

MINNESOTA DEPARTMENT OF HEALTH
Division of Vital Statistics

2841

CERTIFICATE OF DEATH

REGISTERED NO.

1. PLACE OF DEATH: STATE OF MINNESOTA a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Minnesota b. COUNTY Clay	
b. TOWNSHIP OR CITY OR VILLAGE Hitterdal		c. TOWNSHIP OR CITY OR VILLAGE Hitterdal Is residence within its corporate limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. LENGTH OF STAY (in this district) 70 years		d. CITY OR VILLAGE	
4. NAME OF HOSPITAL OR INSTITUTION		e. P. O. ADDRESS ST. Hitterdal, Minnesota	

3. NAME OF DECEASED (Type or Print) a. (First) ANTON b. (Middle) c. (Last) MELBYE			4. DATE OF DEATH (Month) (Day) (Year) July 12 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 4, 1881	9. AGE (In years last birthday) 70 If Under 1 Year Months Days	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Business	11. BIRTHPLACE (State or foreign country) Minnesota	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Melbye		13b. MOTHER'S MAIDEN NAME Olina Berg	14. SPOUSE'S NAME Jennie Melbye		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 469-36-7134	17. INFORMANT'S OWN SIGNATURE <i>Richard Melbye</i>	ADDRESS Hitterdal, Minnesota
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18. Enter only one cause on lines (a), (b) and (c). 19. Cause, injury or complication which was the IMMEDIATE cause of death, not made of dying at heart failure, apnoea, etc.	MEDICAL CERTIFICATION		20. TIME BETWEEN ONSET & DEATH 25 days
	1. DISEASE OR CONDITION LEADING DIRECTLY TO DEATH* (a) Cerebral Hemorrhage		
	2. OTHER SIGNIFICANT CONDITIONS Contributing to death but not related to disease or condition causing death. Diabetes Mellitus		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Essential Hypertension And Arteriosclerosis DUE TO (c)	

21. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, VILLAGE OR TOWNSHIP) (COUNTY) (STATE)

23. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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24. I hereby certify that I attended the deceased from 6-18, 1952, to 7-12, 1952, that I last saw the deceased alive on 7-12, 1952, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

25. SIGNATURE (Degree or title) <i>G.S. Mithune, M.D.</i>	23b. ADDRESS Lake Park, Minnesota	23c. DATE SIGNED 7-15-52
26. FUNERAL CREMATION (Specify) Burial	24b. DATE July 16, 1952	24c. NAME OF CEMETERY OR CREMATORY Salem
24d. LOCATION (City, village or county) (State) Hitterdal Minnesota		

27. FILED BY LOCAL REGISTRAR'S SIGNATURE <i>Harry Gerner</i>	25. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER <i>Theron V. Viger, Jr.</i>	ADDRESS Lake Park, Minnesota
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Signature of Sub-Registrar *Theron V. Viger, Jr.*

Burial or removal permit issued *July 16, 1952*

