

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF DEATH

020085

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEASED - NAME FIRST MIDDLE LAST Carl Melvin Melbye			2. SEX male	3. DATE OF DEATH MONTH DAY YEAR August 3, 1973			
4. AGE (IN YEARS LAST BIRTHDAY) 80	4b. UNDER ONE YEAR MONTHS DAYS	4c. UNDER ONE DAY HOURS MINUTES	5. DATE OF BIRTH MONTH DAY YEAR July 3, 1893		6. RACE white	7. COUNTY OF DEATH Clay	
7b. LOCATION OF DEATH (CITY, VILLAGE OR TOWNSHIP) Moorhead			7c. INSIDE CORPORATE LIMITS SPECIFY YES OR NO yes	7d. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Ansgar Hospital			
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ulen, Minnesota		9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SPECIFY married		11. SPOUSE - NAME Agnes Wickum Melbye		
12. WAS DECEASED EVER IN U.S. ARMED FORCES no		13. SOCIAL SECURITY NUMBER 468-12-7822	14. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Merchant		14b. KIND OF BUSINESS OR INDUSTRY Automobile Service Station		
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 Ole C. Melbye		16b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Norway	17. ADDRESS OF DECEDENT STREET AND NUMBER POST OFFICE Ulen, Minnesota 56585				
18a. MOTHER - MAIDEN NAME Anna B. Bergeson		18b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Norway	19. INFORMANT - NAME ADDRESS Mrs. Agnes Melbye, Ulen, Minnesota				
20. PART I - DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE (A), (B) AND (C)) A. IMMEDIATE CAUSE <i>Unwedded & venereal disease</i>							
B. DUE TO, OR AS A CONSEQUENCE OF <i>Cd of prostate</i>							
C. DUE TO, OR AS A CONSEQUENCE OF							
PART II OTHER SIGNIFICANT CONDITIONS						21a. AUTOPSY SPECIFY YES OR NO	21b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
22a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED SPECIFY			22b. DATE OF INJURY MONTH DAY YEAR HOUR		22c. INJURY AT WORK SPECIFY YES OR NO		
22d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)			22e. 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 _____ to _____ and last saw him/her alive on _____. I (did, did not) view the body after death. Death occurred at <u>10:55 AM</u> 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 _____ of _____ M.				
23c. PHYSICIAN - SIGNATURE <i>Dr. Richard H. Seifert MD</i>			23d. MEDICAL EXAMINER OR CORONER - SIGNATURE				
23e. PHYSICIAN - NAME (TYPE OR PRINT) Dr. Richard H. Seifert MD			23f. MEDICAL EXAMINER OR CORONER - NAME (TYPE OR PRINT)				
23g. MAILING ADDRESS 612 Professional Bldg, 100 South 4th, Fargo, N. Dak. Ulen, Minnesota 56585			23h. DATE SIGNED MONTH DAY YEAR 8 6 73				
24a. BURIAL, CREMATION, REMOVAL SPECIFY Burial		24b. CEMETERY OR CREMATORY - NAME North Lutheran		24c. LOCATION (CITY, VILLAGE OR COUNTY) (STATE) Ulen, Clay, Minnesota			
24d. DATE OF BURIAL, CREMATION OR REMOVAL MONTH DAY YEAR Aug 6, 1973		25a. FUNERAL HOME - NAME Enlien Funeral Home		25b. FUNERAL HOME - ADDRESS Twin Valley, Minnesota 56584			
26a. DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR August 17, 1973		26b. LOCAL REGISTRAR - SIGNATURE <i>Mary Allen, Deputy</i>		27. MORTICIAN OR FUNERAL DIRECTOR - SIGNATURE <i>Ole O. Orlsen</i>			

MEDICAL CERTIFICATION

NOT FOR OFFICIAL USE

SIGNATURE OF SUB REGISTRAR
Ole O. Orlsen
1973
Aug 6
BURIAL OR REMOVAL PERMIT ISSUED