

Section of Vital Statistics
CERTIFICATE OF DEATH 122-76-1132794

MINNESOTA DEPARTMENT OF HEALTH LOCAL FILE NUMBER

1. DECEASED - NAME: **Mrs. Clara Melbye** 2. SEX: **Female** 3. DATE OF DEATH: **December 27, 1975**

4. AGE (IN YEARS LAST BIRTHDAY): **71** 4b. UNDER ONE YEAR: **0** 4c. UNDER ONE DAY: **0** 5. DATE OF BIRTH: **August 26, 1904** 6. RACE: **White** 7. COUNTY OF DEATH: **Becker**

7b. LOCATION OF DEATH (CITY, VILLAGE OR TOWNSHIP): **Detroit Lakes City** 7c. INSIDE CORPORATE LIMITS: **Yes** 7d. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **St. Mary's Hospital**

8. BIRTHPLACE (STATE OR FOREIGN COUNTRY): **Minnesota** 9. CITIZEN OF WHAT COUNTRY: **U.S.A.** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SPECIFY: **Married** 11. SPOUSE - NAME: **John Melbye**

12. WAS DECEASED EVER IN U.S. ARMED FORCES SPECIFY YES OR NO: **No** 13. SOCIAL SECURITY NUMBER: **474-36-1080-A** 14a. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED): **Housewife** 14b. KIND OF BUSINESS OR INDUSTRY: **Domestic**

15a. RESIDENCE - STATE: **Minnesota** 15b. COUNTY: **Clay** 15c. CITY, VILLAGE OR TOWNSHIP: **Hitterdal City** 15d. INSIDE CORPORATE LIMITS SPECIFY YES OR NO: **Yes**

16a. FATHER - NAME: **Christ Haddvik** 16b. BIRTHPLACE (STATE OR FOREIGN COUNTRY): **Norway** 17. ADDRESS OF DECEDENT STREET AND NUMBER POST OFFICE: **Hitterdal, Minnesota**

18a. MOTHER - MAIDEN NAME: **Carrie Engebritson** 18b. BIRTHPLACE (STATE OR FOREIGN COUNTRY): **Norway** 19. INFORMANT - NAME ADDRESS: **John Melbye, Hitterdal, Minnesota**

20. PART I - DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE (A), (B) AND (C)) IF DIAGNOSIS DEFERRED CHECK BOX APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

A. IMMEDIATE CAUSE: **Cerebral hemorrhage and arteriosclerotic heart disease** **3 days CVA.**

B. DUE TO, OR AS A CONSEQUENCE OF: **Cerebral arteriosclerosis and Idiopathic thrombocytopenic purpura** **3 months ITP.**

C. DUE TO, OR AS A CONSEQUENCE OF: **General arteriosclerosis and Diabetes Mellitus** **15 years**

PART II OTHER SIGNIFICANT CONDITIONS: **Inappropriate Antidiuretic hormone (Pituitary) Insipidus hemangiomas of spleen**

21a. AUTOPSY SPECIFY YES OR NO: **NO** 21b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

22a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED SPECIFY: IF DEFERRED CHECK BOX: 22b. DATE OF INJURY MONTH DAY YEAR: **12 27 75** 22c. INJURY AT WORK SPECIFY YES OR NO:

22d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.): **Hitterdal, Minnesota** 22e. LOCATION STREET OR RFD NUMBER CITY, VILLAGE OR TOWNSHIP COUNTY STATE: **Hitterdal, Clay County, Minnesota**

22f. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 20): **Stroke**

23a. CERTIFICATION - PHYSICIAN MONTH DAY YEAR: I attended the deceased from **1960** to **12 27 75** and last saw him/her alive on **12 27 75**. I (did, did not) view the body after death. Death occurred at **1:45 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 _____ M.

23c. PHYSICIAN - SIGNATURE: **A. S. Midthune M.D.** 23d. MEDICAL EXAMINER OR CORONER - SIGNATURE: _____

23e. PHYSICIAN - NAME (TYPE OR PRINT): **Dr. A. S. Midthune** 23f. MEDICAL EXAMINER OR CORONER - NAME (TYPE OR PRINT): _____

23g. MAILING ADDRESS PHYSICIAN, MEDICAL EXAMINER OR CORONER: **Detroit Lakes, Minnesota** 23h. DATE SIGNED MONTH DAY YEAR: **1-2-76**

24a. BURIAL, CREMATION, REMOVAL SPECIFY: **Burial** 24b. CEMETERY OR CREMATORY - NAME: **Salem (West) Cemetery** 24c. LOCATION (CITY, VILLAGE OR COUNTY) (STATE): **Hitterdal, Clay County, Minnesota**

24d. DATE OF BURIAL, CREMATION OR REMOVAL MONTH DAY YEAR: **December 31, 1975** 25a. FUNERAL HOME - NAME: **Viger Funeral Home** 25b. FUNERAL HOME - ADDRESS: **Hawley, Minnesota 56549**

26a. DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR: **Jan. 9, 1976** 26b. LOCAL REGISTRAR - SIGNATURE: **Angie Seck. Deputy Clerk Viger, Jr.** 27. MORTICIAN OR FUNERAL DIRECTOR - SIGNATURE: _____

SIGNATURE OF SUB REGISTRAR: *Theresa Viger*

BUREAU OF REMOVAL PERMIT ISSUED: *January 2, 1976*

