

MINNESOTA DEPARTMENT OF HEALTH  
Section of Vital Statistics  
CERTIFICATE OF DEATH

009582

14868

REC'D MAY 15 1962

1. PLACE OF DEATH: STATE OF MINNESOTA a. COUNTY Pennington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Minnesota b. COUNTY Pennington	
b. CITY, VILLAGE OR TOWNSHIP Thief River Falls		c. CITY, VILLAGE OR TOWNSHIP Rocksburg Twp.	
d. NAME OF (If not in hospital or institution, give street address) HOSPITAL OR INSTITUTION Northwestern		d. STREET ADDRESS POST OFFICE Oakland Park Rest Home	
e. IS PLACE OF DEATH INSIDE CORPORATE LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CORPORATE LIMITS? <input type="checkbox"/> YES <input checked="" 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) John O. Doldren		4. DATE OF DEATH Month Day Year 4/20/62	
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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 2/18/1882	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min. 2 2	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fieldman	10b. KIND OF BUSINESS OR INDUSTRY Oil and Fuel Co.	11. BIRTHPLACE (State or foreign country) Cuba Twp. Becker Co., Minn.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Ole Doldren	13b. MOTHER'S MAIDEN NAME Ingborg	14. SPOUSE'S NAME Selma Melby Doldren
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 472-01-1446	17. INFORMANT'S OWN SIGNATURE Nilsen O. Elton	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary of the stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>@ 1 yr.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause on line (c): DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART 1(a) <u>Cont. Hypertension</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
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20a. ACCIDENT, SUICIDE OR HOMICIDE. (SPECIFY):	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I for Part II of item 18.)
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20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year	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	COUNTY	STATE
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21. I certify I attended the deceased from 12-59, to 4-20-62, and that I last saw the deceased alive on 4-20-62 and that death occurred at 11:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Leo Herber M.D.</u>	(Degree or title)	22b. ADDRESS <u>Thief River Falls, Minn.</u>	22c. DATE SIGNED 4/23/62
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23a. BURIAL CREMATION REMOVAL (Specify) Removal burial	23b. DATE 4/24/62	23c. NAME OF CEMETERY OR CREMATORY Lake Park Lutheran Cemetery	23d. LOCATION (City, village or county) (State) Cuba Twp. Becker Twp., Minnesota
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24. DATE FILED BY LOCAL REG. 5-02-62	25. REGISTRAR'S SIGNATURE <u>Henry Storkaus</u>	26. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR <u>S. E. Sinding</u>	ADDRESS Sinding's Funeral Chapel Thief River Falls, Minn.
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MEDICAL CERTIFICATION

Signature of Sub-Registrar S. E. Sinding

4-24, 1962  
Burial or removal permit issued