

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF DEATH

122-78-005839

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED - NAME FIRST MIDDLE LAST Mrs. Hazel Kittilson Female			
2. SEX		3. DATE OF DEATH MONTH DAY YEAR March 18, 1978	
4a. AGE (IN YEARS LAST BIRTHDAY) 71	4b. UNDER ONE YEAR MONTHS DAYS 71	4c. UNDER ONE DAY HOURS MINUTES 71	5. DATE OF BIRTH MONTH DAY YEAR April 20, 1906
6. RACE White		7a. COUNTY OF DEATH Clay	
7b. LOCATION OF DEATH (CITY, VILLAGE OR TOWNSHIP) Highland Grove Township		7c. INSIDE CORPORATE LIMITS No	7d. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Own Home
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 Kittil Kittilson		12. WAS DECEASED EVER IN U.S. ARMED FORCES SPECIFY YES OR NO No	
13. SOCIAL SECURITY NUMBER 477-44-9589		14. 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 Highland Grove Township	
15d. INSIDE CORPORATE LIMITS No		16a. FATHER - NAME Rasmus Melbye	
16b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Norway		17. ADDRESS OF DECEDENT Rural Route, Hitterdal, Minnesota	
18. MOTHER - MAIDEN NAME Inger Marie Wahl		18b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Minnesota	
19. INFORMANT - NAME Kittil Kittilson		19. ADDRESS Hitterdal, Minnesota	
20. PART I - DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE (A), (B) AND (C)) A. IMMEDIATE CAUSE Probable acute coronary occlusion			
B. DUE TO, OR AS A CONSEQUENCE OF			
C. DUE TO, OR AS A CONSEQUENCE OF			
PART II OTHER SIGNIFICANT CONDITIONS			
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		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 _____ to _____ and last saw him/her alive on _____. I (did, did not) view the body after death. Death occurred at _____ 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 2:00 P.M. on the date and due to the causes stated above. The decedent was pronounced dead on 3/18/78 at 3 P.M.	
23c. PHYSICIAN - SIGNATURE		23d. MEDICAL EXAMINER OR CORONER - SIGNATURE John R. Holten	
23e. PHYSICIAN - NAME (TYPE OR PRINT)		23f. MEDICAL EXAMINER OR CORONER - NAME (TYPE OR PRINT) Dr. John R. Holten	
23g. MAILING ADDRESS 919-8th Avenue North, Moorhead, Minnesota		23h. DATE SIGNED MONTH DAY YEAR 3 21 78	
24a. BURIAL, CREMATION, REMOVAL SPECIFY Burial		24b. CEMETERY OR CREMATORY - NAME Salem (East) Cemetery	
24c. LOCATION (CITY, VILLAGE OR COUNTY) (STATE) Hitterdal, Clay County, Minnesota		24d. DATE OF BURIAL, CREMATION OR REMOVAL MONTH DAY YEAR March 21, 1978	
25a. FUNERAL HOME - NAME Vigen Funeral Home		25b. FUNERAL HOME - ADDRESS Hawley, Minnesota	
26a. DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR March 24, 1978		26b. LOCAL REGISTRAR - SIGNATURE Margaret J. Skelsted, Deputy	
27. MORTICIAN OR FUNERAL DIRECTOR - SIGNATURE Therese Vig, Jr.			

NOT FOR OFFICIAL USE

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SIGNATURE OF SUB REGISTRAR
March 21 1978
BURIAL OR REMOVAL PERMIT ISSUED