

MINNESOTA DEPARTMENT OF HEALTH  
Section of Vital Statistics  
CERTIFICATE OF DEATH

17442

LOCAL FILE NUMBER				STATE FILE NUMBER			
1. DECEASED - NAME FIRST MIDDLE LAST <b>Olga Melbye</b>					2. SEX <b>Female</b>	3. DATE OF DEATH MONTH DAY YEAR <b>July 17, 1979</b>	
4a. AGE (IN YEARS LAST BIRTHDAY) <b>89</b>		4b. UNDER ONE YEAR MONTHS DAYS HOURS MINUTES		5. DATE OF BIRTH MONTH DAY YEAR <b>November 19, 1889</b>		6. RACE <b>Caucasian</b>	7. COUNTY OF DEATH <b>Yellow Medicine</b>
7b. LOCATION OF DEATH (CITY, VILLAGE OR TOWNSHIP) <b>Granite Falls</b>				7c. INSIDE CORPORATE LIMITS <b>yes</b>	7d. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Granite Falls Hospital</b>		
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Minnesota</b>		9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SPECIFY <b>Widowed</b>		11. SPOUSE - NAME <b>Oscar Melbye</b>		
12. WAS DECEASED EVER IN U.S. ARMED FORCES SPECIFY YES OR NO <b>No</b>		13. SOCIAL SECURITY NUMBER <b>474-58-5886</b>		14a. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15a. RESIDENCE - STATE <b>Minnesota</b>		15b. COUNTY <b>Yellow Medicine</b>		15c. CITY, VILLAGE OR TOWNSHIP <b>Echo</b>		15d. INSIDE CORPORATE LIMITS <b>No</b>	
16a. FATHER - NAME <b>Johnas Feragan</b>			16b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Norway</b>		17. ADDRESS OF DECEDENT STREET AND NUMBER POST OFFICE <b>Echo, Minnesota 56237</b>		
18a. MOTHER - MAIDEN NAME <b>Maria Hitterdahl</b>			18b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Norway</b>		19. INFORMANT - NAME ADDRESS <b>Alda Mae Anderson-Echo, Minnesota</b>		
20. PART I - DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE (A), (B) AND (C)) A. IMMEDIATE CAUSE <b>Cardiogenic shock.</b>							
B. DUE TO, OR AS A CONSEQUENCE OF							
C. DUE TO, OR AS A CONSEQUENCE OF							
PART II OTHER SIGNIFICANT CONDITIONS <b>Large incarcerated hiatus hernia with recurrent aspiration.</b>						21a. AUTOPSY SPECIFY YES OR NO <b>No.</b>	21b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
22a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED SPECIFY <b>IF DEFERRED CHECK BOX</b>				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 <b>4 26 79</b> to <b>7 17 79</b> and last saw <b>X</b> her alive on <b>7-17-79</b> . I (did, did not) view the body after death. Death occurred at <b>5:15p</b> 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>Kenneth R. Carter</i>				23d. MEDICAL EXAMINER OR CORONER - SIGNATURE			
23e. PHYSICIAN - NAME (TYPE OR PRINT) <b>Kenneth R. Carter, M.D.</b>				23f. MEDICAL EXAMINER OR CORONER - NAME (TYPE OR PRINT)			
23g. MAILING ADDRESS PHYSICIAN, MEDICAL EXAMINER OR CORONER <b>875 Prentice Street, Granite Medical Center, Granite Falls, MN 56241</b>						23h. DATE SIGNED MONTH DAY YEAR <b>July 23 1979</b>	
24a. BURIAL, CREMATION, REMOVAL SPECIFY <b>Burial</b>		24b. CEMETERY OR CREMATORY - NAME <b>Bethlehem Lutheran</b>		24c. LOCATION (CITY, VILLAGE OR COUNTY) (STATE) <b>Ulen, Minnesota</b>			
24d. DATE OF BURIAL, CREMATION OR REMOVAL MONTH DAY YEAR <b>July 20, 1979</b>		25a. FUNERAL HOME - NAME <b>Sunset Funeral Home</b>		25b. FUNERAL HOME - ADDRESS <b>Echo, Minnesota 56237</b>			
26a. DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR <b>July 24 1979</b>		26b. LOCAL REGISTRAR - SIGNATURE <i>Joyce J. Blundt</i>			27. MORTICIAN OR FUNERAL DIRECTOR - SIGNATURE <i>Kon Tursten</i>		

Kon Tursten

SIGNATURE OF SUB REGISTRAR

July 20 1979

BURIAL OR REMOVAL PERMIT ISSUED

MEDICAL CERTIFICATION

2  
89  
1  
1040  
5  
27  
7026  
5229