

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF DEATH

016928

2009

7. PLACE OF DEATH: STATE OF MINNESOTA a. COUNTY Clay		2. USUAL RESIDENCE a. STATE Minnesota b. COUNTY Clay	
b. CITY, VILLAGE OR TOWNSHIP Hitterdal Village		c. LENGTH OF STAY in 1 b. 48 years	
d. NAME OF (if not in hospital or institution, give street address) HOSPITAL OR INSTITUTION		d. STREET ADDRESS Hitterdal, Minnesota	
e. IS PLACE OF DEATH INSIDE CORPORATE LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CORPORATE LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4. DATE OF DEATH Month Day Year July 8, 1963	
3. NAME OF DECEASED (Type or Print) EMIL OSCAR EIDE		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH November 12, 1885		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Elevator Manager		10b. KIND OF BUSINESS OR INDUSTRY Grain Buying	
11. BIRTHPLACE (State or foreign country) Minnesota		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Eide		13b. MOTHER'S MAIDEN NAME Johanna Setterbakken	
14. SPOUSE'S NAME Mrs. Olga Eide		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOC. SEC. NO. 475-07-6637		17. INFORMANT'S OWN SIGNATURE X Mrs George Swenson	
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 Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 4 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause on line (c): DUE TO (b) Arteriosclerotic Heart Disease		Several years	
DUE TO (c) Generalized arteriosclerosis		Several years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 1955 to 1963 and that I last saw the deceased alive on 7 July 1963 and that death occurred at 12:20 A. on the date stated above and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Arvid L. Hoyerlund M.D.	
22b. ADDRESS Lake Park, Minnesota		22c. DATE SIGNED 7-9-63	
23a. BURIAL CREMATION REMOVAL (Specify) Burial		23b. DATE July 11, 1963	
23c. NAME OF CEMETERY OR CREMATORY Salem (West) Cemetery		23d. LOCATION (City, village or county) (State) Hitterdal, Minnesota	
24. DATE FILED BY LOCAL REG. July 11, 1963		25. REGISTRAR'S SIGNATURE Theron Vigen, Jr.	
26. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR		ADDRESS Hawley, Minnesota.	

Signature of Sub-Registrar
Theron Vigen, Jr.

Burial or removal permit issued *July 10, 1963*

MARGIN RESERVED FOR BUREAU

MEDICAL CERTIFICATION

FOR OFFICIAL USE