIFICATION

NOT FOR OFFICIAL USE

Signature of Sub-Registrar
Wayne Lance
June 22, 1959
Burial or removal permit issued