

MINNESOTA DEPARTMENT OF HEALTH 003028002866
 Section of Vital Statistics
CERTIFICATE OF DEATH

FEBRUARY 13 1961

1. PLACE OF DEATH: STATE OF MINNESOTA a. COUNTY Clay		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 week	
d. NAME OF (If not in hospital or institution, give street address) HOSPITAL OR INSTITUTION St. Ansgars Hospital		e. IS RESIDENCE INSIDE CORPORATE LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
e. IS PLACE OF DEATH INSIDE CORPORATE LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		f. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

3. NAME OF DECEASED (Type or Print) ISAK K. NYHUS		4. DATE OF DEATH Month February Day 14 Year 1961	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 24, 1876	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Norway	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 Hilda Nyhus
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOC. SEC. NO. (If yes, give war or dates of service) Not Known	17. INFORMANT'S OWN SIGNATURE X Clifford Nyhus	ADDRESS Hitterdal, 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)	Carcinoma of the bladder	Bladder death
Conditions, if any, which gave rise to above cause (a), stating the underlying cause on line (c):	Generalized arteriosclerosis	few years
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED?
(2) Carcinoma of the bladder		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

19a. DATE OF OPERATION Nov 1960	19b. MAJOR FINDINGS OF OPERATION Carcinoma of bladder
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20a. ACCIDENT, SUICIDE OR HOMICIDE. (SPECIFY):	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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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 Hitterdal	COUNTY Clay	STATE Minnesota
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21. I certify I attended the deceased from **October 1960** to **Feb. 14, 1961** and that I last saw the deceased alive on **9:00 a.m. Feb. 14, 1961** and that death occurred at **9:30 a.m.** on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE V. D. Hupel, M.D.	(Degree or title)	22b. ADDRESS 1015 7th Ave NW - Moorhead, Minn	22c. DATE SIGNED 2/15/61
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23a. BURIAL CREMATION Burial and Removal	23b. DATE February 18, 1961	23c. NAME OF CEMETERY OR CREMATORY Salem (East) Cemetery	23d. LOCATION (City, village or county) (State) Hitterdal, Minnesota
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24. DATE FILED BY LOCAL REG. Feb. 20, 1961	25. REGISTRAR'S SIGNATURE [Signature]	26. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR Theron Biggs Jr.	ADDRESS Hawley, Minnesota.
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NOT FOR OFFICIAL USE

Theron Biggs Jr.
Signature of Sub-Registrar

February 17, 1961
Burial or removal permit issued

41
50
11
201

MARGIN RESERVED FOR REVIEW

MEDICAL CERTIFICATION