

MINNESOTA DEPARTMENT OF HEALTH  
Section of Vital Statistics  
CERTIFICATE OF DEATH

003146

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEASED - NAME FIRST MIDDLE LAST Henry Alexander Melbye		2. SEX male	3. DATE OF DEATH MONTH DAY YEAR Feb 3rd 1967			
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 Sept 17, 1881	6. RACE White	7. COUNTY OF DEATH Clay	
7b. LOCATION OF DEATH (CITY, VILLAGE OR TOWNSHIP) Moorhead			7c. INSIDE CORPORATE LIMITS yes	7d. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Ansgar Hospital		
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Minnesota	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SPECIFY Married	11. SPOUSE - NAME Jane M. Hanson Melbye			
12. WAS DECEASED EVER IN U.S. ARMED FORCES no	13. SOCIAL SECURITY NUMBER 472-28-8231	14a. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Farmer	14b. KIND OF BUSINESS OR INDUSTRY Farm Owner			
15a. RESIDENCE - STATE Minnesota		15b. COUNTY Clay	15c. CITY, VILLAGE OR TOWNSHIP Ulen	15d. INSIDE CORPORATE LIMITS yes		
16a. FATHER - NAME Ole C. Melbye		16b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Norway	17. ADDRESS OF DECEDENT STREET AND NUMBER POST OFFICE Ulen, Minnesota			
18a. MOTHER - MAIDEN NAME Anna B. Syverson		18b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Norway	19. INFORMANT - NAME ADDRESS Jane M. Melbye Ulen, Minn.			
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 Myocardial Infarction						0 - 12 hr.
B. DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis						
C. DUE TO, OR AS A CONSEQUENCE OF						
PART II OTHER SIGNIFICANT CONDITIONS C.A. head of pancreas liver abscesses					21a. AUTOPSY SPECIFY YES OR NO yes	21b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH yes
22a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED SPECIFY		22b. DATE OF INJURY MONTH DAY YEAR HOUR		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 8-21-61 to 2-3-67 and last saw him/her alive on 2-2-67. I (did, did not) view the body after death. Death occurred at 4:25 AM 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 Gertrude E. Olsen Saxman M.D.			23d. MEDICAL EXAMINER OR CORONER - SIGNATURE			
23e. PHYSICIAN - NAME (TYPE OR PRINT) Gertrude E. Olsen Saxman M.D.			23f. MEDICAL EXAMINER OR CORONER - NAME (TYPE OR PRINT)			
23g. MAILING ADDRESS Ulen Minn. 56585			23h. DATE SIGNED MONTH DAY YEAR Feb. 6, 1967			
24a. BURIAL, CREMATION, REMOVAL SPECIFY Burial	24b. CEMETERY OR CREMATORY - NAME North		24c. LOCATION (CITY, VILLAGE OR COUNTY) (STATE) Ulen Clay Minnesota			
24d. DATE OF BURIAL, CREMATION OR REMOVAL MONTH DAY YEAR Feb 7, 1967	25a. FUNERAL HOME - NAME Erlien Funeral Home		25b. FUNERAL HOME - ADDRESS Twin Valley, Minnesota			
26a. DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR Feb. 9 1967	26b. LOCAL REGISTRAR - SIGNATURE		27. MORTICIAN OR FUNERAL DIRECTOR - SIGNATURE			

MEDICAL CERTIFICATION

FOR OFFICIAL USE

*Deaf S. Carlson*

SIGNATURE OF SUB REGISTRAR  
19 67  
Feb 7  
BURIAL OR REMOVAL PERMIT ISSUED