

Stearns County (Minn.)

Probate Court: Probate case files and index.

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County of Stearns

88

### IN PROBATE COURT

19 459

### PETITION FOR COMMITMENT

In the Matter of the Manbourta

of

Erminia Hanson

Patient.

TV) TILLE	DOMODADIE	DDODATE IIIDO	E OF SAID COUNTY:
111 11115	THE FIVE LATE OF THE PARTY.	FRUDATE BUILD	E OF SAID COUNTY

Your petitioner respectfully represen	ts to the Court and alleges that	nia Haneon
	enue No., St. Cloud, Minn., is did mente	
That your petitioner is	related to the said above named person as follows:	Spouse
That the indications ofmen	tal illness manifested by i	her are as follows:
(Here give fully the symptoms on which	h the charge of mental illness	is based.)
Involutional psychotic reagitation and anxiety.	action, characterized by depression, p	eranoid thinking,
That the said alleged me	ntally ill person will not	appear in Court
	be necessary to issue a warrant to bring h	before this Court.
	nearest relatives of the said patient are:	
Name	Address	Relationship
Lawrence M. Hanson	1028 North 22nd Avenue, St. Cloud	Spouse
Mre. Louise Simurra	8408 157 Avenue Howard Beach 14. New York 8408 157 Avenue	Mother
Mre. Rose Stanton	Howard Beach 14, New York	Sieter
Frank Simurra	1404 14th Street North Bergen, New Jersey	Brother
That said patient was born in	Albania, Italy is about	47
years of age, and the parent oftwo	children.	
That h er residence and place of	f legal settlement is Stearns	County, Minnesota.
(If not a resident of Minnesota, set out as	s fully as possible where he came from, how long	he has been in the County
named.)		

That said alleged patient is not a United States War Veteran.

That no restraint has been employed.

That the supposed cause of mental illness is not known

That the said patient has been treated by H. M. Broker, M.D., St. Cloud, Minn.

Central Minnesota Mental Health Center, St. Cloud, Minn.

That the said patient is the owner of the following described real and personal property, to wit:

House and lot in joint tenancy.

Approximately \$20,000 in savings at Security Federal Savines and Loan, St. Cloud

Jound	to be				mined as to said alleg that *he be	committed in accordance with the statutes
such	case made and	provided.			* hus	inice to Sun con
Count	State of		iota,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
matitic						sworn, deposes and says that he is
						and that the averments of said petition are tr ief, and as to those he believes them to be tru
					x fa	
					- Jan	OLLEGE MADE SOL
\$	Subscribed and su	vorn to before	e me this		day o	1 October 196
					St. Cloud, MINN	Maris E Zarakrama
1	My commission	expires		in Steams &	May B. 1968 , 19	
		T	GED			62 62
	-	OURT	ALLEGED	oatient.	OR	day of 19 62 Clerk.
	sota,	COURT	THE ALLEGED	Patient.	I FOR AENT	Clen
	nnesota,	ATE COURT	R OF THE ALLEGED		ION FOR	Clen
No. 19,45-9	late of Minnesota,	N PROBATE COURT	THE MATTER OF THE ALLEGED	Srminta Hanson Patient.	PETITION FOR COMMITMENT	Filed this 29th day of October 19 62 he Lyn Hillm 8 he Probate Judge Clerk.

STATE OF	MINNESOTA,	

Mental Illness
Sentlity
In the Matter of the Trickfield Deficiency
Mental Deficiency
Epilepsy//

#### IN PROBATE COURT

### ORDER FOR HEARING AND FOR EXAMINATION

of	Erminia	Hanson	
	and the second second		Patient

Lawrence H. Hanson , having filed in this court a petition alleging that the above named patient is a mentally ill person and praying for his commitment;

IT IS ORDERED, That such petition be heard and said patient be examined, in the Probate Court Room in the Court

House in the City of St.Cloud Minnesota

on the 30th day of October ,19.62 , at 10 o'clock AM.,

and that notice hereof be given to said patient Info//

(Probate Court Seal)

John Judge

				A	AFFIDAVIT	OF SI	ERVIC	E					
S	TATE OF MIN	NESOT	Α,	)									
C	County of S	Cear	n- t D		en	THE RESERVE OF THE COURT							
d	lay of Oct				the foregoing ordered state by hand								
	Subscribed	and swor	n to before	me					11				
t	his 29.71	day	of Can	color	, 19 6								
11 -	Mone E	Q.	la re	Ro			Mot. Min						
	1.2.1.00 Max. 1843.	and the state of t	ANGEL STATES	Notary	Public Public								
				1,00			72					013	11
				ient			persona		ient	nen		9 62 Clerk	
		T2	HE	Patient	N Z	CE		1	Patient	County Attorney		7 71	
	fa.	IN PROBATE COURT	IN THE MATTER OF THE		ORDER FOR HEARING AND FOR EXAMINATION	ADMISSION OF SERVICE	and	-	for	fin		Probate Judge	
	Minneenta	ö	RO	uo.	NA.	SE	I hereby admit due an ervice of the within order this	, 18	Attorney for	Cour		1 20	a,
	Hinnres Stearns	TE	FTE	TS.	OR I AND	OF	admit due		ttorr		29th	robo	39514
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7.	=	I P	The 1	nin	DE	OM	ereb the				222	00	
19,	state of	4	IN lental	Erminia Hanson	OR	V	I hereby	fo			Filed this	50	1
	oun		en				raic	an			Fü	Lay	

STATE	OF	MINNESOTA.

### IN PROBATE COURT

In the Matter of the / Sentility / Mental Deficiency /

### ORDER TO APPREHEND AND CONFINE

of. Erminia Hanson Erminia Hanson 1028- 22nd Ave. No., St. Cloud

Patient.

A petition for commitment of said patient having been filed herein,

IT IS ORDERED, That the Sheriff of Stearns County, Minnesota, forthwith

apprehend the above named patient and retain h. Cr. in h. 1.S. custody until further order of this court. Hearing: Oct. 30th, 1962 at 10 A.M.

Dated this 29 day of October , 19 62

(Probate Court Seal)

### STATE OF MINNESOTA,

County of Stearns

### IN PROBATE COURT

IN THE MATTER OF THE ALLEGED mental illness

of Erminia Hanson

Patient.

Order to Apprehend and Confine

Filed this 30 th day of October , 1962.
Roselyn Hushouse Probate Judge Clerk.

No. 3854\*

State of Minnesota,  County of Stearns	88.	IN PROBATE COURT	
In the Matter of the Mental Illne	ss		
		ORDER APPOINTING	
of Erminia Hanson	Patient	GUARDIAN AD LITEM	
A petition having been filed in this Con	ert alleging that the above	e named patient is a	
mentally ill	person and	praying for commitment; and it appearing that	t a guar-
dian ad litem should be appointed to protect  IT IS ORDERED, That A.		on in said matter,	
of St,Cloud	, Minne	sota, be and he hereby is appointed guardian	ad litem
of said patient to act in all the proceedings h	erein.		
Dated October 30th,	,19 62		
(PROBATE COURT SEAL)		John Lang Probate Ju	
	CONSENT		age.
I do hereby consent to act as guardian a	d litem of the patient nar	ned in the foregoing order for the purposes stated	therein.
Dated October 30th, 1962	1/19//	aph. ha	,

County of Stearns

### IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

mental illness

of Erminia Hanson

Patient.

ORDER APPOINTING GUARDIAN AD LITEM

Filed this 30th day of

October

No. 3912\*

88.

### IN PROBATE COURT

In the Matter of the Application of the Hall Deficiency

Fundada Mangan

of	illia nanot	PAA.					
To the Hon.	David T	. Shay		, County Atto	rney of said Co	unty:	
	SIR: Please t	take notice that a	petition has been	filed with the abo	ve court alleging	the	
Mental Illness	al IllnessSenilityInebriety	Mental Deficiency—Epile	of the above i	named patient.			
	You are hereby	notified and requ	ired to appear at	the examination	of said patient	to be held at my	office on
the	30th	day	of Octobe	γ.	19.62at 100	clock A.M., to	represent
the petitioner	r in said matter o	and to take part i	n the said exami	nation as provided	by law.		
	Dated this	30th	day of	October	, 19.6	2.	
(Court Seal)					Sol-	Lang	
					C. T. C.	Judge of Pro	pate.

County of Stearns

### IN PROBATE COURT

Notice to County Attorney Mental Illness, Senility, Inebriety, Mental Deficiency, Epilepsy

In the Matter of	Mental Illness Sentity Inerriety/ Mental Denciency Epilepsy

Erminia Hanson

Due service of the within notice is hereby admitted at day of Minn., this County Attorney.

By Filed in my office this 30th day of

October

No. 260-P

Probate Judge.

State of Minnesota,  County of Stearns	IN PROBATE COURT
Mental Illness (Senility) In the Matter of the Inépriety (Mental/Deficiency/ Epilepsy	APPOINTMENT OF EXAMINERS
of Erminia Hanson	Patient.
Upon all of the files, records and proce	pedings herein,
IT IS ORDERED, That Dr. P.	Stangl and Dr. J. P. McDowell
are appointed to assist in the examination of said pa	tient.
Dated this 30th	day of October , 19.62.
(Probate Court Seal)	John Long

County of Stearns

### IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

Mental Illness

of Erminia Hanson

Patient.

### Appointment of Examiners

Filed in my office this 30th day of

October 19 62

Rosely Clerk-Judge of Probate.

No. 401-R-P

State	nf	Minnesota.
A 444 44	414	DUSCALLE THAT TO

IN PROBATE COURT

In the Matter of the

Mental Illness Mental Deficiency

OATH OF EXAMINERS

of Erminia Hanson

Patient.

State of Minnesota.

County of

Stearns

W. Dr. P. E. Stangl

and Dr. J. P. McDowell

do each swear that we will faithfully and justly perform all the duties of the office and trust which we now assume as members of the Board of Examiners to examine the above named patient, and determine as to here being mentally ill to the best of our ability.

Subscribed and sworn to before me this

(Probate Court Seal)

30th day of

State	nf	Minnesota	1
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88.

### IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

Mental Illness

of Erminia Hanson

Patient.

### OATH OF EXAMINERS

Filed this 30th day of

October , 19.62

Reselye Kuthanie Probate Budge Clerk.

### SOCIAL AND MEDICAL HISTORY REPORT

#### TO BE COMPLETED BY COURT

Patient's Name (Last, First, Middle)

HANSON, Erminia

Petitioner's Name Hanson, Lawrence M. Address

1028 22nd Avenue North, St. Cloud, Minnesota

Relationship to Patient

Spouse

### TO BE COMPLETED BY COUNTY WELFARE DEPARTMENT

County of Legal Settle	ment Stearns	Date of Birth 10-22-15	Place of Birth Albania, It				
Social Security No. Not known	Length of Time in U.S.?	Citizen of U.S.? Yee	Marital Status Married	11-13-4	A STATE OF THE PARTY OF THE PAR	yln, N	ew Yor
Sex Female	Race Caucasian	Religion Roman Cathol	lic	Color Eyes Brown	Color Hair Black-	The second secon	Height 5-3

Patient's behavior leading to petition for hearing: Describe factors which led to petition. Indicate source of information.

Involutional psychotic reaction, characterized by depression, paramoid thinking, agitation and axiety. Central Minnesota Mental Health Center, and H. M. Broker, M.D., St. Cloud, Minnesota

### MENTAL SIGNS AND SYMPTOMS: Indicate source of information

Appearance

Indifferent to personal appearance and clothing.

Attitude of patient to others

Withdrawn, suspicious, jealous

Mood

Depressed, stable

Content of thought (fears, delusions, obsessions, etc.)

Patient is convinced that spouse and neighbors are against her - somatic pre-occupation - paranoid thinking.

Hallucinations: Indicate type (hearing, seeing, or feelings - things that actually do not exist)

Nothing of a hallucinatory nature observed.

Intellect and Memory: Indicate psychological test data, if available,

No known memory impairment. However, patient's judgment appears to be "way off".

Orientation as to time, place, and person

Well oriented except during occasional hysterical episodes.

Describe patient's adjustment and personality prior to onset of illness. (Significant facts of early life. Include school adjustment and age at which highest grade was attained. Describe any anti-social behavior. Give source of information.

The patient reportedly completed the 8th grade and then was employed at various jobs until her marriage at the age of 28 or 29.

WORK RECORD: Give jobs in chronological order. Get verified information whenever possible.

Employer and Address	Kind of Work	Dates	Wage	Reason for Leaving
The patient has not	been employed out	of the home sir	ack her	marriage.

MEDICAL HISTORY: Indicate only major events believed by patient or family to be significant in relation to present illness. Give dates and places of any previous hospitalization for mental illness, senility or alcoholism. Include any intemperate use of alcohol or drugs. Does patient have any acute or chronic illness or handicap? Give source of information.

Appendectomy and tumor removed from abdomen approximately ten years ago.

Patient does not use alcohol but does smoke excessively.

Reportedly in good health and was never hospitalized for mental illness before.

Describe patient's home situation including family relationships and attitudes. (What does family think of patient? What does patient think of family?) Indicate briefly, living conditions (physical) in relation to care of patient.

Patient's husband is sympathetic and desires that she be treated for her problem.

Resources available for care of patient if not hospitalized: Availability of suitable nursing, boarding, or relative home, etc.

PATIENT'S PROI	PERTY	Monthly Income	PATIENT'S DEBTS	
Туре	Pres. Cash Val.	from Property or Pensions	To Whom Owed? (Name and Address)	Amount
House and lot in	joint tenand	У		
Approx. 20,000 11	eavings at	the Security	Federal Savings and Loan, St. Cla	ud

Name of company and types of hospital insurance carried by patient

Benefit Assn. of Railrway employees

Give employer's name Great Northern Rwyl. Monthly	nson, 1028 22nd Aven DEBTS OF RESPONSI Type of Debt or Expense	BLE RELATIVE	Monthly Payment
Pensions, OASI, etc. St. Cloud, Minn	Mtg. on home	\$8900 (?)	\$71.65
Dividends and Interest	The Control of the Co	4-700 117	6/1.03
Rent		+	
Salary Approx. \$8000.00 yrly.			
TOTAL INCOME		_	
TOTAL INCOME			

PROPERTY	OF	RESPONSIBLE	RELATIVE
----------	----	-------------	----------

PROPERTY OF RESPONSIBLE RELATIVE	DEPENDENTS OF RE	SPONSIBLE RELATIVE	E
Joint savings account with gouse	Name	Relationship	Age
House and lot in joint tenancy	Louise Hanson	Daughter	14
	Christi ne Hanson	Daughter	10

Discharge Planning: With whom should such plans be made when discharge becomes possible? Indicate relationship.

Discharge planning should be made with patient's husband and with the County Welfare Agency.

Worker's Impression: Evaluation of present situation.

Patient's husband recognizes that patient's condition has become progressively worse, and that she should receive treatment.

Name	Date & Place of Birth	Brothers, Sisters, Spouse*, Ch Address	Occupation	ive maiden nar S.S. No.	C#	Mantalas
Father			Secupation	12101 1101	· #	Mental or Phys. Disab.
Frank Simura	a Expired appro	ximately 30 yrs. ago.				
Mother* Louise (?) "	Approx 70		Housewife			Not bear
Brothers - Sisters brother						Not knows
ne/and bne sister						
Spouse*					-	
wrence M. Hanson	5-11-23	1028 22nd Avenue No.	Fireman			Good Heal
Children						GOOG ASE
Duise Hanson	10-1-48	1028 22nd Avenue No.	Student	in 9th grad	a at C	Athadral F
ristine Hanson	3-25-52	1028 22nd Avenue No.	Student :	in 5th grad	ie at S	t. Paul's
County Welfare Depa	rtment	Date	Simusture	A W. H. D.	1.01	00
	Stearne	Date 10-26-62		of Welfare Dire	x pop A	John by
TO BE FILLED OUT	BY THE PHYSICIAN:	Additional or different infor	mation than al	ready stated r	elative to	the following
	ling to petition for hear					
agit	alid - Fre	Ration - anx.	caces -			
Mental signs and sym						
na	isy in co	uverration				
Attitude of patient						
Breez	gerent to	word Kusband				
Mood and content of						
Jook	Children a	ur of ochool				
Hallucinations						
74000 1	ter tell.		7			
Intellect and memory	orientation	ruiguez al 41	cce			
	ate Confus					
	ing current medications					
		11.01	1 . 1			
Has patient threatened	or injured others? If s	on how? "	4 aced	10		
parioni inicatened	or attempted suicide?					
Does nationt have a ne		i ii so, now manifested? - 7/	0			
Does patient have a pr		76				
Does patient have a pr Is patient destructive? Name of family physic	If so, how? To	ignature of examining physicia		nature of exam		A Land

#### STATE OF MINNESOTA

IN PROBATE COURT

County of Stearns

Findings of the

In the Matter of the Septisty / Insepriety / / Psychopathic personality / /

BOARD OF EXAMINERS

30	Erminia	Hanson	

We, the Board of Examiners, in the above entitled proceedings, hereby certify and report that on Oct. 30th 19 62 at 10 o'clock in the fore noon of said day we met at the Court House in the City of St. Cloud., Minnesota Name of City or Village for the purpose of determining whether the above named is a mentally ill person, as alleged in the petition in the above entitled proceeding.

David T. Shay

County Attorney appeared in behalf of petitioner, and A.B. Hinnenkamp

Guardian ad Litem

Appeared in behalf of said patient who was personally present and was examined and observed by us. All proper testimony offered by interested persons was received and considered.

From the examination so made by us and upon due consideration of all of the testimony received, we find and determine that the above named is a \_\_mentally ill \_\_person and the court finds that commitment to an institution for the care of mentally ill - sendle / inchriate/and/psychopathic/personality/is necessary for the welfare and protection of the patient and society.

Dated at St.Cloud, Minnesota

This 30th day of October 19 62

frimedacuell M.D.

John Lange M.D.

STATE OF MINNESOTA
County of Stearns
PROBATE COURT

REPORT OF EXAMINATION DPW - Med. 1042 (Rev. 2-60)

In the Matter of Erminia Hanson difficulty by population of the second secon

Benlyn Hyllent

County of Stearns

### IN PROBATE COURT

In the Matter of the Alleged Mental Illness
of Erminia Hanson,

	eding hereby certify and report that on the 30th  o'clock in the fore noon of said day, we met at the
Court Room of the above named Probate Court in the	City of St. Cloud
in the County of Stearns Erminia Hanson	State of Minnesota, for the purpose of determining whether is an mentally ill person,
as alleged in the petition in the above entitled proceeding,	David T. Shay , Esquire,
	petitioner
The said Erminia Hanson	was present and was examined
and observed by us. All proper testimony offered by any	person interested was received and the following named persons
were duly sworn and testified concerning the matters set for	th in said petition:
The following proceedings were also had and taken:	

We also elicited from said. Erminia Hanson and the several witnesses appearing before us in said proceedings information required to properly answer the questions set forth in Spherfule. hereto attached and have set forth in said schedule the information so obtained and responsive to the said several questions respectively.

From the examination so made by us and upon due consideration of all the testimony received we find and determine that

Erminia Hanson

A/A berech hot possible of the patrice of the patrice of the habitual and excessive use by hard structure in the patrice of the patrice of the habitual and excessive use by hard structure in the patrice of the patrice

NOTE: Strike out two of the paragraphs not appropriate to the case. In inebriate cases answers to Schedule A should be attached.

In insanity cases answers to Schedule B should be attached.

0024 1437

County of Stearns

# IN PROBATE COURT

IN THE MATTER OF THE ALLECED

Mental Illness

Erminia Hanson

# Report of the Board of Examiners

# State of Minnesota,

original and the whole thereof. same to be a true and correct copy of such on file in said Court, and have found the the within copy of the Report of the Board of Examiners with the original thereof I do hereby certify that I have compared

Copy this 30th day of Witness my hand and the seal of said October

Joselyn Richouse

No 3781.

County of Stearns

}88.

# IN PROBATE COURT CERTIFICATE

This is to certify that Dr. P. E. Stangl	
of St. Cloud, Minnesota	is a reputable person, a graduate
of Rush Medical College	which is an incorporated medical
college; that he is a permanent resident of this State, has been in t	he actual practice of the profession of medicine for at least
one year next preceding to the date hereof, and is registered as lice	nsed by the State Board of Medical Examiners; that he is
neither superintendent, proprietor, an officer, or regular medical	attendant of any institution for the care and treatment of
Mental Illness	
	fel L
(SEAL)	Judge of Probate.
Dated October 30th ,18	, 62

(Note—A copy of this certificate is to be filed in the Court and original delivered to the doctor. Sec. 3857. R. L. 1905.)

State of A	Ainnesota,
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# PROBATE COURT

IN THE MATTER OF

the Mental Illness of

Erminia Hanson

### CERTIFICATE

Filed October 30th, 1962

, 19.62

Reselyn Kuphouse

Form prescribed by State Board of Control, pursuant to Sec. 3871, Revised Laws of 1905.

County of Stearns

88.

# IN PROBATE COURT CERTIFICATE

Th	is is to certify that Dr. J. P. McDowell	
of	St. Cloud, Minnesota	is a reputable person, a graduate
of	Milwaukee University	which is an incorporated medical
	hat he is a permanent resident of this State, has been in the o	
	superintendent, proprietor, an officer, or regular medical atte	
	Mental Illness	
(S	SEAL)	Sel Judge of Probate.
D	Oated October 30th ,196	

(Note-A copy of this certificate is to be filed in the Court and original delivered to the doctor. Sec. 3857. R. L. 1905.)

County of Stearns

# PROBATE COURT

IN THE MATTER OF

the mental illness of

Erminia Hanson

### CERTIFICATE

Filed October 30th,

...., 1962

Form prescribed by State Board of Control, pursuant to Sec. 3871, Revised Laws of 1905.

State of Minnesota,	ss. IN PROBATE COURT
County of Stearns  Mental Illness  In the Matter of the Schilling Inchinity	Warrant of Commitment and Superintendent's Receipt .
of the State Hospital, Anoka,  The above named patient having been four sheriff is commanded to convey and deliver su Anoka	
(PROBATE COURT SEAL)	
Receipt of the above named patient, a dup are hereby acknowledged.	or OF SUPERINTENDENT licate of this warrant, and a certified copy of the report of examination  ay of October 1962  Derawe Texton 18.60.  Superintendents

County of Stearns

### IN PROBATE COURT

IN THE MATTER OF THE

Mental Illness

of. Erminia Hanson

Patient.

### Warrant of Commitment and Superintendent's Receipt

Voucher No.

Filed this

1st

day of

November

19

No. 409 14-R-P

State	of	Minnesota,
or teer	O.	Therese marred

a, (

### IN PROBATE COURT

IN THE MATTER OF

the Mental Illness of

Erminia Hanson

JUDGMENT

The above entitled proceeding having been duly commenced	by petition and said
Erminia Hanson	having been personally before the Court, and
examined as to mental illness by a Board of	
said Board of Examiners having been duly filed herein, whereby	y said erminia Hanson
has been found to be mentally ill	
NOW, THEREFORE, Upon reading and filing said rep	port and upon all the records and proceedings herein, IT IS
HEREBY ADJUDGED AND DETERMINED, and the	Court does hereby adjudge and determine, that the said
Erminia Hanson	is mentally ill
and a proper person for care and treatment in a State Instituti	
	ADJUDGED, That the said
Erminia Hanson	be committed to the custody of
Superintendent, Anoka State Hospital	and that triplicate warrants of
commitment be issued out of and under the seal of this Court,	as provided by law, to carry this judgment into effect.
Dated October 30th, 1962	
	Vadge of Probate, Stearns County.

County of Stearns

# PROBATE COURT

IN THE MATTER OF

the Wental Illness of

Erminia Hanson

# JUDGMENT

Filed October 30th, 1962

Hecorded in Book 2 of
Judgments on Page 37d

### PROBATE COURT County of Stearns STATEMENT OF PROPERTY

In the Matter of

Erminia Hanson

Mentally Ill Person—Senile Person Inebriate Person—Psychopathic Personality

to the Anoka Minnesota State Hospital.

		STATEMENT OF PROPERTY OF PATIENT, SPOUSE, CHILDE	REN OR PARENTS:
		(State whice	h)
1.	REAL		
	A.	Homestead Sint Tenancy subj 18890 Description	virgo
3.			
4.		buildings on Homestead	
5.		used for	
6.		of such buildings	
7.		l income from Homestead	
8.		ere any mortgages or liens against the above realty	
		ut	
		Other lands:	
1.		ption	
2.			
3.		ngs thereon	
4.		or not	
		l income	
6.	Are th	ere any mortgages or liens against the above lands	
	Amou	ut When due	
	C.	Household goods	Value \$
	D.	Stock list	
			Value \$
	E.	Machinery list	
			Value \$
	F.	Notes, mortgages, corporate stocks, bonds, etc., list	
		A. A	
	G.	Cash Sewing - 13mes \$ 20,000	
	H.	Other property	

On October 30th , 1962 , this Court committed Erminia Hanson

persons upon whom liability is imposed by law for h er care and support is as follows:

In accordance with Laws of Minnesota 1947, Chapter 622, Section 4, I find the property of said patient and of the

Total, \$

	77-117-1500	Total *
	Net Va	Total \$
IILY:	M. HansonAddress 1028 22 Aven	
Spouse Lawrence P	Address	
CRUGTER	Address	Age Age
	Address Address	Age Mother
Parents Louise S		Age Age
	Address	and the second s
Guardian	7.0	
Dated October 3	100000000000000000000000000000000000000	John Lour
(PROBATE COURT	SEAL)	John Jong Probate Judge.
		0
		Jo Z
	son	day of 19 62
nta. IRT	Person Person Person Person Person Person Person Person	day of , 19 62
negata, OURT	Senile Person adnic Personality  Property	th day of , 19 62
File No. 19, 459  State of Minnebuta.  County of Stepens  PROBATE COURT	In the Matter of  Erminia Hanson,  Mentally Ill Person—Servic Person  Individe   Person—Servic Person  Statement of Property	Soth day of

State of Minnesota,  County of Stearns	IN PROBATE COURT, EXAMINER'S FEE CLAIM.
In the Matter of the Mental Illnes	
of Erminia Hanson	
Dr. J. P. McDowell	on being first duly sworn, says that he has a
just and true claim against said County for se	rvices in the above entitled matter as follows:
Services as examiner	\$10.00
2mile	of necessary travel at 15c per mile \$ .30
	TOTAL - \$ 10.30
	It med owelland
Subscribed and sworn to before me this	30th day of October 19 62
	John Lang
	Aleft Judge of Probate.

County of Stearns

# PROBATE COURT

IN THE MATTER OF THE

Mental Illness

of Erminia Hanson

### EXAMINER'S FEE CLAIM

Filed this 30th day of

October 19\_62

Roselyn Kuckhause Clerk-Thidge of Probate.

No. 3784\*

State of Minnesota,  County of Stearns	}ss. IN	PROBAT EXAMINER'S	E COURT	
In the Matter of the Mental Illne	33			
of Erminia Hanson	)			
Dr. P. E. Stangl		on being	first duly sworn, says	that he has a
$just\ and\ true\ claim\ against\ said\ County\ for\ s$	services in the above entitled	matter as follows:		
Services as examiner			\$10.00	
2mile	of necessary travel at 15c	per mile \$	.30	
	T	OTAL PE L	10.30.	À
Subscribed and sworn to before me this	30th	day of	October	. 19 62
		John	There Judge of	
			Therk Judge of	Probate.

County of Stearns

### PROBATE COURT

IN THE MATTER OF THE

Mental Illness

of Erminia Hanson

#### EXAMINER'S FEE CLAIM

Filed this 30th day of

October 19 62

Clerk-Judge of Probate.

No. 3784\*

State of Minnesota.  County of Stearns	IN PROBATE COURT EXAMINER'S-FEE ORDER
IN THE MATTER OF THE Mental Ill	ness)
of Erminia Hanson	
Dr. P. E. Stangl	having been duly appointed an examiner in
Mental Illness	in the above entitled matter by an order of this Court and
having filed his duly verified claim for fees allowed by law	therefor.
Now, therefore, it is hereby ordered and adjudged the	at the said Dr. P. E. Stangl
	be and he hereby is allowed
Ten and 30/100	Dollars (\$ 10.30
for his services herein and that upon filing this order with	h the Auditor of said County an order for said amount shall be drawn
by said Auditor upon the Treasurer of said County.	
Dated October 30th	, 19.62.
	Par the Court

# County of State of Minnesota.

State of Winnesota,

Stearns County of ....

COURT PROBATE

In the Matter of the Mental Illness

Erminia Hanson

Examiner's-Fee Order

Filed this 30th day of

October , 1962

County aforesaid, and that the same is a true copy thereof, and of the whole of said original order and record. hereby certify that I have compared the within order with the original thereof on file and of record in the Probate office of the In testimony whereof, I have hereunto affixed the seal of the Probate Court of said County, and signed my name this

of the Probate Court of said County, do

Clerk-Judge of Probate

day of

IN PROBATE COURT - EXAMINER'S-FEE ORDER
}
having been duly appointed an examiner in
in the above entitled matter by an order of this Court and
r.
id Dr. J. P. McDowell
be and he hereby is allowed
Dollars (\$ 10.30
uditor of said County an order for said amount shall be drawn
19.62
Court, John Long
, ,

# State of Minnesota.

County of

88.

State of Minnesota,

County of Stearns

PROBATE COURT

In the Matter of the Mental Illness

of Erminia Hanson

Examiner's-Fee Order

Filed this 30th day of

October , 19 6

Reselp Keephouse Clerk Shippe of Probate

County aforesaid, and that the same is a true copy thereof, and of the whole of said original order and record hereby certify that I have compared the within order with the original thereof on file and of record in the Probate office of the In testimony whereof, I have hereunto affixed the seal of the Probate Court of said County, and signed my name this

of the Probate Court of said County, do

Clerk-Judge of Probate

# State of Minnesota

# IN PROBATE COURT

In the	Matter of th	e mental	illness	of
	Erminia	Hanson		-

Fee Claim -- Officer

	on being first duly sworn says	
claim against said County for services and disbursements by person to the State Hospital		Anoka
in said State, more particular set forth, as follows:	at	
Transportation from St. Cloud, Minn., to Anoka 52 miles at 10¢ amile	, for 3	persons \$ 5.20
Hotel at		- \$
Modging Kand meals for 2	persons	- \$ 2.55
Transportation from Anoka	to St. Cloud, for 2	persons \$ 5.20
Reasonable compensation of1assistant	4	- s 10.00
Warrant and mileage		- ss
Subscribed and sworn to before many statements of the statements o	C1 100	\$ 22.95 of Steams County, Minn.

State of Minnesota COUNTY OF STEARNS

#### PROBATE COURT

In the Matter of the Mental ill of

Erminia Hanson

#### Fee Claim -- Officer

Filed this 1st

day of November

A. D. 19 62

Clerk /Judge of Probate

Form prescribed by State Board of Control pursuant to Sec. 3871, Revised Laws 1905.

State	nf	Minnesota,
20 TOTT	414	240 00000 4141 400

Stearns

88.

#### IN PROBATE COURT OFFICER'S FEE ORDER

IN THE MATTER OF THE mental illness

of Erminia Hanson

Peter Lahr

County of

having been duly authorized by this Court to convey

the above named person to the State Hospital and having filed herein his duly verified claim for fees allowed by law therefor.

Now therefore, it is hereby ordered and adjudged that the said

Peter Lahr

be and he hereby is allowed

Twenty-two and 95/100

Dollars (\$ 22.95 ) for his services herein and

all disbursements actually and necessarily made for travel and expenses of himself, the patient, and assistants, and that upon filing this order with the Auditor of said County an order for said amount shall be drawn by said Auditor upon the Treasurer of said County.

By the Court,

Judge of Probate

Dated November 1st,

19 62

# State of Minnesota,

County of

this

State of Minnesota,

County of

Stearns

PROBATE COURT

mental illness IN THE MATTER OF THE

Erminia Hanson

OFFICER'S FEE ORDER B. C. 12 D.

Filed this 1st day of November

19 62

Shillife of Probate.

No. 3695\*

Clerk—Judge of Probate.

0024 1460

the County aforesaid, and that the same is a true copy thereof, and of the whole of said original order and record.

In Testimony Whereof, I have hereunto affixed the seal of the Probate Court of said County, and signed my name

do hereby certify that I have compared the within order with the original thereof on file and of record in the Probate office of

of the Probate Court of said County,

AME (Last, First, Middle)  Date of Commitment 10-30-62  Lem No. The number listed to the left and also checked below reports a change in Status for the patient named above.  Discharge in Status for the left and also checked below reports a change in Status for the patient named above.  Discharge in Status for the left and also checked below reports a change in Status for the patient named above.  Discharge in Status for the left and also checked below reports a change in Status for the patient named above.  Discharge in Status for the patient named above.  Discharge of Provisional Discharge to [Address]  Discharge by Commissioner of Public welfare.  Discharge by Commissioner of Public welfare for the patient for Needed.  Discharge by Commissioner of Public welfare (only for items not on Daily Population Report of Public welfare (only for items not on Daily Population Report FileD [PMW Med 1185]  Report to Provisional Discharge (only for items not on Daily Population Report FileD [PMW Med 1185]  Discharge in Status for the patient named above.  Discharge in Status for the patient	40.40		Date of Report
HAMSON, Frainta 10-30-62  The number listed to the left and also checked below reports a change in Status for the patient named above.  [El 1. Provisional Discharge to Lawrence M. Hanson, husband (Name)  1028 - 22nd Avenue North, St. Cloud, Minnesota (Address)  2. Expiration of Provisional Discharge.  3. Revocation of Provisional Discharge to 19  5. Discharge as Recovered.  6. Discharge by Commissioner of Public Welfare.  7. Discharge by Court Order Issued by  8. Discharge or Deportation to  9. Discharge to Veterans Hospital at  10. Transfer to State Hospital.  11. Escape  12. Return from Escape  13. Death Due to Age at Death Duration of last Illness  Diagnosis Condition  Further Institutional Care and Treatment Are Needed.  Further Institutional Care and Treatment Are Needed.  Superintendent's Signature Jethy Date 12-11-62  Jerome D. Textor, Acting Medical Director County Welfare Ecard.  Department of Public Welfare (only for items not on Daily Population Report DFW Med 1185)  Report to Probate Count FileD DFW Med 1185		The second secon	
1. Provisional Discharge to Lawrence M. Hanson, husband (Name)   1028 - 22nd Avenue North, St. Cloud, Minnesota (Address)     2. Expiration of Provisional Discharge.     3. Revocation of Provisional Discharge to 19     5. Discharge as Recovered.     6. Discharge by Commissioner of Public Welfare.     7. Discharge by Court Order Issued by     8. Discharge or Deportation to     9. Discharge to Veterans Hospital at     10. Transfer to State Hospital.     11. Escape     12. Return from Escape     13. Death Due to Age at Death Duration of last Illness     14. Report of findings     Diagnosis   Condition   Further Institutional Care and Treatment Are Needed.     Superintendent's Signature   State Hospital Director County Welfare Board.     Department of Public Welfare (only for items not on Daily Population Report DPW Med 1185     Report to Probate Court 246	ME (La	st, First, Middle)	Date of Commitment
1028 - 22nd Avenue North, St. Cloud, Minnesota (Address)   2. Expiration of Provisional Discharge.   3. Revocation of Provisional Discharge to	em No.	The number listed to the change in Status for the	he left and also checked below reports a he patient named above.
2. Expiration of Provisional Discharge.     3. Revocation of Provisional Discharge.     4. Extension of Provisional Discharge to   19     5. Discharge as Recovered.     6. Discharge by Commissioner of Public Welfare.     7. Discharge by Court Order Issued by     8. Discharge or Deportation to     9. Discharge to Veterans Hospital at     10. Transfer to   State Hospital.     11. Escape     12. Return from Escape     13. Death Due to   Age at Death   Duration of last Illness     14. Report of findings   Diagnosis   Condition   Purther Institutional Care and Treatment Are Needed.   Superintendent's Signature   Jerone D. Textor, Acting Medical Director     CC   Stearns   Steare   County Welfare Board.     Department of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (only for items not on Daily Population Report of Public Welfare (onl	<b>A</b> 1.	Provisional Discharge to	awrence M. Hansan, husband
3. Revocation of Provisional Disharge.  4. Extension of Provisional Disharge to		1028 - 22nd Avenue North,	St. Cloud, Minnesota
4. Extension of Provisional Discharge to	□ 2.	Expiration of Provisional Dis	scharge.
5. Discharge as Recovered.   6. Discharge by Commissioner of Public Welfare.   7. Discharge by Court Order Issued by     8. Discharge or Deportation to     9. Discharge to Veterans Hospital at     10. Transfer to   State Hospital.     11. Escape     12. Return from Escape     13. Death Due to     Age at Death   Duration of last Illness     14. Report of findings     Diagnosis   Condition   Further Institutional Care and Treatment Are Needed.     Superintendent's Signature   Signa	□ 3.	Revocation of Provisional Dis	harge.
6. Discharge by Commissioner of Public Welfare.   7. Discharge by Court Order Issued by     8. Discharge or Deportation to     9. Discharge to Veterans Hospital at     10. Transfer to   State Hospital.     11. Escape     12. Return from Escape     13. Death Due to   Age at Death   Duration of last Illness     14. Report of findings   Diagnosis     Condition   Further Institutional Care and Treatment Are Needed.     Superintendent's Signature   Jerome D. Textor, Acting Medical Phrector     CC   Stearns   State Hospital.     County Welfare Board.     Department of Public Welfare (only for items not on Daily Population Report DPW Med 1185   Report to Probate Court 2445     Report to Probate Court 2445   Report to Probate Court 2445     Report to Probate Court 2445   Report to Probate Court 2445     Report to Probate Court 2445   Report to Probate Court 2445     Report to Probate Court 2445   Report to Probate Court 2445     Report to Probate Court 2445   Report to Probate Court 2445     Report to Probate Court 2445   Report to Probate Court 2445     Report to Probate Court 2445   Report to Probate Court 2445     Report to Probate Court 2445   Report to Probate Court 2445     Report to Probate Court 2445   Report to Probate Court 2445     Report to Probate Court 2445   Report to Probate Court 2445     Report to Probate Court 2445   Report to Probate Court 2445     Report to Probate Court 2445   Report 1865	<u></u>	Extension of Provisional Disc	harge to
7. Discharge by Court Order Issued by	housed		
S. Discharge or Deportation to   9. Discharge to Veterans Hospital at   10. Transfer to	□ 6.	Discharge by Commissioner of	Public Welfare.
3. Discharge or Deportation to   9. Discharge to Veterans Hospital at   10. Transfer to   State Hospital.   11. Escape   12. Return from Escape   13. Death Due to   Age at Death   Duration of last Illness   14. Report of findings   Diagnosis   Condition   Further Institutional Care and Treatment Are Needed.   Purther Institutional Care and Treatment Are Not Needed.   Superintendent's Signature   Jerome D. Textor, Acting Medical Director   County Welfare Board.   Department of Public Welfare (only for items not on Daily Population Report DPW Med 1185   Report to Probate Court   24.5   R	□ 7.	Discharge by Court Order Issu	ed by
10. Transfer to State Hospital.     11. Escape     12. Return from Escape     13. Death Due to Age at Death Duration of last Illness     14. Report of findings Diagnosis     Condition     Further Institutional Care and Treatment Are Needed.     Further Institutional Care and Treatment Are Not Needed.     Superintendent's Signature     CC Stearns     Department of Public Welfare (only for items not on Daily Population Report DFW Med 1185     Report to Probate Court 245	□ 8.		
11. Escape  12. Return from Escape  13. Death Due to Age at Death	□9.	Discharge to Veterans Hospita	1 at
13. Death Due to Age at Death Duration of last Illness  14. Report of findings Diagnosis Condition  Further Institutional Care and Treatment Are Needed. Further Institutional Care and Treatment Are Needed. Superintendent's Signature CC Stearns  Department of Public Welfare (only for items not on Daily Population Report DPW Med 1185  Report to Probate Court	] 10.	Transfer to	State Hospital.
Age at Death Due to Age at Death Duration of last Illness  14. Report of findings Diagnosis Condition  Further Institutional Care and Treatment Are Needed.  Further Institutional Care and Treatment Are Not Needed.  Superintendent's Signature  CC Stearns  Department of Public Welfare (only for items not on Daily Population Report DPW Med 1185  Report to Probate Court	] 11.	Escape	
Age at Death Duration of last Illness  14. Report of findings Diagnosis Condition  Further Institutional Care and Treatment Are Néeded.  Further Institutional Care and Treatment Are Not Needed.  Superintendent's Signature  CC Stearns  Department of Public Welfare (only for items not on Daily Population Report DPW Med 1185  Report to Probate Court  Report to Probate Court	] 12.	Return from Escape	
Diagnosis  Condition  Further Institutional Care and Treatment Are Needed.  Further Institutional Care and Treatment Are Needed.  Superintendent's Signature  CC Stearns  Department of Public Welfare (only for items not on Daily Population Report DPW Med 1185  Report to Probate Court  Report to Probate Court	]13.	Death Due to	
Diagnosis  Condition  Further Institutional Care and Treatment Are Needed.  Further Institutional Care and Treatment Are Not Needed.  Superintendent's Signature  CC Stearns  Department of Public Welfare (only for items not on Daily Population Report DPW Med 1185  Report to Probate Court  Report to Probate Court  FILED INIS		Age at Death	Duration of last Illness
Further Institutional Care and Treatment Are Needed.  [ Further Institutional Care and Treatment Are Not Needed.  Superintendent's Signature  [ CC Stearns	] 14.		
Superintendent's Signature  CC Stearns  Department of Public Welfare (only for items not on Daily Population Report DPW Med 1185  Report to Probate Court		Condition	
Department of Public Welfare (only for items not on Daily Population Report DPW Med 1185  Report toProbate Court FILED INIS 245		Purther Institutional	Care and Treatment Are Not Needed.
DPW Med 1185  Report toProbate Court  FILED INIS 249			
hb Report to Probate Court 749	De	partment of Public Welfare (on	ly for items not on Daily Population Repor
hb FILED THIS A 7.9			Report toProbate Court
	1	nb	FILED THIS 24 4

RE	PO	RT	T	0	
PR	OB	ATE		COU	RT

5.762.1	ce with Minnesota Statutes 253.10, 253.16, 525.735. This Report is Submitted From the Above Named Hosp	itai.
		of Report
obate Cour	COL STEATHS	of Commitment
ME (Last,	First, Middle)	O' COLLINE CHOICE
	ANSON, Erminia	0-30-62
em No.	The number listed to the left and also chec	ked below reports a
3	change in Status for the patient named above	0.
_		
1.	Provisional Discharge to (Name)	
-	(Address)	
2.	Expiration of Provisional Discharge.	
FT 3.	Revocation of Provisional Discharge.	
P		19
☐ 4.	Extension of Provisional Discharge to	
T 5.	Discharge as Recovered.	
☐ 6.	Discharge by Commissioner of Public Welfare.	
☐ 7.	Discharge by Court Order Issued by	
F 8.	Discharge or Deportation to	
T 9.	Discharge to Veterans Hospital at	
☐ 10.	Transfer toState He	2017201120
☐ 11.	Escape	
12.	Return from Escape	
☐ 13.	Death Due to	
	Age at Death Ouration of last	Illness
14.	Report of Findings Diagnosis	
	Condition	
	Further Institutional Care and Treatment	Are Needed.
	Further Institutional Care and Treatment	A Date
	Superintendent's Signature the Ancheste	Pledical Director
	Const R. Docher oy, Man	
	CC Stearns County Welfare Boar	rd. FILED THIS 26th
		OF November A.I
		- Horely Aug
	partment of Public Welfare (Only for items not on D	aily Population Report

In conformance wit 525.762.1. This F	h Minnesota Statutes 253.10, 253.16, 525.735-1, 525.753-4 and Report is Submitted From the Above Named Hospital.	
TO	Date of Report	
Probate Court of		
NAME (Last, First	, Middle) Date of Commitment	
Item No. The	rminia 10-30-62	
	number listed to the left and also checked below reports a age in status for the patient named above.	
	go at Blatab 101 the patient named above.	
x 1.	Provisional Discharge to Lawrence M. Hanson, husband	
	(Name)	
	1028 22nd Ave. North, St. Cloud, Minn.	
/ / 2.	(Address) Expiration of Provisional Discharge.	
E W.	mapridessir of Erovicional Discharge.	
7 3.	Revocation of Provisional Discharge.	
[] 4.	Extension of Provisional Discharge to 19	
r) 5.	Discharge as Recovered.	
☐ 6.	Discharge by Commissioner of Public Welfare.	
C] 7.	Discharge by Court Order Issued By	
√ 8.	Discharge or Deportation to	
Same .		
□19.	Discharge to Veterans Hospital at	
☐10.	Transfer toState Hospital,	
<u></u>	Escape.	
口12.	Return from Escape.	
∠713.	Death due to	
F-414.	Age at Death Duration of last illness	
F -4 14.	Report of Findings Diagnosis	
	Condition	
Supe	Further Institutional Care and Treatment are Needed.  Further Institutional Care and Treatment are not Needed.  Further Institutional Care and Treatment are Needed.  Further Institutional Care and Treatment are Needed.  Further Institutional Care and Treatment are not Needed.	
CC_	Stearns County Welfare Board.	
hb		
Department o	of Public Welfare (Only for items not on Daily Population Report)	
DI2 II	Report to Probate Court	
	FILED THIS 13th	_ DA
	OF January A.D. 1 Roselyn Bush	9 64
		me.

THE PARTY OF THE P	STEARNS	Date of Report 7-6-64 County	
robate Court of AME (Last, First, HANSON, Erminia	Middle)	Date of Commitment 10-30-62	2
Tho m	umber listed to the left a e in status for the patient	nd also checked below reports a t named above.	
[] 1.	Provisional Discharge to	(Name)	
		(Address)	
[] 2.	Expiration of Provisiona		
[*xy 3.	Revocation of Provisiona		
□ 4.	Extension of Provisiona	l Discharge to19	
<i>[]</i> 5.	Discharge as Recovered	1.	
☐ 6.	Discharge by Commissi	ioner of Public Welfare.	
☐ 7.		ler Issued By	
□ 8.		on to	
☐19.	Discharge to Veterans	Hospital at	_
☐ 10.	Transfer to	State Hospital.  FILED THIS  OF A.D.  CLERK O	10
□11.	Escape.	OF July A.D.	ori
☐ <sup>12.</sup>	Return from Escape.		
	Death due to Age at Death	Duration of last illness	
<i>□</i> 14.			
	- Further Institu	tutional Care and Treatment are Need	-64
		John A. ocherty M.D., Medical Direct	ctor
CC	Stearns	County Welfare Board.	

obate Court of	Stearns	Date of Re	9-22-64
AME (Last, First			ommitment
HANSON, Ermin	ia		10-30-62
em No. The chan	number listed to the lef ge in status for the pati	t and also checked ent named above.	below reports a
1.	Provisional Discharge	to Lawrence nanson (Nam	
	5026 li2nd Ave. No., Roi	bbinsdale, Minn.	
dress on release-Sa	me. Expiration of Provision	(Addr	ess)
L 1 4.	Expiration of Provision	and Discharge.	
7 3.	Revocation of Provision	onal Discharge.	
7 4.	Extension of Provision	nal Discharge to	19
<u></u>	Discharge as Recover	ed.	
□ 6.	Discharge by Commis	sioner of Public W	elfare.
□ 7.	Discharge by Court O	rder Issued By	
□ 8.	Discharge or Deporta	tion to	
□9.	Discharge to Veterans		
□ 10.	Transfer to	FILED	State Hospital. 29th DA
□11.	Escape.	OF-	eptembers. D. 1965
∠ <del>1</del> 12.	Return from Escape.	Bo	Selyn Suppose
☐ 13.	Death due to		
F114		Duration o	f last illness
7.2.	Diagnosis		
	Condition		
-	Death due to	. Aos	Kelson / tuther
	7		
	7 Evathor Insti	tutional Care and I	Treatment are Needed.
	Further Institute of Further I	tutional Cane and Tye	atmentare not Needed.
388886 Modifi	rintendent's Signature (		
	Steam	John A. Dochers County Welfs	
00_	D vGal I	Country Wells	at o Dout di
Denautment	f Public Welfare (Only	for Italies not on Do	ily Population Report)
	T FUNTIC THE CITY	TOT TOTALD THE OIL TO	TILL EODUTATION TICKET
DPW		Report to Pro	

CLERK OF PROBATE

25.762.1. This Re	port is Submitted From th	, 253.16, 525.735-1, 525. e Above Named Hospital. Date of Report	
O robate Court of AME (Last, First,	Middle)	Date of Commitment	0-62
HANSON, ETMI	nia	nd also checked below report named above.	rts a
Chang			
<b>1</b> .	Provisional Discharge to	(Name)	
		(Address)	
□ 2.	Expiration of Provisiona		
[x] 3.	Revocation of Provisions		40
☐ 4.	Extension of Provisiona	Discharge to	19
<b></b> 5.	Discharge as Recovered		
☐ 6.	Discharge by Commissi	oner of Public Welfare.	
7.	Discharge by Court Ord	er Issued By	
□ 8.	Discharge or Deportation	on to	
☐ 9.	Discharge to Veterans	Hospital at	
☐10.	Transfer to	State Hos	pital.  4th_DA
711.	Escape.	DE Ortobe	er A.D. 1965
712.	Return from Escape.	Boselyn	Kuthouse CLERK OF PROBAT
☐ <sup>13.</sup>	Death due to Age at Death	Duration of last illr	less
□ 14.			
	Condition		Mandad
		utional Care and Treatmen	
Su	perintendent's Signature	John A. Docherty, M.P.	Date 8-31-65
C	STEARNS	County Welfare Boar	d.
1f		for items not on Daily Popu	lation Report)

(INSTITUTION)

- conforman	ce with Minnesota Statutes, this report is subm	med from the	DATE OF REPORT
conformati	er or	COUNTY	
TO PROBATE COURT OF STEARNS			DATE OF COMMITMENT
NAME (LAST, FIRST, MIDDLE)			10-30-62
HANSO	N. Ermania	O CHECKED BELOW	730
TEM NO.	THE NUMBER LISTED TO THE LEFT REPORTS A CHANGE IN STATUS FOR THE PAT		10-14-65
	Lawrence M.	Hanson	
x 1. Pro	ovisional Discharge to.		
	5026-42nd As	(ADDRESS)	
3. R	piration of Provisional Discharge		, 19
- · ·	ctension of Provisional Discharge to		
4. E	tension of the second (Mint	stat. 253.16)	
□ 5. D	ischarge as Recovered by Superintendent (Mini		
	ischarge by Commissioner of Public Welfare*		
6. 0	ischarge by Commissioner of		
7.1	Discharge by Court Order Issued by		
Linear I	Discharge and Deportation to		
	Discharge to Veterans Hospital at		Oth DAY  ON 1965  ON BERK OF PROMATE
□ 10.	Transfer to State Hospital at	EN ED THIS	6th DAI
		or Dees	amboz A.D. 1963
11.	Escape	V. roll	Beforese
12.	Return from Escape	Hory	CLERK OF FROMATE
☐ 12	Death due to		
13.	Duration of Last Illne	955	
	Age at Death Duration of Last IIII	0-1-1	te Court within 60 Days
	Age at Death Duration of East	at requiring report to Proba	(MSA 525.753 Subd. 1)
14	Report of Findings in comprise	☐ Inebriate	let we make the
	Diagnosis		
	Recovered Impro		Other
	A. Further Institutional Care and Treatme  B. Further Institutional Care and Treatme  accordance with Minnesota Statutes.		
	/8/	Sol. 6	Docherty, M.D.
Modice	al Director's Signature	Joyn A.	Docherty, M.D.
CORIES	Stanna		
1st cop	- Probate Court - Stearns		
Zna cop	OPW		REPORT TO PROBATE COURT
I'A 5th cop	y - Patient's Medical File		REPORT TO PROBATE

<sup>\*</sup>Item 6 shall not include patients released by the Commissioner who are under commitment to the Commissioner.

In c	onformance with	Minnesota Statutes,	this report is subm	itted from the above named	l Hospital
10.	HOBATE COURT OF	CMEA DVG		COUNTY	DATE OF REPORT
NAME	E (LAST, FIRST, MIC	STEARNS		COUNT	4-15-66
	HANSON, Ex	rminia			DATE OF COMMITMENT
ITEM	A NO.	HE NUMBER LISTED TO	THE LEFT AND ALSO	CHECKED BELOW	10-30-62
	3 R	EPORTS A CHANGE IN 1	STATUS FOR THE PATH	ENT NAMED ABOVE.	4-14-66
	1. Provisional [	Discharge to			₩~±4~00
				(NAME)	Water Hill State of the Land
				(ADDRESS)	
		Provisional Dischar			
xx		f Provisional Dische			
	4. Extension of	Provisional Dischar	ge to		
	5. Discharge as	Recovered by Supe	rintendent (Minn. S	tat. 253.16)	
	6. Discharge by	Commissioner of P	ublic Welfare*		
	7. Discharge by	Court Order Issued	by		
	8. Discharge an	d Deportation to			
	9. Discharge to	Veterans Hospital a	ıt		
	10. Transfer to St	ate Hospital at			
	11. Escape			FILED THIS 2.5%	E DAY
	12. Return from E	scape		Kotelyn That	.D. 1966 Rouse
	13. Death due to			CLER	K OF PROBATE
	Age at Death	Duratio	n of Last Illness		
	14. Report of Find	ings in compliance	with Minn. Stat. req	uiring report to Probate Cour	t within 60 Days
	Diagnosis	☐ Mentally ill	☐ Senile	Inebriate (MSA 5	25.753 Subd. 1)
	Condition	Recovered	☐ Improved		Other
	B. Furthe	er Institutional Care or Institutional Care dance with Minnesats	and Treatment ARE	needed. NOT needed and Patient is th	erefore DISCHARGED in
	CC Mr. F	rank D. Besse	sen		
Medic	al Director's Signa	ture /8/		John A. Docher	hesty, M.D.
3rd & 4r	y - Probate Court y - County Welfare Boo th capies - DPW y - Patient's Medical F	d - Stearns		John A. Docher	rty, M.D.

\*Item 5 shall not include patients released by the Commissioner who are under commitment to the Commissioner.

srs

REPORT TO PROBATE COURT DPW-MED-1185 (7-64) 41

	OBATE CO		miniosora orarore	s, mis report is subm	litted from the above name	
			STEARNS		COUNTY	DATE OF REPORT
NAME	(LAST,	FIRST, MI	DDLE)			6-14-66
	HANS	ON, Er	minia			
ITEM	NO.			70 700 1 200 110		10-30-62 DATE ACTION TAKEN
1		R	EPORTS A CHANGE I	TO THE LEFT AND ALSO N STATUS FOR THE PATIS	ENT NAMED ABOVE.	6-8-66
CXC	1. Pro	visional	Discharge to	Mr. Lawrence	M. Manson- husbar	nd
				1028 22nd Av	No St Clara	W.
				TOUGH ENV	e. No., St. Cloud,	Minn,
	2. Exp	oiration o	f Provisional Disch	arge		
	3. Rev	ocation o	of Provisional Disc	charge		
	4. Exte	ension of	Provisional Disch	arge to		, 19
7	5. Disc	charge as	Recovered by Su	perintendent (Minn. 5	itat. 253.16)	
			Commissioner of			
	7. Disc	charge by	Court Order Issue	d by		
	8. Disc	harge ar	nd Deportation to	1	- Manager	8051
	9. Disc	harge to	Veterans Hospita	l at		
	10. Tran	nsfer to S	tate Hospital at_		EILED THIS 20	th DAY
	11. Esca	ре			OF fune	A.D. 1966
	12. Retu	ern from E	Escape		Blockyn /30	PROBATE
] 1	13. Dea	th due to		ALC: N		
	Age	at Death	Dura	tion of Last Illness		
	14. Repo	ort of Fin	dings in complianc	e with Minn. Stat. rec	uiring report to Probate Cou	ert within 60 Days
	Dia	gnosis	☐ Mentally ill	☐ Senile	☐ Inebriate (MSA	525.753 Subd. 1)
	Con	dition	Recovered	☐ Improved	☐ Unimproved ☐	Other
		B. Furth	er Institutional Ca er Institutional Ca rdance with Minnes	re and Treatment ARE re and Treatment ARE ota Statutes.	needed. NOT needed and Patient is t	herefore DISCHARGED I
				De a Sala	A, MD.	
mak k		a manager		ohn A. Dochert	y, 7 M. D.	
nd copy	- County h copies -	Welfare Bo	ord - Stearns		navatra di	

srs

<sup>\*</sup>Item 6 shall not include patients released by the Commissioner who are under commitment to the Commissioner.

PROBAT	E COURT OF	COUNTY	DATE OF REPORT
	STEARNS		11-16-66
	ST. FIRST, MIDDLE)	- 51	10-30-62
TEM NO.	NSON, Ermenia Age THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BE		DATE ACTION TAKEN
X.	REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED AS	OVE.	10-25-66
-			
] 1.	Provisional Discharge to	(NAME)	
-		(ADDRESS)	
7 2	Expiration of Provisional Discharge		
	Expiration of the third is a second of the terminal of the ter		
x 3.	Revocation of Provisional Discharge		
	F Discharge to		, 19
4.	Extension of Provisional Discharge to		
5.	Discharge as Recovered by Superintendent (Minn. Stat. 253.16)		
_			
6.	Discharge by Commissioner of Public Welfare*		
7	Discharge by Court Order Issued by		
_ ′	, Discharge by Court Creating		
8	Discharge and Deportation to		
	Di Langua Hamital at		
9	, Discharge to Veterans Hospital at		
10	. Transfer to State Hospital at		
	. Escape		
12	. Return from Escape		
13	. Death due to		
	Age at Death Duration of Last Illness		
14	i. Report of Findings in compliance with Minn. Stat. requiring rep	ort to Probate Co (MS)	A 525.753 Subd. 1)
	Diagnosis	priate	
	Diagnosis   Memony m		
	Condition Recovered Improved Unit	mproved [	Other
	A. Further Institutional Care and Treatment ARE needed.		
	B. Further Institutional Care and Treatment ARE NOT need	ed and Patient i	s therefore DISCHARGE
	accordance with Minnesota Statutes.		
	Director's Signature /s/ John A. Docherty, M.D.  - Probate Court - Stearns - County Welfare Board - Stearns	V×	
	John at Dochest	4, 12.	2/1/ 0
Madia	1 Director's Signature /8/	FILED THE	1 0 1 1/4 11/
	John A. Docherty, M.D.	OF none	mber A.D. 196
COPIES 1st copy	- Probate Court - Stearns	Closel	yn Dunhouse
2nd copy	- County Welfare Board - Stearns		CHAMBERT FROM

<sup>\*</sup>Item 6 shall not include patients released by the Commissioner who are under commitment to the Commissioner.

confe	ormance with Minnesota Statute	s, this report is submitted from the above name	DATE OF REPORT
	ATE COURT OF	COUNTY	12-15-66
- FROM	STEARNS		DATE OF COMMITMENT
AME (	LAST, FIRST, MIDDLE)	Age- 51	10-30-62
	ANSON, Erminia	ALEG CHECKED BELOW	DATE ACTION TAKEN
ITEM NO	THE NUMBER LISTED	TO THE LEFT AND ALSO CHECKED BELOW IN STATUS FOR THE PATIENT NAMED ABOVE.	12-5-66
1	NH: 102		
XX	Provisional Discharge to	Mr. Lawrence M. Hansen- husband 5026-42nd Ave. No. Robbinsdale. Minnesota	
		(ADDRESS)	
	2. Expiration of Provisional Dis		
	3. Revocation of Provisional D	ischarge	. 19
			, 19
	4. Extension of Provisional Dis		
		Superintendent (Minn. Stat. 253.16)	
П	6. Discharge by Commissioner	of Public Welfale	
	7. Discharge by Court Order Is		
	8. Discharge and Deportation		
	9. Discharge to Veterans Hos	pital at	
	10. Transfer to State Hospital	at	
	11. Escape		
	12. Return from Escape		
	13. Death due to		The state of the s
	Age at Death	Duration of Last Illness	
	14 Report of Findings in com	pliance with Minn. Stat. requiring report to Proba	te Court within 60 Days (MSA 525.753 Subd. 1)
	Diagnosis Mental	ly ill Senile Inebriate	
	Condition Recove		Other
	D Eurther Institutio	nal Care and Treatment ARE needed. nal Care and Treatment ARE NOT needed and Pati Minnesota Statutes.	ent is therefore DISCHARGED i
	cc: Central Off	tice Of a XIII HI	<b>S</b>
		18/ Con CE. Nocher Cy, 11.	2/ DAY
M	edical Director's Signature	John A. Docherty, M.D.	JY AD 19 46
cc	PIES - Stearns	or A	tulin Burkon
48	it copy - Probate Court Id copy - County Welfare Board - Sti Id copy - DPW Ith copy - Patient's Medical File	-11	REPORT TO PROBATE COURT

\*Item 6 shall not include patients released by the Commissioner who are under commitment to the Commissioner,

REPORT TO PROBATE COURT DPW 1185 (7+66)

#### (INSTITUTION)

COUNTY STREAMS  STREAMS  STREAMS  STREAMS  THE NUMBER LISTED TO THE LEFT AND ALEO CHECKED BELOW REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.  1. Provisional Discharge to	,	with Minnesota Statutes, this r	eport is submitted	from the above name	ed Hospital
IAME LAST, FIRST, MIDDLE)  IAME LAST, FIRST, MIDDLE)  ITEM NO.  THE NUMBER LISTED TO THE LEFT AND ALBO CHECKED BELOW REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.  1. Provisional Discharge to.  2. Expiration of Provisional Discharge  3. Revocation of Provisional Discharge  4. Extension of Provisional Discharge to.  5. Discharge as Recovered by Superintendent (Minn. Stat. 253.16)  6. Discharge by Court Order Issued by.  8. Discharge and Deportation to.  9. Discharge to Veterans Hospital at.  10. Transfer to State Hospital at.  11. Escape  12. Return from Escape  13. Death due to.  Age at Death.  Duration of Last Illness.  14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days (MSA 525.753 Subd. 1)  Diagnosis Mentally ill Senile Insertate  Condition Recovered Improved Unimproved Other  A. Further Institutional Care and Treatment ARE needed.  B. Further Institutional Care and Treatment ARE needed.  Co., Central Office  Medical Director's Signature  John A. Bocherty, M. Scholl, M. Stat. Page 11 Control of Probate Court Within 60 Days (MSA 525.753 Subd. 1)  John A. Bocherty, M. Scholl, M. Stat. Page 11 Control of Light Proctor  Medical Director's Signature  John A. Bocherty, M. Scholl, M. Stat. Page 11 Control of Light Proctor  Medical Director's Signature  John A. Bocherty, M. Scholl, M. Stat. Page 12 Control of Probate Court Within 60 Days (MSA 525.753 Subd. 1)  John A. Bocherty, M. Scholl, M. Stat. Page 12 Control of Probate Court Within 60 Days (MSA 525.753 Subd. 1)  John A. Bocherty, M. Scholl, M. Scholl, M. Scholl, M. Stat. Page 12 Control of Probate Court Within 60 Days (MSA 525.753 Subd. 1)  John A. Bocherty, M. Scholl, M. Scho				COUNTY	
NEW NO.   THE NUMBER LIBTED TO THE LEFT AND ALBO CHECKED BELOW REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.   5_B_67      1. Provisional Discharge to.   (MAME)	PROBATE CO		STEARNS		5-9-67
1. Provisional Discharge to	AME (LAST,	FIRST, MIDDLE)			10-30-62
1. Provisional Discharge to (ADDRESS)  2. Expiration of Provisional Discharge 3. Revocation of Provisional Discharge 4. Extension of Provisional Discharge to 19 5. Discharge as Recovered by Superintendent (Minn. Stat. 253.16) 6. Discharge by Count Order Issued by 8. Discharge by Count Order Issued by 8. Discharge and Deportation to 19. Discharge to Veterans Hospital at 11. Escape 12. Return from Escape 13. Death due to 19. Age at Death 19. Duration of Last Illness 19. Age at Death 19. Duration of Last Illness 19. Age at Death 19. Diagnosis 19. Mentally ill 19. Senile 19. Insbriate 19. Further Institutional Care and Treatment ARE needed 19. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARG accordance with Minnesote Statutes.  Medical Director's Signature 19. John A. Bocherty, 19. Discharge 19. The Director			LEFT AND ALSO CHE	CKED BELOW	
1. Provisional Discharge to (MAME)    2. Expiration of Provisional Discharge   (ADDRESS)   3. Revocation of Provisional Discharge	TEM NO.	REPORTS A CHANGE IN STATU	S FOR THE PATIENT N	AMED ABOVE	1 5=8=07
2. Expiration of Provisional Discharge 3. Revocation of Provisional Discharge 4. Extension of Provisional Discharge to	3				
2. Expiration of Provisional Discharge  3. Revocation of Provisional Discharge  4. Extension of Provisional Discharge to	1. Pro	ovisional Discharge to		(HAME)	
3. Revocation of Provisional Discharge  4. Extension of Provisional Discharge to				(ADDRESS)	
4. Extension of Provisional Discharge to  5. Discharge as Recovered by Superintendent (Minn. Stat. 253.16)  6. Discharge by Court Order Issued by  7. Discharge by Court Order Issued by  8. Discharge and Deportation to  9. Discharge to Veterans Hospital at  10. Transfer to State Hospital at  11. Escape  12. Return from Escape  13. Death due to  Age at Death  Duration of Last Illness  Age at Death  Duration of Last Illness  14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days (MSA 525.753 Subd. 1)  Diagnosis Mentally ill Senile Inebriate  Condition Recovered Improved Unimproved Other  A. Further Institutional Care and Treatment ARE needed.  B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARG accordance with Minnesota Statutes.	2. Ex	piration of Provisional Discharge			
4. Extension of Provisional Discharge to  5. Discharge as Recovered by Superintendent (Minn. Stat. 253.16)  6. Discharge by Court Order Issued by  8. Discharge and Deportation to  9. Discharge to Veterans Hospital at  10. Transfer to State Hospital at  11. Escape  12. Return from Escape  13. Death due to  Age at Death  Duration of Last Illness  14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days (MSA 525.753 Subd. 1)  Diagnosis Mentally ill Senile Inebriate  Condition Recovered Improved Unimproved Other  A. Further Institutional Care and Treatment ARE needed.  B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARGE accordance with Minnesota Statutes.  Medical Director's Signature  John A. Docherty, H.D.  Medical Director's Signature  John A. Docherty, FILED THIS. 1.5 the	3. Re	evocation of Provisional Discharge			, 19
5. Discharge as Recovered by Superintendent (Minn. Stat. 253.16)  6. Discharge by Commissioner of Public Welfare*  7. Discharge by Court Order Issued by  8. Discharge and Deportation to.  9. Discharge to Veterans Hospital at.  10. Transfer to State Hospital at.  11. Escape  12. Return from Escape  13. Death due to  Age at Death Duration of Last Illness  Age at Death Duration of Last Illness  14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days (MSA 523.753 Subd. 1)  Diagnosis Mentally ill Senile Inebriate  Condition Recovered Improved Unimproved Other  A. Further Institutional Care and Treatment ARE needed.  B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARGE accordance with Minnesota Statutes.  Medical Director's Signature  John A. Docherty, H.D.  Letter The State of Plice Filed This Last the Condition Filed This Last the Condition of Patient This Last the	4. Ex	ctension of Provisional Discharge	to		
7. Discharge by Court Order Issued by  8. Discharge and Deportation to  9. Discharge to Veterans Hospital at  10. Transfer to State Hospital at  11. Escape  12. Return from Escape  13. Death due to  Age at Death  Duration of Last Illness  14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days (MSA 525.753 Subd. 1)  Diagnosis Mentally ill Senile Inebriate  Condition Recovered Improved Unimproved Other  A. Further Institutional Care and Treatment ARE needed.  B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARG accordance with Minnesota Statutes.	5. D	ischarge as Recovered by Superint	tendent (Minn. Stat	. 253.16)	
8. Discharge and Deportation to     9. Discharge to Veterans Hospital at     10. Transfer to State Hospital at     11. Escape     12. Return from Escape     13. Death due to     Age at Death   Duration of Last Illness     14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days (MSA 525.753 Subd. 1)   Diagnosis   Mentally ill   Senile   Inebriate     Condition   Recovered   Improved   Unimproved   Other     A. Further Institutional Care and Treatment ARE needed.     B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARG accordance with Minnesota Statutes.					
9. Discharge to Veterans Hospital at  10. Transfer to State Hospital at  11. Escape  12. Return from Escape  13. Death due to  Age at Death Duration of Last Illness  14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days (MSA 525.753 Subd. 1)  Diagnosis Mentally ill Senile Inebriate  Condition Recovered Improved Unimproved Other  A. Further Institutional Care and Treatment ARE needed.  B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARG accordance with Minnesota Statutes.					
10. Transfer to State Hospital at  11. Escape  12. Return from Escape  13. Death due to  Age at Death Duration of Last Illness  14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days (MSA 525.753 Subd. 1)  Diagnosis Mentally ill Senile Inebriate  Condition Recovered Improved Unimproved Other  A. Further Institutional Care and Treatment ARE needed.  B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARG accordance with Minnesota Statutes.  Medical Director's Signature  John A. Docherty, M.D.  Medical Director's FILED THIS. 15 the					
11. Escape  12. Return from Escape  13. Death due to  Age at Death  Duration of Last Illness  14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days (MSA 525.753 Subd. 1)  Diagnosis Mentally ill Senile Inebriate  Condition Recovered Improved Unimproved Other  Condition Recovered Improved Unimproved Other  A. Further Institutional Care and Treatment ARE needed.  B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARG accordance with Minnesota Statutes.					
12. Return from Escape     13. Death due to	10. 1	Transfer to State Hospital at			
Age at Death Duration of Last Illness					
Age at Death Duration of Last Illness  14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days (MSA 525.753 Subd. 1)  Diagnosis Mentally ill Senile Inebriate  Condition Recovered Improved Unimproved Other  A. Further Institutional Care and Treatment ARE needed.  B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARGE accordance with Minnesota Statutes.  Medical Director's Signature  John A. Docherty, H.D.  Medical Director's FILED THIS 15the	12.	Return from Escape			
14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days (MSA 525.753 Subd. 1)  Diagnosis   Mentally ill   Senile   Inebriate  Condition   Recovered   Improved   Unimproved   Other  Condition   Recovered   Improved   Unimproved   Other  A. Further Institutional Care and Treatment ARE needed.  B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARGE accordance with Minnesota Statutes.  Condition   Recovered   Improved   Unimproved   Other  Condition   Recovered   Improved   Unimproved   Other  Condition   Recovered   Improved   Unimproved   Other  Condition   A. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARGE accordance with Minnesota Statutes.	13.				
14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 50 Days  (MSA 525.753 Subd. 1)  Diagnosis   Mentally ill   Senile   Inebriate  Condition   Recovered   Improved   Unimproved   Other  Condition   Recovered   Improved   Unimproved   Other  A. Further Institutional Care and Treatment ARE needed.  B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARGE accordance with Minnesota Statutes.  Co. Central Office   Other   O		Age at Death Duration	of Last Illness		
Diagnosis   Mentally ill   Senile   Inebriate    Condition   Recovered   Improved   Unimproved   Other    Condition   Recovered   Improved   Unimproved   Other    A. Further Institutional Care and Treatment ARE needed.  B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARGE    accordance with Minnesota Statutes.  Co. Central Office   Other   Control of the Control of th	14.	Report of Findings in compliance	with Minn. Stat. req	uiring report to Proba	te Court within 60 Days (MSA 525.753 Subd. 1)
Condition Recovered Improved Onimproved  A. Further Institutional Care and Treatment ARE needed.  B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARGE accordance with Minnesota Statutes.  Co. Central Office  Medical Director's Signature  John A. Docherty, H.D.  Medical Director FILED THIS. 15th		en an anthrottl	The state of the s	Inebriate	
B. Further Institutional Care and Treatment accordance with Minnesota Statutes.  On Gentral Office  Medical Director's Signature  John A. Docherty, D. FILED THIS. 15th					
Medical Director's Signature  John A. Docherty, D. FILED THIS 15th		B Further Institutional Care	and Fredment	NOT needed and Pati	ent is therefore DISCHARGED
Medical Director FILED THIS 15 Ch		cc. Central Office	John 6	1. Docherty, 1	4.0.
Medical Director FILED THIS 15 Ch		Director's Signature	- Commence	· · · · · · · · · · · · · · · · · · ·	
Prohate Court Stooms		Director's orginalists	John A	AND STREET STREET	FILED THIS 15th D
Ist copy - The William Stones	Ist copy	- Probate Court Stearns - County Welfare Board Stearns	Juli C. A Cill.		JF May, A.D. 196
Rose lyn Kert					ROSELYN TO PROPARE GONES

<sup>\*</sup>Item 6 shall not include patients released by the Commissioner who are under commitment to the Commissioner.

TO P	ROBA	TE COURT OF	The state of the s	eport is submitted from the a	Dove named	
				STEARNS,	COUNTY	# *** 7-6-67 ****************************
		AST. FIRST. MI N. Erminia	DDLE)			DATE OF COMMITMENT
-	NO.	, Erminia				10-30-62
1		T H	HE NUMBER LISTED TO THE EPORTS A CHANGE IN STATUS	LEFT AND ALSO CHECKED BELOW S FOR THE PATIENT NAMED ABOVE		6-27-67
-	,	D 11 1	while on EV.			
X	1.	Provisional	Discharge to	Mrs. Erminia Hanson	(NAME)	
				4400 Boone Ave. No.,	New Hope,	Minn.
	2	F			(ADDRESS)	
	2.	Expiration o	f Provisional Discharge			
	3.	Revocation	of Provisional Discharge			
	4	Extension of	Provisional Discharge to			
	7.	EXTENSION OF	riovisional Discharge to			, 19
	5.	Discharge a	s Recovered by Superinter	ndent (Minn. Stat. 253.16)		
	6.	Discharge by	y Commissioner of Public	Welfare*		
	7.	Discharge by	Court Order Issued by			
	8.	Discharge a	nd Deportation to			
	9.	Discharge to	Veterans Hospital at			
	10.	Transfer to S	State Hospital at			
	11.	Escape				
	12.	Return from	Escape			
	13.	Death due t	0			
		Age at Deat	Duration of	L 10		
		Age at Deat	Duration of	Last Iliness		
	14.	Report of Fin	dings in compliance with	Minn. Stat. requiring report to		
		Diagnosis	☐ Mentally ill ☐	Senile   Inebriate	(MSA	525.753 Subd. 1)
		Condition		Improved Unimprov	ed 🔲	Other
			ner Institutional Care and 1			
				reatment ARE NOT needed and	Patient is th	nerefore DISCHARGED
		acco	rdance with Minnesota Stat	utes.		
		- oc. Cent	cal Office	0 1		
Media	cal D	Director's Sign	ature	John a. Do	herty, 1	4.D.
OPIES				John A. Doel		
st cop	DY - F	Probate Court St County Welfare B	tearns Stearns	Medical Dire		10th nav
rd cop	by - [	DPW		FI	LED THIS.	e persistant and the second se
		Patient's Medical		DF	July	
			tients released by the Commission to the Commissioner.	ner	COSERCE	THE GORAGE COURT

ks

(INSTITUTION)

	(INSTITUTION)	
	ance with Minnesota Statutes, this report is submitted from the above name	d Hospital
O PROBATE C	OURT OF STRARYS	11-22967
	FIRST, MIDDLE)	10-30-62
MARSON,		DATE ACTION TAKEN 11-21-67
ITEM NO.	THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.	11=21=01
1. P	rovisional Discharge to	
	(ADDRESS)	
	Expiration of Provisional Discharge	
	Revocation of Provisional Discharge	, 19
_ 4.	Extension of Provisional Discharge to	
	Discharge as Recovered by Superintendent (Minn. Stat. 253.16)	
6.	Discharge by Commissioner of Public Welfare*	
7.	Discharge by Court Order Issued by	
8.	Discharge and Deportation to	
American Contract Con	Discharge to Veterans Hospital at	
hammed:	Transfer to State Hospital at	
_	. Escape	
	. Return from Escape	
13	. Death due to	
-	Duration of Last Illness	
	Age at Death Duration of Cast Inneed at Death Age at Deat	te Court within 60 Days (MSA 525.753 Subd. 1)
1	Diagnosis   Mentally ill	
	Condition Recovered Improved Unimproved	Other
	A. Further Institutional Care and Treatment ARE needed.  B. Further Institutional Care and Treatment ARE NOT needed and Patinaccordance with Minnesota Statutes.	ent is therefore DISCHARGED in
	cc. Central Office	
	J. Mazire	SUED THIS 27TH DA
Medic	cal Director's Signature Suido Schynolic Medical Director	ENovember A.D. 1927
COPIES	Parkets Court Bangaras	Rosely Luston
KB 2nd co	py - County West of the	REPORT TO PROBATE COURT
4th co	py - Drw py - Patient's Medical File	REPORT TO PROBATE COUR

\*Item 6 shall not include patients released by the Commissioner who are under commitment to the Commissioner.

DPW 1185 (7-66)

(Hospital or Facility)

To Probate		STEARNS COUNTY	Date of Report
Company of the Compan	t, First, Middle) , Erminia		Date of Commitment/Admission
Item No.			10-30-62 10-30-62
1	REPORTS A CHANGE IN STAT	US FOR THE PATIENT NAMED ABOVE.	Date Action Taken 1-5-68
			1.4-7-00
x 1.	Provisional Discharge to	Mr. Lawrence M. Hanson	husband
Ad	dress on release:	4400 Boone Ave. No., New	Hope, Minn.
		(address)	
2.	Expiration of Provisional Discharge		
3.	Revocation of Provisional Discharge		
4.	Extension of Provisional Discharge to		
		0	, 19
5.	Discharge by Head of Hospital	Direct From PD From U/	1
6.	Release because of Statutory Time L	imitation.	
7.	Discharge by Court Order Issued by		
10.	Transfer to State Hospital at		
11.	Unauthorized Absence		
12.	Return from Unauthorized Absence		
13.	Death In Hospital O	On Leave	
14.	Transfer to Partial Hospitalization	Day Care Night Care	Outpatient
15. 1	Revocation of Partial Hospitalization		
16.	Report of Hospital Findings in compli	ance with Minn. Stat. requiring report to Proba	te Court within 60 Days
(	Mentally III Psycho	opathic Personality Inebriate	Dangerous to the Public
	Recovered Improve	ed Unimproved	Other DA
urther Ins	stitutional Care Are Not Neede	ed OF	January AD 1968
	Are Needed At		osely Kullou
c. Cent	tral Office		CLERK OF PROBAY
		1 1	100
ledical Di	rector's Signature	J. Congerne	
OPIES	Probate Court Stearns 3rd copy County Wellare Board Stearns4th copy	Guido Schynol  DPW Medical Direc	

Hospital or Facility)

0	STEARNS	COUNTY	Date of Report
	First, Middle) Di	ite of Birth	1-7-69 Date of Commitment/Admission 10-30-62 10-30-6
	exit from Hospital) 4400 Boone Ave. No., Mpls., Minn.	201 2727	Date Action Taken 1-5-69
1.	Provisional Discharge		
2.	Expiration of Provisional Discharge		
3,	Revocation of Provisional Discharge		
x 4,	Extension of Provisional Discharge to	January 5	, 1970
5,	Discharge by Head of Hospital Direct From PD	From UA	
6.	Release because of Statutory Time Limitation.		
7.	Discharge by Court Order Issued by		
8.	Discharge and Deportation		
9.	Discharge to Veterans Hospital		
10.	Transfer to State Hospital at		
] 11.	Unauthorized Absence	FUED	THIS 13 TZ DAY
] 12.	Return from Unauthorized Absence	DF	mary A.D. 1962
] 13.	Death	Max	elyn cutation
14.	Transfer to Partial Hospitalization Day Care Nigh	it Care	Outpatient
	Transfer to Informal Status Voluntary Status		
15.	Revocation of Partial Hospitalization		
] 15. ] 16.			
	Report of Hospital Findings in compliance with Minn, Stat. requiring rep	ort to Probate Co	urt within 60 days
16.		ort to Probate Co Inebriate	Dangerous to the
16.	Report of Hospital Findings in compliance with Minn, Stat. requiring rep		
	Report of Hospital Findings in compliance with Minn, Stat. requiring rep  Mentally III Psychopathic Personality  Recovered Improved	Inebriate	Dangerous to the
16.	Report of Hospital Findings in compliance with Minn, Stat. requiring rep  Mentally III Psychopathic Personality  Recovered Improved	Inebriate	Dangerous to the

REPORT OF PATIENT STATUS DPW 1185 (5-68)

19,459

(Hospital or Facility)

In conformance with Minnesota Statutes/DPW Policy, this	s report is submitted from the abov	e named Hospital or Facility
To S	TEARNS COUNTY	Date of Report 1-9-70
Name (last, First, Middle) HANSON, Erminia	Date of Birth October 22, 19	Date of Commitment/Admission 15 10-30-62 10-30-6
Address (on exit from Hospital) 4400 Bone Avenue Nor	th	Date Action Taken 1-5-70
New Hope, Minnesota		
Provisional Discharge		
2. Expiration of Provisional Discharge		
Revocation of Provisional Discharge		
4. Extension of Provisional Discharge to		
5. Discharge by Head of Hospital Direct	From PD From U	JA
6. Release because of Statutory Time Limitation.		
7. Discharge by Court Order Issued by		
Discharge and Deportation		
Discharge to Veterans Hospital		
10. Transfer to State Hospital	at	
11. Unauthorized Absence		
12. Return from Unauthorized Absence		
13. Death In Hospital On Leave		
14. Transfer to Partial Hospitalization Day C	are Night Care	Outpatient
15. Transfer to Informal Status	Voluntary Status	
16. Revocation of Partial Hospitalization		
17. Report of Hospital Findings in compliance with Minn.	Stat. requiring report to Probate C	ourt within 60 days
Mentally III Psychopathic Persona	dity [ Inebriate	Dangerous to the
Recovered Improved	Unimproved	Public Other
hagnosis	FILED	THIS 19th my
urther Institutional Care	DFA	Mary A.D. 19.72
Are Needed At	- 40	ALERE DE PROPERTO
OPIES TO: (As appropriate) (See instructions) robate Court DPW ounty Welfare Board Patient's Medical File Patient's Atty.	Acting Medical Director's Signature	1 1. Vail us

#### State of Minnesota,

TO THE HONORABLE PROBATE JUDGE OF SAID COUNTY:

County of STEARNS

88

#### IN PROBATE COURT

19,460

#### PETITION FOR COMMITMENT

In the Matter of the Inebriety

of August T. Muyres

Patient.

Your petitioner respectfully represents	to the Court and alleges that August T. Muyres	
whose address is 1108 let Street	North, St. Cloud, Minn., is an inebriant	person
That your petitioner is	related to the said above named person as follows: Spouse	

That the indications of \_\_\_\_\_\_\_inebriety \_\_\_\_\_ manifested by him are as follows:

(Here give fully the symptoms on which the charge of \_\_\_\_\_\_inebriety \_\_\_\_\_\_ is based.)

Has been drinking for the past twenti-five years and excessively for the past fifteen years, resulting in marital discord, individual ineffectiveness and inability to work.

That the said alleged inebriant person will not appear in Court voluntarily, and that it will \_\_\_\_ be necessary to issue a warrant to bring h im before this Court.

That the names and addresses of the nearest relatives of the said patient are:

Name Address Relationship

Mrs. Marcella M. Muyres 1108 let Street North, St. Cloud Spouse

Mrs. Martha T. Muyres Carlos, Minnesota Mother

Val Muyres Carlos, Minnesota Brother

Paul Muyres Bell River Twp., Minnesota Brother

That said patient was born in Bell River Twp, Minnasota is about 53

Douglas County;

years of age, and the parent of six children.

That his residence and place of legal settlement is Steams County, Minnesota.

(If not a resident of Minnesota, set out as fully as possible where he came from, how long he has been in the County named.)

That said alleged patient is \_\_\_\_\_ not \_\_\_ a United States War Veteran.

That no restraint has been employed.

That the supposed cause of inebriety is not known

That the said patient has been treated by ... James H. Kelly, M.D., St. Cloud, Minnesota.

That the said patient is the owner of the following described real and personal property, to wit:

None

		brought into sai inebriant		id exami		eged inebriety and accordance with the statutes	d i
ound to uch cas	se made and				indine c	to committee in accordance with the seasoness	
					x 202	to Mariella M Mengo	62
	State of	Minnesot	a,	88.			
County (	ofStearn	P		)			
	Mre. M	arcella M. M	luyres		, being first duly	y sworn, deposes and says that	the
petitione	er in the forego	ing petition; tha	t s. he	knows	the contents thereo	f, and that the averments of said petition are	true
of her	own knowledg	e, save as to suc	h as are ste	ated on	information and be	elief, and as to those * he believes them to be to	rue
					x)n	10 marcellam Mange	0
					our open country		
Su	ubscribed and su	vorn to before me	this		29 It day	10f October 196	.2
Su	ibscribed and si	vorn to before me	this	entiropera-r		10 Celebra 196	2
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	ubscribed and su					ic & Dondrowke	. 2
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		expires	GED			20 Jan	2
M	y commission	expires	GED			day of 62 Curk.	1
M	y commission	expires	GED	Patient.		day of 62 Curk.	
M	y commission	expires	GED	Patient.		day of 62 Curk.	
19,460	y commission	expires	TER OF THE ALLEGED	Patient.		31st day of 62 Probate Didge Clerk.	0.2
M		expires	HE ALLEGED		724a	day of 62 Curk.	

#### STATE OF MINNESOTA,

County of Stearns

In the Matter of the Inebriety Mental Deficiency Mental Deficiency He pilepsy

#### IN PROBATE COURT

### ORDER FOR HEARING AND FOR EXAMINATION

of August T. Muyres

Patient

Marcella M.Muyres	, ho	wing filed in this court a	petition alleging	that the above named
patient is a n inebriate	person and	d praying for his commit	ment;	
IT IS ORDERED, That such petition	on be heard and sai	id patient be examined, in	the Probate Cou	rt Room in the Court
House in the City	of	St.Cloud		Minnesota
on the 6th	day of Nox	omber	,19 62, at	10 o'clock M.,
and that notice hereof be given to said patie				
by the service of a copy of this order upon a counsel if you so desire.  Dated October 31st,		nally, prior to said examin	ation. You	may request
(Probate Court Seal)			Jos	In Lang

	A	AFFIDAVIT	OF SERVICE			
STATE OF MINNESOTA	4,					
County of Atra	2.1.44					
Diggdon	ich Pitze		. , being duly swo			2 - 13 B
day of October,			ter upon the patter ling to and leaving		1	
Subscribed and sworn			Du	Souch	Pele	2
this 3/4 day	of gretake	, 19	2		0	
Serne	Same					
limore Gegrey	All repair rate	Public				
De demicie Signe	* Mi. 2, Iyar					
			76		1 11	1
	HE Patient	ch	E	Patient	rney	9 Clerk
I. IRT	I	ORDER FOR HEARING AND FOR EXAMINATION	DI/	4 4 4 4	County Attorney	7 6]
anta,	2 OF	EAF	SERVI e and this	19 w for	ounty	Jud
	IN THE MATTER OF briety August T. Muyres	RDER FOR HEARIN AND FOR EXAMINATION	OF SE t due order t	, 19 Attorney for	0 8	Probate Judge
e of Minne of Stearns IN PROBATE	MAS	FO A XA	SION C admit	AI	10	Probo
of f	IN THE briety August	ER R E	ADMISS hereby of the way			3 %
is to N	IN THE inebriety August	PO FO	ADN her		Filed this	12 g
State ounty of IN	ine		ADMISSION OF SERV I hereby admit due an ervice of the within order this	o de	File	ay o

#### STATE OF MINNESOTA,

County of Stearns

In the Matter of the Inebriety

Mental Deficiency//

#### IN PROBATE COURT

## ORDER FOR HEARING AND FOR EXAMINATION

of August T. Murres

Patient

Marcella M.Huyres	, having filed in this court a petiti	on alleging that the above named
patient is a n inebriate	person and praying for his commitment	7
IT IS ORDERED, That such petit	tion be heard and said patient be examined, in the	Probate Court Room in the Court
House in the C1 ty	of St.Cloud	Minnesota
on the 6th	day of November , 1	9.62, at 10o'clock M.,
and that notice hereof be given to said part	tient/ohd//	
by the service of a copy of this order upon counsel if you so desire.  Dated October 31st.		You may request
(Probate Court Seal)		John Lang Probate Judge

# AFFIDAVIT OF SERVICE

STATE OF MINNESOTA,

County of St	
IN PROB	ATE COURT
IN THE M	ATTER OF THE
inebriety	
ofAugust	T. Muyres Patient
ORDER F	OR HEARING AND
FOR EX	AMINATION
ADMISSIO	ON OF SERVICE
	dmit due and personal
service of the with	hin order this
day of	, 19
	Attorney for Patient
	County Attorney
Filed this	
	, 19

Probate Judge-Clerk

No. 39514P

	Subscribed and sworn to before me
day of, 19, he served the foregoing order upon the pattern were the foregoing order upon the pattern with him personally a true copy thereof in said county and state by handing to and leaving with him personally a true copy thereof	day of , 19 , he s in said con

Notary Public

~~~			and the real	DO NACTAL BALL	
STAT	T O	L AA	ININI	CONT	- A
DIAL	EU	I IVI	INN		/3 .

County of Stearns

# IN PROBATE COURT

In the Matter of the / Mental Athless / Senitity / Inebriety / Mental Desiclency

#### ORDER TO APPREHEND AND CONFINE

of August T. Muyres

1108-1st Street North, St.Cloud

Patient.

A petition for commitment of said patient having been filed herein,

apprehend the above named patient and retain h im in his custody until further order of this court. Hearing: November 6th, 1962 at 10 A.M.

(Probate Court Seal)

She Tough. Probate Judge.

#### STATE OF MINNESOTA,

County of Stearns

#### IN PROBATE COURT

IN THE MATTER OF THE ALLEGED inebriety

of August T. Muyres

Patient.

#### Order to Apprehend and Confine

Filed this 31st day of

October , 19 62

Probate Julgef Clerk.

No. 3854\*

#### STATE OF MINNESOTA.

County of Stearns

# IN PROBATE COURT

In the Matter of the Inebnisty Westernay

#### ORDER TO APPREHEND AND CONFINE

of August T.Muyres
1108-1st Street North, St.Cloud

A petition for commitment of said patient having been filed herein,

IT IS ORDERED, That the Sheriff of Stearns County, Minnesota, forthwith

apprehend the above named patient and retain h in h custody until further order of this court. Hearing: November 6th, 1962 at 10 A.M.

Dated this 31st October 62

(Probate Court Seal)

John Lang

Probate Judge.

#### STATE OF MINNESOTA,

County of Stearns

# IN PROBATE COURT

IN THE MATTER OF THE ALLEGED inebriety

of August T. Muyres

Patient.

#### Order to Apprehend and Confine

Filed this 31st day of

October

Roselyn Kuxhouse

Probate Indgl Clerk.

No. 3854\*

State of Minnesota, County of Stearns	ss.	IN PROBATE COURT	
In the Matter of the Inebriety of August T. Muyres	Patient	ORDER APPOINTING GUARDIAN AD LITEM	
A petition having been filed in this Cour	t alleging that the above	named patient is a.n. inabriate	
	person and p	raying for commitment; and it appearing that a	guar-
dian ad litem should be appointed to protect the	e interests of said perso	n in said matter,	
IT IS ORDERED, That			
of	, Minne	ota, be and he hereby is appointed guardian ad	litem
of said patient to act in all the proceedings her	ein.		
Dated November 6th	,19 62		
(PROBATE COURT SEAL)	-	Salu Language Pfobate Judge	
	CONSENT		
I do hereby consent to act as guardian ad	litem of the patient nan	ned in the foregoing order for the purposes stated th	erein.
Dated November 6th	,19 62	El BA Tumban	7

# State of Minnesota,

County of Stearns

## IN PROBATE COURT

# IN THE MATTER OF THE ALLEGED

Inebriety

of August T. Muyres

Patient.

# ORDER APPOINTING GUARDIAN AD LITEM

Filed this 6th day of

November ,1962

Probate Sudge Clerk.

No. 3912\*

State	nf	Minnesota,
airia	mr	Zuttitte ziere.

County of Stearns

88.

### IN PROBATE COURT

In the Matter of the Ineriety Montal Deficiency

August T. Muyres	of At
o the Hon. David T. Shay , County Attorney of said County:	0)
to the Hon.	To the Ho
SIR: Please take notice that a petition has been filed with the above court alleging the	
Inebriety of the above named patient.  Mental Illness-Senility-Inebriety-Mental Deficiency-Epilepsy	
Mental Illness—Senility—Inebriety—Mental Deficiency—Epilepsy	Mental III
Vou are hereby notified and required to appear at the examination of said patient to be next at the	
the 6th day of November , 19.62at 1.90'clock A.M., to represent	the
the petitioner in said matter and to take part in the said examination as provided by law.	
the petitioner in said matter and to take part in the	the petiti
Dated this 6th day of November ,1962.	
(Court Seal)  Judge of Probate.	(Court S

County of

Stearns

### IN PROBATE COURT

Notice to County Attorney Mental Illness, Senility, Inebriety, Mental Deficiency, Epilepsy

In the Matter of Senflity
Inchristy
Mental Deficiency

of

August T. Muyres

Due service of the within notice is
hereby admitted at St. County Attorney.

By

Filed in my office this 6th day of

Roselyn Kutha of Probate.

No. 260-P

State of	Minnesot	a
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County of Stearns

### IN PROBATE COURT

In the Matter of the

Mental Deficiency

APPOINTMENT OF EXAMINERS

August T. Muyres

Patient.

Upon all of the files, records and proceedings herein.

IT IS ORDERED, That Dr. H. W. Goehrs and Dr. P. E. Stangl

are appointed to assist in the examination of said patient.

Dated this

6th

day of November 19 62

(Probate Court Seal)

No. 19,460

### State of Minnesota,

County of Stearns

### IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

Inebriety

of August T. Muyres

Patient.

### Appointment of Examiners

Filed in my office this 6th day of

November 19 62

No. 401-R-P

Probate Judge-Clotk.

State of Minnesota.	IN PROBATE COURT
In the Matter of the Inebriety Mental Deficiency Explicitly	OATH OF EXAMINERS
of August T. Muyres	Patient.
State of Minnesota,  County of Stearns	ss.
We Dr. H. W. Goehrs	and Dr. P. E. Stangl
	examine the above named patient, and determine as to his being to the best of our ability.
	× Hyw Joeks mrs. × PE Stangems
Subscribed and sworn to before	me this 6th day of November , 19 62
(Probate Court Seal)	The Long

County of Stearns

### IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

Inebriety

of August T. Muyres

Patient.

OATH OF EXAMINERS

Filed this 6th day of

November . 1962

No. 402 R-P

FORM 3997 - LECURITY PRINTING COMPANY, AT CLOUB, NINE

### SOCIAL AND MEDICAL HISTORY REPORT

TO BE COMPLETED BY COURT

Patient's Name (Last, First, Middle)
MUYRES, August T.

Petitioner's Name MUTRES, Mrs. Marcella M. Address

1108 let Street North, St. Cloud, Minnesota

Origina

Relationship to Patient Spouse

### TO BE COMPLETED BY COUNTY WELFARE DEPARTMENT

County of Legal Settler	ment stearns	Date of Birth 10-14-09	Place of Birth Bell River Tv	rp., Doug	las Count	y. Mi	nnesota
Social Security No. Not known	Length of Time in U.S.? Life	Citizen of U.S.7	Marital Status Married		Place of M		Minn.
Sex Male	Race Caucasian	Religion Roman Cath	olic		Color Hair Br-Grey		Height 5-8

Patient's behavior leading to petition for hearing: Describe factors which led to petition. Indicate source of information.

Has been drinking for the past twenty-five years and excessively for the past fifteen years, resulting in marital discord, individual ineffectiveness and inability to work.

MENTAL SIGNS AND SYMPTOMS: Indicate source of information

Appearance

Indifferent to personal appearance.

Attitude of patient to others

Mervous, withdrawn, associates with very few people spontaneously.

Mood

Labile

Content of thought (fears, delusions, obsessions, etc.)

No evidence of specific fears or obsessions.

Hallucinations: Indicate type (hearing, seeing, or feelings - things that actually do not exist)

None known

Intellect and Memory: Indicate psychological test data, if available.

Apparently within normal, except when intoxicated.

Orientation as to time, place, and person

Well oriented, except when intoxicated.

Describe patient's adjustment and personality prior to onset of illness. (Significant facts of early life. Include school adjustment and age at which highest grade was attained. Describe any anti-social behavior. Give source of information.

Completed high school at Alexandria, Minnesota and one year of business training at St. Cloud Business College. He now devotes himself practicallyfull time to his drinking and sleeping.

WORK RECORD: Give jobs in chronological order. Get verified information whenever possible.

Employer and Address	Kind of Work	Dates	Wage	Reason for Leaving
H. & S. Shoe Store St. Cloud, Minnesota	Clerk	9-61 to 8-62	\$62.50	per week Discharged because of drinking.
Self_employed Waseca, Minnesota	Operated shoe store	1953 to 7-61		Business sold out because of his inattentiveness due to drinking.

MEDICAL HISTORY: Indicate only major events believed by patient or family to be significant in relation to present illness. Give dates and places of any previous hospitalization for mental illness, senility or alcoholism. Include any intemperate use of alcohol or drugs. Does patient have any acute or chronic illness or handicap? Give source of information.

Patient was institutionalized at Willmar State Hospital for inebriety on two previous occasions: (Committed), 1958 and in 1959.

Patient'smokes moderately

Patient was in St. Cloud Hospital twice within past four months - alcoholic treatment.

Describe patient's home situation including family relationships and attitudes. (What does family think of patient? What does patient think of family?) Indicate briefly, living conditions (physical) in relation to care of patient.

Extremely difficult, if not impossible, to engage in a conversation with him when he is intoxicated.

Resources available for care of patient if not hospitalized: Availability of suitable nursing, boarding, or relative home, etc.

PATIENT'S PROPERTY Type Pres. Cash Val.		Monthly Income from Property or Pensions	PATIENT'S I To Whom Owed? (Nam		Amount	
Name of company and types	of hospital insura	nce carried by pati-	ent			
Manie of company and over			Blue Cross			
Name and address of responsi	ble relative					
INCOME OF RESPONSIBLE RELATIVE		Monthly	DEBTS OF RESPONSIBLE RELATIVE Type of Debt or Expense Amount		Monthly Payment	
	Cloud					
Dividends and Interest						
Rent						
Salary		\$30 per we	ek			
The second secon	AL INCOME					
PROPERTY OF R	ESPONSIBLE RE	ELATIVE	DEPENDENTS OF	RESPONSIBLE RELA	TIVE	
House and Lot			Name	Relationship	Age	
nour country and a			Michael	Son	15	
			Mary Lou	Daughter	10	
		ALL VEVIL				

0025 1497

Discharge Planning: With whom should such plans be made when discharge becomes possible? Indicate relationship.

Planning should be completed with patient's wife, with notification to this agency.

Worker's Impression: Evaluation of present situation.

	NT: Father, Mother*,	Brothers, Sisters, Spouse*, Ch	ildren *Giv	e maiden nar	ne	
Name Father	Date & Place of Birth	Address	Occupation	8.S. No.	C #	Mental or Phys, Disab,
Mother*						
Martha Blank	Approx 71 yrs. o	f ace . Carlos, Minn.	nousewife			Good heal
Brothers — Sisters						
Two brothers & one sister						
Spouse* Marcella Schmid	1-2-09		Clerk			Good heal
Children						
Sister M. Clare		Ironton, Ohio	Teacher			
Mrs. John Bunga	The state of the s	New Ulm, Minn.	Housewife			
Thomas Muyres	" 23	Fort Dodge, Iowa	Clerk		1200	
Judy Muyres	" 19	1108 let St. No.	Stenograph	er		
Michael Muyres	1	1108 let St. No.	Student		1 1 1	
Mary Lou Muyres	" 10	1108 let St. No.	Student			100
County Welfare Depa	rtment Stearne	Date 10-29-62	Signature of	Welfare Dir	ector	00.
TO BE FILLED OUT	BY THE PHYSICIAN	Additional or different infor	mation than als	ander stated	alatina to	14 0
Attitude of patient	Coperat	peration-	Num,	of no	nary	rugers
mood and content of	thought	· + /	A .	,		
19.77.87	The alcohol	lie terms to	Druck	and		
1109						
nanucinations	one appa					
nanucinations	one appa					
Intellect and memory	one appa	crent				
Intellect and memory  Medical history: include	one apparointation	l	unor			
Intellect and memory  Medical history: include	one apparointation	event l ny for Jaw L	umor			
Intellect and memory  Medical history: included the statement of the state	one apparonentation  The normal ding current medications  Had surge	event l ny for Jaw L 80, how? no	unor			
Intellect and memory  Medical history: include  Has patient threatened  Has patient threatened	orientation  The normal ding current medications  Hod Surge d or injured others? If d or attempted suicide?	ly for Jaw Loso, how? no	nor			
Intellect and memory  Medical history: include  Has patient threatened  Has patient threatened	orientation  The normal ding current medications  Hod Auryl d or injured others? If d or attempted suicide?  propensity to suicide now	ly for Jaw li so, how? no If so, how? no				

### STATE OF MINNESOTA

County of Stearns

### IN PROBATE COURT

Findings of the

BOARD OF EXAMINERS

In the Matter of the

Mediki/Whoked / Skunlike Inebriety Krykykopatykie pokapapistaj

August T. Muyres

We, the Board of Examiners, in the above entitled proceedings, hereby certify and report that on Nov. 5th 19 62 at 10 o'clock in the fore noon of said day we met at the Court House in the City of St. Cloud. Minnesota for the purpose of determining whether the above named is a n inebriate person, as alleged in the petition in the above entitled proceeding.

David T. Shay

County Attorney appeared in behalf of petitioner, and A.B. Hinnenkamp

Gdn. ad Litem

Attorney attorney at law. appeared in behalf of said patient who was personally present and was examined and observed by us. All proper testimony offered by interested persons was received and considered.

From the examination so made by us and upon due consideration of all of the testimony received, we find and determine that the above named is a ninebriate person and the court finds that commitment to an institution for the care of mentally his sequiles inebriate and possible personality is necessary for the welfare and protection of the patient and society.

Dated at St.Cloud, Minnesota

This 6th day of November 19 62

\* PEltangl M.D.

\* Den Long

Judge of Probate

STATE OF MINNESOTA
County of Stearns
DROBATE COITE

REPORT OF EXAMINATION DPW - Med-1042 (Rev. 2-60)

In the Matter of August T. Muyres

a period of person and a second a second and a second and a second and a second and a second an

Clerk - Addge of Proba

County of . Stearns

### IN PROBATE COURT

In the Matter of the Alleged Inebriety
of August T. Muyres

### REPORT OF BOARD OF EXAMINERS

We the Board of Ex	aminers, in the above entitled proceed	eding hereby certify and report that on the	6th
day of November	er , 19 62 , at 10	o'clock in the fore noon of se	and day, we met at the
Court Room of the abou	e named Probate Court in the	City of St. Clo	oud
in the County of	Stearns August T. Muyres	State of Minnesota, for the purpose of is an inet	d determining whether person,
as alleged in the petition	in the above entitled proceeding,	David T. Shay	, Esquire,
and observed by us. A	August T. Muyres Il proper testimony offered by any tified concerning the matters set for	person interested was received and the for th in said petition:	llowing named persons

The following proceedings were also had and taken:

We also elicited from said separal witnesses appearing before us Report of Examination in Secretary he	in said proceedings informat	ion required to pro	perly answer the	and the questions set forth so obtained and re-
sponsive to the said several questions  From the examination so made by	respectively. y us and upon due considerat ugust T. Muyres	ion of all the testin	nony received we	find and determine is
1. A person incapable of managing h toxicating liquor, dryky strongly strongly strongly for the first strongly	i. Oyuyi yaye pojingi yayis/tye pingopingéjis/Oy Oyuyi yartiyao/iyu jaliye pojingi jareyiya jali Oyuyi yartiyao/iyu jaliye pojeliyanga	okiyokiyok bay k///	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	inded pytybyl.
day of November	, 19 62 .	Hyw.	Joeks rugl M	\$
NOTE: Strike out two of the paragr In insanity cases answers to Schedule B s	raphs not appropriate to the case. hould be attached.	In inebriate cases a	nswers/to Schedule	A should be attached.

County of Stearns

## IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

the Inebriety

August T. Muyres

# Report of the Board of Examiners

## State of Minuesota,

County of

I do kereby certify that I have compared the within copy of the Report of the Board of Examiners with the original thereof on file in said Court, and have found the same to be a true and correct copy of such original and the whole thereof.

Fined fines 6th day of

. 19 62

November

Chosely Clerk Sitted of Probate.

11845 \*N

0025 1501

County of Stearns

88.

### IN PROBATE COURT CERTIFICATE

This is to certify that Dr. P. E. Stangl	
of St. Cloud, Minnesota	is a reputable person, a graduate
of Rush Medical College	which is an incorporated medical
college; that he is a permanent resident of this State, has been in th	e actual practice of the profession of medicine for at least
one year next preceding to the date hereof, and is registered as licen	nsed by the State Board of Medical Examiners; that he is
neither superintendent, proprietor, an officer, or regular medical of	attendant of any institution for the care and treatment of
Inebriety	
(SEAL)	Judge of Probate.
Dated November 6th ,18	62

(Note—A copy of this certificate is to be filed in the Court and original delivered to the doctor. Sec. 3857. R. L. 1905.)

State of Minnes	ota,
-----------------	------

County of Stearns

### PROBATE COURT

IN THE MATTER OF

the Inebriety

of August T. Muyres

### CERTIFICATE

Filed November 6th,

. 19.62

Form prescribed by State Board of Control, pursuant to Sec. 3871, Revised Laws of 1905.

County of Stearns

}88.

### IN PROBATE COURT

CERTIFICATE

Th	is is to certify that Dr. H. W. Goehrs	
of	St. Cloud, Minnesota	is a reputable person, a graduate
of	University of Minnesota	which is an incorporated medical
college; th	hat he is a permanent resident of this State, has been in th	ne actual practice of the profession of medicine for at least
one year	next preceding to the date hereof, and is registered as licen	nsed by the State Board of Medical Examiners; that he is
neither s	superintendent, proprietor, an officer, or regular medical a	uttendant of any institution for the care and treatment of
***************************************	Inebriety	
(S	SEAL)	Judga of Probate.
De	lated November 6th ,19	62.

(Note—A copy of this certificate is to be filed in the Court and original delivered to the doctor. Sec. 3857. R. L. 1905.)

5	tate	of	Minnesota,
County	of	St	earns

### PROBATE COURT

IN THE MATTER OF

the Inebriety

of August T. Muyres

### CERTIFICATE

Filed November 6th, 1962

, 19.62

Form prescribed by State Board of Control, pursuant to Sec. 3871, Revised Laws of 1905.

State of Minnesota,	SS. IN PROBATE COURT
County of Stearns	
In the Matter of the Smilety/ Inebriety	Warrant of Commitment and Superintendent's Receipt
of August T. Muyres	Patient.
of the State Hospital, Willmar	County, Minnesota, and the Superintendent, Minnesota.
The above named patient having been found sheriff is commanded to convey and deliver such	to be an inebriate , the said patient forthwith to the Superintendent of the State Hospital at Minnesota, and the said Superintendent is commanded to receive
and detain such patient in said hospital according	ig to law.
Dated this 6th day of (PROBATE COURT SEAL)	Movember  Jel Lang  Probate Judge.
RECEIPT	OF SUPERINTENDENT
Receipt of the above named patient, a duplication	of Marenber 10 63.  Sester of Jahnson Amin.  Superintendent.

0025 1506

### State of Minnesota, County of Stearns

### IN PROBATE COURT

IN THE MATTER OF THE

Inebriety

of August T. Muyres.

### Warrant of Commitment and Superintendent's Receipt

Voucher No.....

Filed this

9th day of

November

No. 409 14-R-P

State	of	Minnesota
On there	~~	Terrester mores

County of Stearns

88.

### IN PROBATE COURT

IN THE MATTER OF

the Inebriety of

August T. Muyres

JUDGMENT

The above entitled proceeding having been duly commenced by	petition and said
August T. Muyres	
examined as to ineuriety by a Board of E	xaminers duly appointed by this Court, and the report of
said Board of Examiners having been duly filed herein, whereby s	aid August T. Muyres
has been found to be an inebriate	and in need of care and treatment in a State Institution.
NOW, THEREFORE, Upon reading and filing said report	and upon all the records and proceedings herein, IT IS
HEREBY ADJUDGED AND DETERMINED, and the Co	ourt does hereby adjudge and determine, that the said
August T. Muyres	is an inebriate
and a proper person for care and treatment in a State Institution.	
WHEREFORE, IT IS HEREBY ORDERED AND AL	OJUDGED, That the said
August T. Muyres	be committed to the custody of
Superintendent, Willmar State Hospital	and that triplicate warrants of
commitment be issued out of and under the seal of this Court, as p	provided by law, to carry this judgment into effect.
Dated November 6th, 19 62	
	Columbrus.
	Judge of Probate,

County of Stearns

## PROBATE COURT

IN THE MATTER OF

the Inebriety of

August T. Muyres

### JUDGMENT

Filed November 6th, 1962

Clerk of Probate Court.

Becorded in Book 2 of

Judgments on Page 377

0025 1509

County of Stearns

### PROBATE COURT STATEMENT OF PROPERTY

In the Matter of

August T. Muyres

Mfntdh/IV Mefsbd/Soult/Hefsbh/ Inebriate Person—Respondente Mefspyality

On	November 6th,	, 19 <sup>62</sup> , this Court committed	August	Т.	Muyres	
to the	Willmar	Minnesota State Hospital.				

In accordance with Laws of Minnesota 1947, Chapter 622, Section 4, I find the property of said patient and of the persons upon whom liability is imposed by law for h 18 care and support is as follows:

### STATEMENT OF PROPERTY OF PATIENT, SPOUSE, CHILDREN OR PARENTS:

			(State which)	
1.	REALT			
	A.	Homestead		
		Description		
2.	Value	in lussecu		nonwal
3.	House	in austra	Value \$	A STATE OF THE STA
4.	Other b	uildings on Homestead		- Commission Characterist
	Kind			
5.	What u	used for		Manifelia in the second
6.	Value o	of such buildings		
7.	Annua	l income from Homestead		and Samuralisation
8.	Are the	re any mortgages or liens against the above realty	cone muchanismoni	and the second
	Amoun	d When due		
		Other lands:	*	
1.	Descrip	otion		
		AUDR		
2.	Value.		According to the control of the cont	
3.	Buildin	ngs thereon		
4.	Rented	or not		
5.	Annua	l income		
6.	Are the	ere any mortgages or liens against the above lands		
	Amoun	ut	** *	
	C.	Household goods	Vaiue \$	-12/11/11/11/11/11/11/11/11/11/11/11/11
	D.	Stock list	77.1 0	and the second s
			v atue \$	
	E.	Machinery list	Y. J	***************************************
			v atue \$	***************************************
	F.	Notes, mortgages, corporate stocks, bonds, etc., list		
	G.	Cash	XXXXIII	
	H.	Other property		***************************************
				THE PROPERTY OF THE PARTY OF TH

LIABILITIES: List all debts and claims against patient: Total \$ Net Value of Estate, \$ FAMILY: Spouse Marcella M. Muyres Address 1108 1st. St. No., St. Cloud Age Children. AddressAddressAge AddressAddress AgeAgemother Parents Martha E. Muyres Address Carlos, Minnesota Address Guardian November 6th Dated (PROBATE COURT SEAL) Statement of Property State of Minnegorta, PROBATE COURT In the Matter of File No.19, 460 County of Stearns November

Filed this

State of Minnesota, County of Stearns	SS. IN PROBATE COURT, EXAMINER'S FEE CLAIM.
In the Matter of the Inebriety	
of August T. Muyres	
Dr. P. E. Stangl	on being first duly sworn, says that he has a
just and true claim against said County for	services in the above entitled matter as follows:
Services as examiner	\$10.00
2mil	e of necessary travel at 15c per mile \$30
	TOTAL \$ 10.30 EMange mp
Subscribed and sworn to before me this	6th day of November 19 62  Self 19 62  Glik + Judge of Probate.
	Clark + Judge of Probate.

County of Stearns

### PROBATE COURT

IN THE MATTER OF THE

Inebriety

of August T. Muyres

### EXAMINER'S FEE CLAIM

Filed this 6th day of

November 19 62

Rosely Kyhane of Probate.

No. 3784\*

State of Minnesota,	IN PROBATE COURT, EXAMINER'S FEE CLAIM.
County of Stearns	
In the Matter of the Inebriety	<b>\</b>
of August T. Muyres	
Dr. H. W. Goehrs	on being first duly sworn, says that he has a
just and true claim against said County for services in	the above entitled matter as follows:
Services as examiner	\$10.00
2 mile of neces	ssary travel at 15c per mile \$
	TOTAL - \$ 10.30
	Hyw. Gochrs m. D.
Subscribed and sworn to before me this	6th day of November 1962.
	John Lang
	Clerk-Judge of Probate.

County of Stearns

### PROBATE COURT

IN THE MATTER OF THE

Inebriety

of August T. Muyres

### EXAMINER'S FEE CLAIM

Filed this 6th day of

November 1962

Clerk-Judge of Probate.

No. 3784\*

State of Minnesota.  County of Stearns	IN PROBATE COURT - EXAMINER'S-FEE ORDER
IN THE MATTER OF THE . Inebriety	
of August T. Muyres	
Dr. P. E. Stangl	having been duly appointed an examiner in
Inmbriety	in the above entitled matter by an order of this Court and
having filed his duly verified claim for fees allowed by  Now, therefore, it is hereby ordered and adjudged	
Ten and 30/100	Dollars (\$ 10.30 )
for his services herein and that upon filing this order	with the Auditor of said County an order for said amount shall be drawn
by said Auditor upon the Treasurer of said County.	
Dated November 6th	, 19.62
	By the Court,

Stearns County of

### COURT PROBATE

In the Matter of the \_\_Inebriety\_\_\_\_\_

August T. Muyres

### Examiner's-Fee Order

6th Filed this

November

State of Minnesota.

County of

of the Probate Court of said County, do

hereby certify that I have compared the within order with the original thereof on file and of record in the Probate office of the County aforesaid, and that the same is a true copy thereof, and of the whole of said original order and record

In testimony whereof, I have hereunto offixed the seal of the Probate Court of said County, and signed my name this Clerk-Judge of Probate

No. 3693\*

State of Minnesota,  County of Stearns	SS. IN PROBATE COURT EXAMINER'S-FEE ORDER
IN THE MATTER OF THE Inebr	iety
of August T. Muyres	
Dr. H. W. Goehrs	having been duly appointed an examiner in
Inebriety	in the above entitled matter by an order of this Court and
having filed his duly verified claim for fees allo	wed by law therefor.
Now, therefore, it is hereby ordered and a	djudged that the said Dr. H. W. Goehrs
	be and he hereby is allowed
Ten and 30/100	Dollars (\$.10.30 )
for his services herein and that upon filing this	s order with the Auditor of said County an order for said amount shall be drawn
by said Auditor upon the Treasurer of said Cou	inty.
Dated November 6th	, 19.62
	By the Court,
	Judge of Probate

Stearns County of .....

### PROBATE COURT

In the Matter of the Inebriety

of August T. Muyres

### Examiner's-Fee Order

6th day of Filed this..... November , 19.62

Reselya Kuphanise
Clerk-Judge of Probate

State of Minnesota.

County of

County aforesaid, and that the same is a true copy thereof, and of the whole of said original order and record.

In testimony whereof, I have hereunto affixed the seal of the Probate Court of said County, and signed my name this

hereby certify that I have compared the within order with the original thereof on file and of record in the Probate office of the of the Probate Court of said County, do

Clerk-Judge of Probate

No. 3693\*

### IN PROBATE COURT

In the Matter of the	Inebriety	
August I	. Muyres	)

Fee Claim -- Officer

August 1. Muyres			
Peter Lahr on bei	ng first duly sworn	says that he has	a just and tr
claim against said County for services and disbursements by reason of	of the conveyance of	the said ineb	riate
person to the State Hospital	at Willmar		
in said State, more particular set forth, as follows:			
Transportation from St. Cloud, Minn., to Willman	, for	persons \$	7.00
Taxi fare at			
Hotel at		s	
Lösging and 2 persons		s	2.00 7.00
Fransportation from Willmar to St. C		persons \$	7.00
Reasonable compensation ofassistants -			
Warrant and mileage			
Bringing and attending Court		\$	******
		B	, ,
	To	tal /	16.90
Subscribed and sworn to before me this)	PETER L	AHR ///	1.186
8th day of November 19 62	8	heriff of Stearns	County, Min
Hemed Sauce			
ff field of bala Colom Bath to be to Colom	Ву		Depu
Notary Public, Stearns County, Minn.			

### PROBATE COURT

In the Matter of the inebriety of

August T.Muyres

### Fee Claim -- Officer

Filed this 9th

day of November

A. D. 19 62

Clerk Judge of Probate

Form prescribed by State Board of Control pursuant to Sec. 3871, Revised Laws 1905.

Stat	e of	Minnesota,	1
County of	Stea	rns	)

### IN PROBATE COURT OFFICER'S FEE ORDER

IN THE MATTER OF THE	ebriety	
of August T. Muyres		
Peter Lahr		having been duly authorized by this Court to convey
the above named person to the State	Hospital and having filed	herein his duly verified claim for fees allowed by law therefor.
Now therefore, it is hereby ord	ered and adjudged that th	e said
Peter Lahr		be and he hereby is allowed
Sixteen and no/100		Dollars (\$ 16.00 ) for his services herein and
all disbursements actually and neces	sarily made for travel and	expenses of himself, the patient, and assistants, and that upon
filing this order with the Auditor of	said County an order for s	aid amount shall be drawn by said Auditor upon the Treasurer
of said County.		
	By the Court,	John Long
November 9th.	19 62	0

County of

do hereby certify that I have compared the within order with the original thereof on file and of record in the Probate office of

of the Probate Court of said County,

the County aforesaid, and that the same is a true copy thereof, and of the whole of said original order and record.

In Testimony Whereof, I have hereunto affixed the seal of the Probate Court of said County, and signed my name

### State of Minnesota,

Stearns County of

### PROBATE COURT

IN THE MATTER OF THE inebriety

August T. Muyres

### **ORDER** FEE OFFICER'S

November 9th day of Filed this

19

Clerk-Judge of Probate.

this

day of

n conformance with Minnesoto Statutes, this report is submitted from the above named O PROBATE COURT OF STEARNS COUNTY		1-4-63					
AME	(L.A.5	T, FIRST, MIDDLE)	DATE OF COMMITMENT				
TEM	NO.	MUYRES, AUGUST T. #21153	11-6-62 DATE ACTION TAKEN				
14B		THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.	1-4-63				
	1.	1. Provisional Discharge to (NAME)					
		(ADDRESS)					
	2.	Expiration of Provisional Discharge					
	3.	Revocation of Provisional Discharge					
	4.	Extension of Provisional Discharge to, 19					
	5.	Discharge as Recovered by Superintendent (Minn. Stat. 253.16)					
	6.	Discharge by Commissioner of Public Welfare*					
_							
	7.	Discharge by Court Order Issued by					
	8.	Discharge and Deportation to					
	9.	Discharge to Veterans Hospital at					
	10.	Transfer to State Hospital at					
	11.	Escape					
	12	Return from Escape					
_	12,	Neton non Escape					
	13.	Death due to					
		Age at Death Duration of Last Illness					
XX	14.	4. Report of Findings in compliance with Minn, Stat. requiring report to Probate Court within 60 Day (MSA 525.753 Subd. 1					
		Diagnosis Mentally ill Senile 🖫 Inebriate					
		Condition ☐ Recovered ☐ Improved ☐ Unimproved ☐ Othe	r				
		A. Further Institutional Care and Treatment ARE needed.					
		B. Further Institutional Care and Treatment ARE NOT needed and Patient in accordance with Minnesota Statutes.  FILED THIS OF January					
		January	Kushama				
Supe	rinte	indent's Signature	Kuthown				
		STEARNS County Welfare D					

REPORT TO PROBATE COURT DPW - MED - 1185 (1-61)

<sup>\*</sup>Item 6 shall not include patients released by the Commissioner who are under commitment to the Commissioner.