

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF DEATH

021840

1. PLACE OF DEATH: STATE OF MINNESOTA a. COUNTY Clay County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Minnesota b. COUNTY Clay	
b. CITY, VILLAGE OR TOWNSHIP Moorhead City	c. LENGTH OF STAY in 1 b. 1 day	c. CITY, VILLAGE OR TOWNSHIP Hitterdal Village	d. STREET ADDRESS Hitterdal, Minnesota
d. NAME OF (If not in hospital or institution, give street address) HOSPITAL OR INSTITUTION St. Ansgars Hospital		POST OFFICE 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"/>

3. NAME OF DECEASED (Type or Print) GUST A. SWENSON		4. DATE OF DEATH Month Day Year September 23, 1965	
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5. SEX Male	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 Sept. 5, 1880	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired county Highway laborer	10b. KIND OF BUSINESS OR INDUSTRY Road maintainer	11. BIRTHPLACE (State or foreign country) Minnesota	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Not known	13b. MOTHER'S MAIDEN NAME Not known	14. SPOUSE'S NAME Mrs. Martha Swenson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOC. SEC. NO. None	17. INFORMANT'S OWN SIGNATURE <i>X J Jensen Swenson</i>	ADDRESS Ulen, Minnesota
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Perforated myocardial infarct with rupture of aorta</i>		2 or 3 days
DUE TO (b) <i>myocardial infarction</i>		
DUE TO (c) <i>General atherosclerosis & coronary sclerosis</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I(a) <i>Cardiac decompensation with edema & hypoxia 2 mo.</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.	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 Moorhead, Minn	COUNTY	STATE
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21. I certify I attended the deceased from 9-4-65 to 9-23-65 , and that I last saw the deceased alive on 9-22-65 and that death occurred at 4:00 A. m. on the date stated above and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) V. D. Hyell, M.D.	22b. ADDRESS 1015 7th Ave NW - Moorhead, Minn	22c. DATE SIGNED 9-24-65

23a. BURIAL CREMATION REMOVAL (Specify) Burial and removed	23b. DATE 9/27/65	23c. NAME OF CEMETERY OR CREMATORY Salem (West) Cemetery	23d. LOCATION (City, village or county) (State) Hitterdal, Minnesota
24. LOCAL REG. Sept. 27, 1965	25. REGISTRAR'S SIGNATURE <i>Therese Vigen, Jr.</i>	26. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR <i>Therese Vigen, Jr.</i>	ADDRESS Hawley, Minnesota

Signature of Sub-Registrar
Therese Vigen, Jr.

Burial or removal permit issued September 25, 1965

REPRODUCED FROM ORIGINAL RECORDS

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