

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF DEATH

000269

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEASED - NAME FIRST MIDDLE LAST HANNAH A. OSS			2. SEX Female	3. DATE OF DEATH MONTH DAY YEAR January 4, 1969		
4a. AGE (IN YEARS LAST BIRTHDAY) 85	4b. UNDER ONE YEAR MONTHS DAYS	4c. UNDER ONE DAY HOURS MINUTES	5. DATE OF BIRTH MONTH DAY YEAR January 1, 1884		6. RACE White	7a. COUNTY OF DEATH Clay
7b. LOCATION OF DEATH (CITY, VILLAGE OR TOWNSHIP) Moorhead			7c. INSIDE CORPORATE LIMITS YES OR NO Yes	7d. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) D.O.A. St. Ansgar Hospital		
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Minnesota		9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SPECIFY Widowed	11. SPOUSE - NAME Carl Oscar Oss		
12. WAS DECEASED EVER IN U.S. ARMED FORCES SPECIFY YES OR NO No		13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife	14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Minnesota		15b. COUNTY Clay		15c. CITY, VILLAGE OR TOWNSHIP Hitterdal	15d. INSIDE CORPORATE LIMITS SPECIFY YES OR NO Yes	
16a. FATHER - NAME John Melbye		16b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Norway		17. ADDRESS OF DECEDENT STREET AND NUMBER POST OFFICE No street address Hitterdal, Minnesota		
18a. MOTHER - MAIDEN NAME Not known		18b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Norway		19. INFORMANT - NAME ADDRESS Mrs. Wayne Lance, Detroit Lakes, Minnesota		
20. PART I - DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE (A), (B) AND (C))						
A. IMMEDIATE CAUSE <i>Acute Myocardial infarction</i>				IF DIAGNOSIS DEFERRED CHECK BOX	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i>	
B. DUE TO, OR AS A CONSEQUENCE OF <i>Arteriosclerosis of coronary arteries</i>					<i>5 yr.</i>	
C. DUE TO, OR AS A CONSEQUENCE OF <i>Arteriosclerosis</i>					<i>10 yr.</i>	
PART II OTHER SIGNIFICANT CONDITIONS <i>Diabetes Mellitus</i>						
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		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 <i>12-16-68</i> to <i>1-4-69</i> and last saw him/her alive on <i>1-3-69</i> . I did, did not view the body after death. Death occurred at <i>8:18 P.</i> 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 _____ at _____ M.						
23c. PHYSICIAN - SIGNATURE <i>J. W. Duncan</i> M. D.			23d. MEDICAL EXAMINER OR CORONER - SIGNATURE			
23e. PHYSICIAN - NAME (TYPE OR PRINT) J. W. Duncan M.D.			23f. MEDICAL EXAMINER OR CORONER - NAME (TYPE OR PRINT)			
23g. MAILING ADDRESS 624 Center Ave.			PHYSICIAN, MEDICAL EXAMINER OR CORONER Moorhead, Minnesota 56560		23h. DATE SIGNED MONTH DAY YEAR Jan. 7, 1969	
24a. BURIAL, CREMATION, REMOVAL SPECIFY Burial		24b. CEMETERY OR CREMATORY - NAME Salem Lutheran		24c. LOCATION (CITY, VILLAGE OR COUNTY) (STATE) Hitterdal, Minnesota		
24d. DATE OF BURIAL, CREMATION OR REMOVAL MONTH DAY YEAR January 8, 1969		25a. FUNERAL HOME - NAME Donehower Funeral Home		25b. FUNERAL HOME - ADDRESS 904 Lake Ave., Detroit Lakes, Minn. 56501		
26a. DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR Jan. 13, 1969		26b. LOCAL REGISTRAR - SIGNATURE <i>Mary Allen, Deputy</i>		27. MORTICIAN OR FUNERAL DIRECTOR - SIGNATURE <i>Ross E. Donehower</i>		

REC'D FEB 11 1969

SIGNATURE OF SUB REGISTRAR
Ross E. Donehower
1969
Jan 8

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