



[Stearns County \(Minn.\)](#)
[Probate Court: Probate case](#)
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State of Minnesota,

County of Stearns

ss.

IN PROBATE COURT

19459

PETITION FOR COMMITMENT

In the Matter of the ~~County~~
~~Mental Deficiency~~
~~Dependent~~
 (Mental Illness)

of Erminia Hanson

Patient.

TO THE HONORABLE PROBATE JUDGE OF SAID COUNTY:

Your petitioner respectfully represents to the Court and alleges that Erminia Hanson
 whose address is 1028 22nd Avenue No., St. Cloud, Minn., is ~~an~~ mentally ill person.

That your petitioner is --- related to the said above named person as follows: Spouse

That the indications of mental illness manifested by her are as follows:
 (Here give fully the symptoms on which the charge of mental illness is based.)

Involuntional psychotic reaction, characterized by depression, paranoid thinking,
 agitation and anxiety.

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

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

Name	Address	Relationship
Lawrence M. Hanson	1028 North 22nd Avenue, St. Cloud	Spouse
Mrs. Louise Simurra	8408 157 Avenue Howard Beach 14, New York	Mother
Mrs. Rose Stanton	8408 157 Avenue Howard Beach 14, New York	Sister
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 of two children.

That h er residence and place of legal settlement is Stearns 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 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 Savings and Loan, St. Cloud

WHEREFORE, your petitioner prays that this Court will make due inquiry into the matter, and to that end that said above named person be brought into said Court and examined as to said alleged mental illness and if found to be mentally ill that he be committed in accordance with the statutes in such case made and provided.

X

Lawrence H. Hanson

State of Minnesota,

County of Stearns

ss.

Lawrence H. Hanson, being first duly sworn, deposes and says that he is the petitioner in the foregoing petition; that he knows the contents thereof, and that the averments of said petition are true of his own knowledge, save as to such as are stated on information and belief, and as to those he believes them to be true.

X

Lawrence H. Hanson

Subscribed and sworn to before me this 26th day of October, 1962

MARIE E. DOVNEROWSKI, St. Cloud, Minn.
Notary Public, Stearns County, Minn.

My commission expires May 1, 1968, 1968

97-490

No. 19,459

State of Minnesota,

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

Mental Illness

of Erminia Hanson

Patient.

PETITION FOR
COMMITMENT

Filed this 29th day of

October, 1962

Robert J. Buckner
Probate Judge-Clerk.

No. 594-P

002481420

STATE OF MINNESOTA,

County of Stearns }

IN PROBATE COURT

In the Matter of the ~~Personality~~ ~~Intelligence~~ ~~Mental Deficiency~~ ~~Epilepsy~~ ^(Mental Illness)

ORDER FOR HEARING
AND
FOR EXAMINATION

of Erminia Hanson
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 ^{her} ~~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 ~~and~~ /

by the service of a copy of this order upon ^{her} ~~each of them~~, personally, prior to said examination. You may request Counsel if you so desire.
Dated October 29th, 19 62.

(Probate Court Seal)

John Long
Probate Judge

002487421

19,459

AFFIDAVIT OF SERVICE

STATE OF MINNESOTA,

County of Stearns

David H. Dahlson, being duly sworn, on oath says: that on the 29th day of Oct., 1962, he served the foregoing order upon the patient therein named at 1028-N. 22nd Ave., St. Cloud, Minn. in said county and state by handing to and leaving with him personally a true copy thereof.

Subscribed and sworn to before me

this 29th day of October, 1962

Margie E. Lombrowske

MARGIE E. LOMBROWSKE, Esq., St. Cloud, Minn.
Notary Public, Stearns County, Minn.
Notary Public - Commission Expires May 8, 1968

State of Minnesota.

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE
mental illness

of Erminia Hanson Patient

ORDER FOR HEARING
AND
FOR EXAMINATION

ADMISSION OF SERVICE

I hereby admit due and personal
service of the within order this
day of _____, 19____.

Attorney for Patient

County Attorney

Filed this 29th

day of October, 1962

W. Evelyn Buchanan
Probate Judge-Clerk

No. 3954-P

0024 1422

STATE OF MINNESOTA,

County of Stearns

} ss.

IN PROBATE COURT

In the Matter of the

Mental Illness

~~Schizophrenia~~
~~Alcoholism~~
~~Mental Deficiency~~
~~Epilepsy~~ORDER TO APPREHEND
AND CONFINEof Erminia Hanson
1028- 22nd Ave. No., St. Cloud

Patient.

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

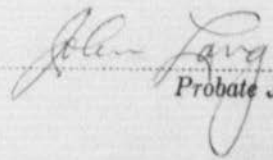
IT IS ORDERED, That the Sheriff of Stearns County, Minnesota, forthwith

apprehend the above named patient and retain her in his 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)


Probate Judge.

0024 1423

No. 19,459

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 30th day of

October, 1962.

Roselyn Hulse
Probate Judge Clerk.

No. 3854*

002481424

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT

In the Matter of the Mental Illness

of Erminia Hanson

Patient

ORDER APPOINTING
GUARDIAN AD LITEM

A petition having been filed in this Court alleging that the above named patient is a

mentally ill

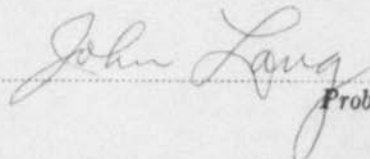
person and praying for commitment; and it appearing that a guardian ad litem should be appointed to protect the interests of said person in said matter,

IT IS ORDERED, That A.B. Minnenkamp

of St. Cloud, Minnesota, be and he hereby is appointed guardian ad litem of said patient to act in all the proceedings herein.

Dated October 30th, 1962

(PROBATE COURT SEAL)

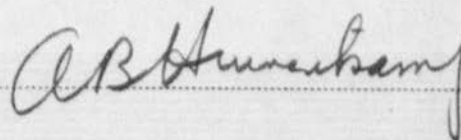

Probate Judge.

CONSENT

I do hereby consent to act as guardian ad litem of the patient named in the foregoing order for the purposes stated therein.

Dated October 30th, 1962

11/19/11



0024-1425

No. 19,459

State of Minnesota,

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, 19 62

Bradley B. Gudger
Probate Judge Clerk.

No. 3912*

002481426

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT

In the Matter of the

Mental Illness
Senility
Inebriety
Mental Deficiency
Epilepsy

of Erminia Hanson

To the Hon. David T. Shay, County Attorney of said County:

SIR: Please take notice that a petition has been filed with the above court alleging the

Mental Illness

of the above named patient.

Mental Illness—Senility—Inebriety—Mental Deficiency—Epilepsy

You are hereby notified and required to appear at the examination of said patient to be held at my office on the 30th day of October, 1962 at 10 o'clock A.M., to represent the petitioner in said matter and to take part in the said examination as provided by law.

Dated this 30th day of October, 1962.

(Court Seal)

John Long
Judge of Probate.

0024 1427

No. 19,459

State of Minnesota.

County of Stearns

IN PROBATE COURT

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

In the Matter of { Mental Illness
Senility
Inebriety
Mental Deficiency
Epilepsy
of

Erminia Hanson

Due service of the within notice is
hereby admitted at 57. Cloud

Minn., this 30th day of

October, 1962
David [Signature]
County Attorney.

By

Filed in my office this 30th day of

October 1962.

Rose [Signature]
Clerk—Judge of Probate.

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT

In the Matter of the

Mental Illness
Senility/
Inebriety/
Mental Deficiency/
Epilepsy

APPOINTMENT OF EXAMINERS

of Erminia Hanson

Patient.

Upon all of the files, records and proceedings herein,

IT IS ORDERED, That Dr. P. E. Stangl and Dr. J. P. McDowell

are appointed to assist in the examination of said patient.

Dated this 30th day of October, 1962.

(Probate Court Seal)

John Long
Probate Judge.

0024 1429

No. 19,459

State of Minnesota.

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

Roselynn Kuyhouse
Clerk—Judge of Probate.

No. 401-R-P

002481430

State of Minnesota,

County of Stearns

IN PROBATE COURT

In the Matter of the
 (Mental Illness
 Senility
 Imbecility
 Mental Deficiency/
 Epilepsy)

OATH OF EXAMINERS

of Erminia Hanson

Patient.

State of Minnesota,

County of Stearns

ss.

We 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 whether being mentally ill to the best of our ability.

x P. E. Stangl md

J. P. McDowell md

Subscribed and sworn to before me this

30th

day of

October

, 1962.

(Probate Court Seal)

John Long

Probate Judge-Clerk

0024 1431

No. 19,459

State of Minnesota, } ss.
County of Stearns

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

Roselyn K. Kephau
Probate Judge—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 Settlement

Stearns

Date of Birth

10-22-15

Place of Birth

Albania, Italy

Social Security No.

Not known

Length of Time in U.S.?

40 years

Citizen of U.S.?

Yes

Marital Status

Married

Date and Place of Marriage

11-13-14, Brooklyn, New York

Sex

Female

Race

Caucasian

Religion

Roman Catholic

Color Eyes

Brown

Color Hair

Black-Grey

Weight

135

Height

5-3

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

Involuntional psychotic reaction, characterized by depression, paranoid thinking, agitation and anxiety. 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.

002481433

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

Employer and Address	Kind of Work	Dates	Wage	Reason for Leaving
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The patient has not been employed out of the home since 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 PROPERTY		Monthly Income from Property or Pensions	PATIENT'S DEBTS	
Type	Pres. Cash Val.		To Whom Owed? (Name and Address)	Amount
House and lot in joint tenancy				
Approx. 20,000 in savings at the Security Federal Savings and Loan, St. Cloud				

Name of company and types of hospital insurance carried by patient

Benefit Assn. of Railway employees

Name and address of responsible relative Mr. Lawrence Hanson, 1028 22nd Avenue North, St. Cloud

INCOME OF RESPONSIBLE RELATIVE		DEBTS OF RESPONSIBLE RELATIVE		
Give employer's name	Monthly	Type of Debt or Expense	Amount	Monthly Payment
Great Northern Ry.				
Pensions, OASI, etc. St. Cloud, Minn		Mtg. on home	\$8900 (?)	\$71.65
Dividends and Interest				
Rent				
Salary	Approx. \$8000.00 yrly.			
TOTAL INCOME				

PROPERTY OF RESPONSIBLE RELATIVE		DEPENDENTS OF RESPONSIBLE RELATIVE		
		Name	Relationship	Age
Joint savings account with spouse		Louise Hanson	Daughter	14
House and lot in joint tenancy		Christine Hanson	Daughter	10

0024 1434

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.

FAMILY OF PATIENT: Father, Mother*, Brothers, Sisters, Spouse*, Children *Give maiden name

Name	Date & Place of Birth	Address	Occupation	S.S. No.	C #	Mental or Phya. Disab.
Father						
Frank Simurra	Expired approximately 30 yrs. ago.					
Mother*						
Louise (?) "	Approx 70		Housewife			Not known
Brothers — Sisters						
brother						
One/and one sister						
Spouse*						
Lawrence M. Hanson	5-11-23	1028 22nd Avenue No.	Fireman			Good Health
Children						
Louise Hanson	10-1-48	1028 22nd Avenue No.	Student in 9th grade at Cathedral High			
Christine Hanson	3-25-52	1028 22nd Avenue No.	Student in 5th grade at St. Paul's			

County Welfare Department

Stearns

Date 10-26-62

Signature of Welfare Director

[Signature]

TO BE FILLED OUT BY THE PHYSICIAN: Additional or different information than already stated relative to the following:

Patient's behavior leading to petition for hearing:

Agitated - Irritable - anxious -

Mental signs and symptoms:

hazy in conversation

Attitude of patient

Bellicent - toward husband -

Mood and content of thought

Took children out of school -

Hallucinations

Hear door bells ringing at night

Intellect and memory orientation

Moderate confusion

Medical history: including current medications

Appendectomy 1950 - Children 14 and 10

Has patient threatened or injured others? If so, how? *No*

Has patient threatened or attempted suicide? If so, how? *No*

Does patient have a propensity to suicide now? If so, how manifested? *No*

Is patient destructive? If so, how? *No*

Name of family physician

Signature of examining physician

M.D.

Signature of examining physician

M.D.

0024 1435

STATE OF MINNESOTA

IN PROBATE COURT

County of Stearns

Findings of the

In the Matter of the

Mental Illness
 Senility
 Inebriety
 Psychopathic Personality

BOARD OF EXAMINERS

Of Erminia Hanson

We, the Board of Examiners, in the above entitled proceedings, hereby certify and report that on Oct. 30th 1962
 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 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
~~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 mentally ill person and the court finds that commitment to an institution for the care of
 mentally ill - ~~senile / inebriate and psychopathic personality~~ is necessary for the welfare and protection of the patient and society.

Dated at St. Cloud, MinnesotaThis 30th day of October 1962

J. P. McDowell M.D.
P. E. R. Tangle M.D.
John Long Judge of Probate

19,459

STATE OF MINNESOTA

County of Stearns

PROBATE COURT

REPORT OF EXAMINATION

DPW - Med-1042 (Rev. 2-60)

In the Matter of

Erminia Hanson

a mentally ill person
 a senile person
 an inebriate person
 a psychopathic personality

Filed October 30th, 1962

Clerk of Probate

002481436

State of Minnesota,

County of Stearns

IN PROBATE COURT

In the Matter of the Alleged Mental Illness

of Erminia Hanson,

REPORT OF BOARD OF EXAMINERS

We, the Board of Examiners, in the above entitled proceeding hereby certify and report that on the 30th day of October, 1962, at 10 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 State of Minnesota, for the purpose of determining whether Erminia Hanson is a mentally ill person, as alleged in the petition in the above entitled proceeding, David T. Shay, Esquire, County Attorney of said County, appeared in behalf of said 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 forth 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 Schedule 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 is

1. A person incapable of managing h self and h affairs by reason of the habitual and excessive use by h of intoxicating liquor, drugs or other narcotics.

2. A person of unsound mind other than one who may be properly described as only an inebriate or feeble minded person.

3. A person not insane, but so mentally defective as to be incapable of managing h self and h affairs, and to require supervision, control and care for h own or the public welfare.

Dated at St. Cloud, Minnesota, this 30th day of October, 1962.

J. B. McDowell, Jr.
J. E. Stang, M.D.
John Long
Judge of Probate

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.

State of Minnesota.

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

Mental Illness of

Erminia Hanson

Report of the Board of Examiners

State of Minnesota.

County of

I do hereby 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.

Witness my hand and the seal of said
filed

Sept this 30th day of

October, 1962

Joseph H. Johnson
Clerk Judge of Probate.

No. 37817

State of Minnesota,

County of Stearns

} ss.

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 the actual practice of the profession of medicine for at least one year next preceding to the date hereof, and is registered as licensed 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

(SEAL)

John Long
Judge of Probate.

Dated October 30th, 1962.

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

0024 1439

19,459

State of Minnesota, }
County of Stearns.

PROBATE COURT

IN THE MATTER OF

the Mental Illness of

Erminia Hanson

CERTIFICATE

Filed October 30th, 1962

, 1962

Roselyn Kephau
Clerk of Probate Court

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

00241440

State of Minnesota,

County of Stearns

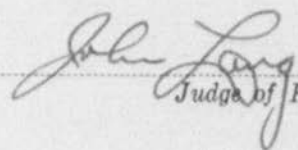
} ss.

IN PROBATE COURT
CERTIFICATE

This 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
college; that he is a permanent resident of this State, has been in the actual practice of the profession of medicine for at least
one year next preceding to the date hereof, and is registered as licensed 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

(SEAL)


Judge of Probate.

Dated October 30th, 1962

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

0024 1441

19,459

State of Minnesota, }
County of Stearns

PROBATE COURT

IN THE MATTER OF
the mental illness of

Erminia Hanson

CERTIFICATE

Filed October 30th,

, 1962

Roselyn L. Ekhouse
Clerk of Probate Court

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

002481442

State of Minnesota,

ss.

IN PROBATE COURT

County of Stearns

In the Matter of the { Mental Illness
Schiffly
Inebriety

Warrant of Commitment
and Superintendent's Receipt

of Erminia Hanson

Patient.

To the Sheriff of Stearns County, Minnesota, and the Superintendent
of the State Hospital, Anoka, Minnesota.

The above named patient having been found to be Mentally Ill, the said
sheriff is commanded to convey and deliver such patient forthwith to the Superintendent of the State Hospital at
Anoka, Minnesota, and the said Superintendent is commanded to receive
and detain such patient in said hospital according to law.

Dated this 30th day of October

19 62.
John Lang
Probate Judge.

(PROBATE COURT SEAL)

RECEIPT OF SUPERINTENDENT

Receipt of the above named patient, a duplicate of this warrant, and a certified copy of the report of examination
are hereby acknowledged.

Dated this 30th day of October, 1962

by Rhye M. Nelson Jerome Lester, M.D.
acting as Superintendent

002484443

No. 19,459

State of Minnesota,

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, 1962

Losely Kuchars
Probate Judge—Clerk.

No. 409 1/2 R—P

002481444

State of Minnesota,
County of Stearns

ss.

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 Examiners duly appointed by this Court, and the report of

said Board of Examiners having been duly filed herein, whereby said Erminia Hanson

has been found to be mentally ill 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 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 Institution.

WHEREFORE, IT IS HEREBY ORDERED AND 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

John Lang
Judge of Probate,
Stearns County.

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF
the Mental Illness of

Erminia Hanson

JUDGMENT

Filed October 30th, 1962

Joseph J. Johnson
Clerk of Probate Court.Recorded in Book 2 of
Judgments on Page 374

State of Minnesota,

PROBATE COURT

County of Stearns

STATEMENT OF PROPERTY

In the Matter of

Erminia Hanson

~~Mentally Ill Person—Senile Person~~
~~Inebriate Person—Psychopathic Personality~~

On October 30th, 1962, this Court committed Erminia Hanson
to the Anoka 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 her care and support is as follows:

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

1. REALTY:

(State which)

A. Homestead

Description

Joint Tenancy sub 68900 atgc

2. Value

3. House

Value \$

4. Other buildings on Homestead

Kind

5. What used for

6. Value of such buildings

7. Annual income from Homestead

8. Are there any mortgages or liens against the above realty

Amount

When due

B. Other lands:

1. Description

2. Value

3. Buildings thereon

4. Rented or not

5. Annual income

6. Are there any mortgages or liens against the above lands

Amount

When due

C. Household goods

Value \$

D. Stock list

Value \$

E. Machinery list

Value \$

F. Notes, mortgages, corporate stocks, bonds, etc., list

G. Cash

H. Other property

Savings - Bond \$20,000

Total, \$

0024 1447

LIABILITIES:

List all debts and claims against patient:

Total \$

Net Value of Estate, \$

FAMILY:

Spouse Lawrence M. Hanson Address 1028 22 Avenue North, St. Cloud Age
Children Address Age
Address Age
Address Age
Address Age
Parents Louise Simurra Address New York Age Mother
Address Age
Guardian Address
Dated October 30th, 19 62

(PROBATE COURT SEAL)

John Long
Probate Judge.

File No. 19,459

State of Minnesota.

County of Stearns

PROBATE COURT

In the Matter of

Erminia Hanson,

Mentally Ill Person—Semi-Person
Incapable / Person-Psychopathic Personality

Statement of Property

Filed this 30th day of
October, 19 62

Joseph A. Hanson
Clerk of Probate
No. 1327-P

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT,

EXAMINER'S FEE CLAIM.

In the Matter of the Mental Illness

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 services in the above entitled matter as follows:

Services as examiner - - - - - \$10.00

2 mile of necessary travel at 15c per mile - - \$.30

TOTAL - - \$ 10.30

Subscribed and sworn to before me this

30th

day of

October

19 62

John Long

Clerk - Judge of Probate.

002481449

19,459

State of Minnesota,

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 Kephauze
Clerk—Judge of Probate.

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT,

EXAMINER'S FEE CLAIM.

In the Matter of the Mental Illness

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 services in the above entitled matter as follows:

Services as examiner - - - - - \$10.00

2 mile of necessary travel at 15c per mile - - \$.30

TOTAL - - \$ 10.30

x

P. E. Stangl

Subscribed and sworn to before me this 30th day of October 19 62

John Lang
Clerk Judge of Probate.

0024 1451

State of Minnesota,

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

Paul M. Kephau
Clerk—Judge of Probate.

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT
EXAMINER'S-FEE ORDERIN THE MATTER OF THE Mental Illness }
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 that the said

Dr. P. E. Stangl

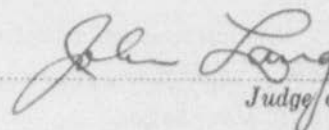
be and he hereby is allowed

Ten and 30/100 - - - - - Dollars (\$10.30)

for his services herein and that upon filing this order with 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, 1962.

By the Court,


Judge of Probate

00241453

19,459

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, 1962

Ralph Kephau
Clerk—Judge of Probate

County of

State of Minnesota.

} ss.

I, 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 herunto affixed the seal of the Probate Court of said County, and signed my name this _____ day of _____, 19____.

Clerk—Judge of Probate

0024 1454

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT
EXAMINER'S-FEE ORDERIN THE MATTER OF THE Mental Illness
of Erminia Hanson }

Dr. J. P. McDowell 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 that the said Dr. J. P. McDowell

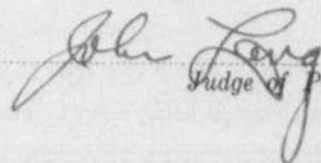
be and he hereby is allowed

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 October 30th, 19 62

By the Court,


Judge of Probate

0024 1455

19,459

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 62

Reselge Kephauwe
Clerk—Judge of Probate

No. 3693*

State of Minnesota.

ss.

County of

of the Probate Court of said County, do

I, 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 affixed the seal of the Probate Court of said County, and signed my name this

day of

19

Clerk—Judge of Probate

0024 1456

State of Minnesota
COUNTY OF STEARNS

IN PROBATE COURT

In the Matter of the mental illness of
Erminia Hanson

Fee Claim -- Officer

Peter Lahr on being first duly sworn says that he has a just and true
claim against said County for services and disbursements by reason of the conveyance of the said mentally ill
person to the State Hospital at Anoka
in said State, more particular set forth, as follows:

Transportation from St. Cloud, Minn., to Anoka	for 3 persons	\$ 5.20
52 miles at 10¢ a mile		
Taxi fare at		\$
Hotel at		\$
Lodging and meals for 2 persons		\$ 2.55
Transportation from Anoka to St. Cloud, for 2 persons		\$ 5.20
Reasonable compensation of 1 assistants		\$ 10.00
Warrant and mileage		\$
Bringing and attending Court		\$

Total \$ 22.95

PETER LAHR
Sheriff of Stearns County, Minn.

Subscribed and sworn to before me this
31st day of October 19 62

Notary Public, Stearns County, Minn.
My Commission Expires December 22, 1968

By Deputy

002481457

19,459

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.

002481458

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT
OFFICER'S FEE ORDER

IN THE MATTER OF THE mental illness

of Erminia Hanson

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 ordered and adjudged that the said

Peter Lahr

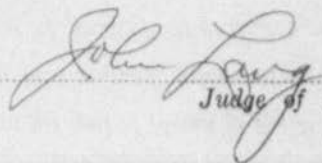
be and he hereby is allowed

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

00241459

19,459

State of Minnesota.

County of Stearns

PROBATE COURT

IN THE MATTER OF THE mental illness

of Erminia Hanson

OFFICER'S FEE ORDER

B. C. 12 D.

Filed this 1st day of November

19 62

Roselyn Hufhouse
Clerk—~~Judge~~ of Probate.

No. 3695*

State of Minnesota,
County of _____ } ss.

I, _____ 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 herunto affixed the seal of the Probate Court of said County, and signed my name
this _____ day of _____ 19 _____.

Clerk—Judge of Probate.

0024 1460

REPORT TO
PROBATE COURT

ANOKA STATE HOSPITAL

19,459

In conformance with Minnesota Statutes 253.10, 253.16, 525.735-1, 525.753-4 and 525.762.1. This Report is Submitted From the Above Named Hospital

To
Probate Court of Stearns County Date of Report 12-12-62
NAME (Last, First, Middle) Date of Commitment
HANSON, Erminia 10-30-62
Item No. The number listed to the left and also checked below reports a change in Status for the patient named above.

- ☒ 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.
- ☐ 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 _____
- ☐ Further Institutional Care and Treatment Are Needed.
- ☐ Further Institutional Care and Treatment Are Not Needed.
- Superintendent's Signature Jerome D. Textor, M.D. Date 12-11-62
CC Stearns Jerome D. Textor, Acting Medical Director
County Welfare Board.

Department of Public Welfare (only for items not on Daily Population Report)

DPW Med 1185

hb

Report to Probate Court

FILED THIS 24th DAY
OF Dec. 62
Josephine Kuxhaus

002481461

REPORT TO
PROBATE COURT

ANOKA STATE HOSPITAL

In Conformance with Minnesota Statutes 253.10, 253.16, 525.735-1, 525.753-4 and 525.762.1, This Report is Submitted From the Above Named Hospital.

To _____ Date of Report _____
 Probate Court of Stearns County 11-15-63
 NAME (Last, First, Middle) _____ Date of Commitment _____

Item No. 3 HANSON, Erminia 10-30-62
 The number listed to the left and also checked below reports a change in Status for the patient named above.

- ☐ 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.
- ☐ 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.
☐ Further Institutional Care and Treatment Are Not Needed.

Superintendent's Signature John A. Docherty, M.D. Date 11-15-63
John A. Docherty, M.D. Medical Director

CC Stearns County Welfare Board.

FILED THIS 26th DAY
 OF November A.D. 19 63
Barbara Kuxhouse
 CLERK OF PROBATE

Department of Public Welfare (Only for items not on Daily Population Report)

DPW Mcd 1185

ea

Report to Probate Court

0024 1462

REPORT TO
PROBATE COURT

ANOKA STATE HOSPITAL

File No. 19,459

In conformance with Minnesota Statutes 253.10, 253.16, 525.735-1, 525.753-4 and 525.762.1. This Report is Submitted From the Above Named Hospital.

TO
Probate Court of Stearns County 12-20-63
NAME (Last, First, Middle) HANSON, Erminia Date of Commitment 10-30-62
Item No. The number listed to the left and also checked below reports a change in status for the patient named above.

- ☒ 1. Provisional Discharge to Lawrence M. Hanson, husband
(Name)
1028 22nd Ave. North, St. Cloud, Minn.
(Address)
- ☐ 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

- ☐ Further Institutional Care and Treatment are Needed.
- ☐ Further Institutional Care and Treatment are not Needed.

Superintendent's Signature John A. Docherty Date 12-27-63
John A. Docherty, Medical Director

CC Stearns County Welfare Board.

hb

Department of Public Welfare (Only for items not on Daily Population Report)

DPW

Report to Probate Court

FILED THIS 13th DAY

OF January A.D. 19 64

Roselyn K. House
CLERK OF PROBATE

0024 1463

REPORT TO
PROBATE COURT

ANOKA STATE HOSPITAL

In conformance with Minnesota Statutes 253.10, 253.16, 525.735-1, 525.753-4 and 525.762.1. This Report is Submitted From the Above Named Hospital.

TO
Probate Court of STEARNS County Date of Report 7-6-64
NAME (Last, First, Middle) Date of Commitment 10-30-62
HANSON, Erminia

Item No. 3 The number listed to the left and also checked below reports a change in status for the patient named above.

- ☐ 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.
- ☐ 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. 10th DAY
FILED THIS _____
OF July A.D. 1964
Rosemary R. Kufhouse
CLERK OF PROBATE
- ☐ 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 John A. Docherty, M.D. Date 7-8-64
John A. Docherty M.D., Medical Director ap
CC Stearns County Welfare Board.

Department of Public Welfare (Only for items not on Daily Population Report)

DPW

Report to Probate Court

0024 1464

ANOKA STATE HOSPITAL

In conformance with Minnesota Statutes 253.10, 253.16, 525.735-1, 525.753-4 and 525.762.1. This Report is Submitted From the Above Named Hospital.

TO	Date of Report
Probate Court of Stearns County	9-22-64
NAME (Last, First, Middle)	Date of Commitment
HANSON, Erminia	10-30-62

Item No. 1 The number listed to the left and also checked below reports a change in status for the patient named above.

1. Provisional Discharge to Lawrence Hanson (husb and)
(Name)

Address on release - Same. (Address)

☐ 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. *9/11*

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 John A. Docherty, M.D. Date 9-23-64
Medical Director's _____
John A. Docherty, M.D.

CC Stearns County Welfare Board.

CC Stearns County Welfare Board.

Department of Public Welfare (Only for items not on Daily Population Report)

DPW

Report to Probate Court _____ DAY

OF _____ A.D. 19__

CLERK OF PROBATE

002481465

19,459

REPORT TO
PROBATE COURT

ANOKA STATE HOSPITAL

In conformance with Minnesota Statutes 253.10, 253.16, 525.735-1, 525.753-1
525.762.1. This Report is Submitted From the Above Named Hospital.

TO _____ Date of Report _____
Probate Court of _____ County _____ 9-24-65
NAME (Last, First, Middle) _____ Date of Commitment _____
HANSON, Erminia _____ 10-30-62

Item No. 3 The number listed to the left and also checked below reports a
change in status for the patient named above.

- ☐ 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.
- ☐ 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 _____ Duration of last illness _____
Age at Death _____
- ☐ 14. Report of Findings
Diagnosis _____
Condition _____

FILED THIS 14th DAY
OF October A.D. 1965
Roselyn K. Rupp
CLERK OF PROBATE

☐ Further Institutional Care and Treatment are Needed.
☐ Further Institutional Care and Treatment are not Needed.
Superintendent's Signature John A. Docherty, M.D. Date 8-31-65
CC STEARNS County Welfare Board.

1f

Department of Public Welfare (Only for items not on Daily Population Report)

DPW

Report to Probate Court

0024 1466

ANOKA STATE HOSPITAL
(INSTITUTION)

19,459

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital
TO PROBATE COURT OF

STEARNS

COUNTY

DATE OF REPORT

12-1-65

DATE OF COMMITMENT

10-30-62

DATE ACTION TAKEN

10-14-65

NAME (LAST, FIRST, MIDDLE)

HANSON, Ermania

ITEM NO.

1

THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW
REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.



1. Provisional Discharge to

Lawrence M. Hanson

(NAME)

5026-42nd Ave. No.

(ADDRESS)



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 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 _____

☐ 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 DISCHARGED in accordance with Minnesota Statutes.

FILED THIS 6th DAY
OF December A.D. 1965
Barbara Kellhouse
CLERK OF PROBATE

Medical Director's Signature

/s/

John A. Docherty, M.D.
John A. Docherty, M.D.

COPIES

1st copy - Probate Court - Stearns

2nd copy - County Welfare Board - Stearns

3rd & 4th copies - DPW

5th copy - Patient's Medical File

SRS

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

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

002481467

ANOKA STATE HOSPITAL

(INSTITUTION)

19,459

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital

TO PROBATE COURT OF

STEARNS

COUNTY

DATE OF REPORT

4-15-66

NAME (LAST, FIRST, MIDDLE)

HANSON, Erminia

DATE OF COMMITMENT

10-30-62

ITEM NO.

3

THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.

DATE ACTION TAKEN

4-14-66

- ☐ 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
- ☐ 13. Death due to _____

FILED THIS 25th DAY
OF April A.D. 1966
Rochlyn R. Kufhouse
CLERK OF PROBATE

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 DISCHARGED in accordance with Minnesota Statutes.

CC Mr. Frank D. Bessesen

Medical Director's Signature /s/

COPIES

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2nd copy - County Welfare Board - Stearns
3rd & 4th copies - DPW
5th copy - Patient's Medical File

John A. Docherty, M.D.
John A. Docherty, M.D.

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

0024 1468

ANOKA STATE HOSPITAL
(INSTITUTION)

19,459

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital

TO PROBATE COURT OF

STEARNS

COUNTY

DATE OF REPORT

6-14-66

NAME (LAST, FIRST, MIDDLE)

HANSON, Erminia

DATE OF COMMITMENT

10-30-62

ITEM NO.

1

THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW
REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.

DATE ACTION TAKEN

6-8-66



1. Provisional Discharge to **Mr. Lawrence M. Hanson- husband**

(NAME)

1028-22nd Ave. No., St. Cloud, Minn.

(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 _____

FILED THIS 20th DAY

OF June A.D. 1966

Stacy R. Redhouse
CLERK OF PROBATE



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 DISCHARGED in
accordance with Minnesota Statutes.

Medical Director's Signature 18/

John A. Docherty, M.D.
John A. Docherty, M.D.

COPIES

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2nd copy - County Welfare Board - Stearns

3rd & 4th copies - DPW

5th copy - Patient's Medical File

878

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

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

002481469

ANOKA STATE HOSPITAL

(INSTITUTION)

19,459

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital

TO PROBATE COURT OF

COUNTY

DATE OF REPORT

STEARNS

11-16-66

NAME (LAST, FIRST, MIDDLE)

DATE OF COMMITMENT

HANSON, Ermenia

Age- 51

10-30-62

ITEM NO.

THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW
REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.

DATE ACTION TAKEN

3

10-25-66

☐ 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

☐ 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 DISCHARGED in
accordance with Minnesota Statutes.

Medical Director's Signature

/s/

John A. Docherty, M.D.

COPIES

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4th copy - Patient's Medical File

SRS

FILED THIS 21st DAY

OF November A.D. 1966

Roselyn B. Boush
CLERK OF PROBATE

*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)

002481470

ANOKA STATE HOSPITAL
(INSTITUTION)

19.459

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital

TO PROBATE COURT OF		COUNTY	DATE OF REPORT
STEARNS			12-15-66
NAME (LAST, FIRST, MIDDLE)		Age- 51	DATE OF COMMITMENT
HANSON, Erminia			10-30-62
ITEM NO.	THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.		DATE ACTION TAKEN
1			12-5-66

- ☒ 1. Provisional Discharge to Mr. Lawrence M. Hanson- husband (NAME)
5026-42nd Ave. No.
Robbinsdale, Minnesota (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
- ☐ 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 DISCHARGED in accordance with Minnesota Statutes.

cc: Central Office

Medical Director's Signature

/s/ John A. Docherty, M.D.

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- 2nd copy - County Welfare Board - Stearns
- 3rd copy - DPW
- 4th copy - Patient's Medical File

878

*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)

002484471

19,459

ANOKA STATE HOSPITAL
(INSTITUTION)

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital
TO PROBATE COURT OF

COUNTY

DATE OF REPORT

5-9-67

DATE OF COMMITMENT

10-30-62

DATE ACTION TAKEN

5-8-67

NAME (LAST, FIRST, MIDDLE)

HANSON, Erminia

ITEM NO.

3

THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW
REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.

- ☐ 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
- ☐ 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 DISCHARGED in
accordance with Minnesota Statutes.

cc. Central Office

John A. Docherty, M.D.

Medical Director's Signature

John A. Docherty, M.D.
Medical Director

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2nd copy - County Welfare Board Stearns
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4th copy - Patient's Medical File

ks

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

FILED THIS 15th DAY
OF May, A.D. 1967

Roselyn K. ...
REPORT TO PROBATE COURT
SECRET OF PROBATE
DPW 1185 (7-66)

0024 1472

ANOKA STATE HOSPITAL

(INSTITUTION)

19,459

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital

TO PROBATE COURT OF

STEARNS,

COUNTY

DATE OF REPORT

7-6-67

NAME (LAST, FIRST, MIDDLE)

HANSON, Erminia

DATE OF COMMITMENT

10-30-62

ITEM NO.

1

THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW
REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.

DATE ACTION TAKEN

6-27-67

while on EV.



1. Provisional Discharge to

Mrs. Erminia Hanson

(NAME)

4400 Boons Ave. No., New Hope, Minn.

(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



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 DISCHARGED in
accordance with Minnesota Statutes.

cc. Central Office

Medical Director's Signature

COPIES

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4th copy - Patient's Medical File

John A. Docherty, M.D.
John A. Docherty, M.D.
Medical DirectorFILED THIS 10th DAY
OF July A.D. 1967REPORT TO PROBATE COURT
DPW 1785 6-27-67* Item 6 shall not include patients released by the Commissioner
who are under commitment to the Commissioner.

0024 1473

ANOKA STATE HOSPITAL

(INSTITUTION)

19,459

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital

TO PROBATE COURT OF

STEARNS

COUNTY

DATE OF REPORT

11-22-67

DATE OF COMMITMENT

10-30-62

DATE ACTION TAKEN

11-21-67

NAME (LAST, FIRST, MIDDLE)

WANSOY, Erminia

ITEM NO.

3

THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW
REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.

☐

1. Provisional Discharge to

(NAME)

(ADDRESS)

☐

2. Expiration of Provisional Discharge

☒

3. Revocation of Provisional Discharge

, 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

☐

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 DISCHARGED in
accordance with Minnesota Statutes.

cc. Central Office

Medical Director's Signature

COPIES

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2nd copy - County Welfare Board
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4th copy - Patient's Medical File

Guido Schynell, M.D.
Medical Director

FILED THIS 27th DAY
OF November A.D. 1967
Rosalee Kershner
CLERK OF PROBATE

REPORT TO PROBATE COURT
DPW 1185 (7-66)

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

0024 1474

ANOKA STATE HOSPITAL

(Hospital or Facility)

19,459

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To Probate Court Of

STEARNS		COUNTY	Date of Report 1-23-68
Name (Last, First, Middle) HANSON, Erminia		Date of Commitment/Admission 10-30-62 10-30-62	
Item No. 1	THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.		Date Action Taken 1-5-68

- ☒ 1. Provisional Discharge to Mr. Lawrence M. Hanson husband
Address 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 _____, 19 _____
- ☐ 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 to _____
- ☐ 9. Discharge to Veterans Hospital at _____
- ☐ 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 Care ☐ Night Care ☐ Outpatient
- ☐ 15. Revocation of Partial Hospitalization
- ☐ 16. Report of Hospital Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days
- ☐ Mentally Ill ☐ Psychopathic Personality ☐ Inebriate ☐ Dangerous to the Public
- ☐ Recovered ☐ Improved ☐ Unimproved ☐ Other _____
- Further Institutional Care ☐ Are Not Needed
 and Treatment ☐ Are Needed At _____

FILED THIS 30th DAY
 OF January A.D. 1968
Roselyn Kuybouse
 CLERK OF PROBATE

cc. Central Office

Medical Director's Signature

Guido Schynoll, M.D.

Guido Schynoll, M.D.
 Medical Director

COPIES

1st copy - Probate Court Stearns 3rd copy - DPW
 2nd copy - County Welfare Board Stearns 4th copy - Patient's Medical File

REPORT TO PROBATE COURT
 DPW 1185 (10-67)

0024 1475

19,559

ANOKA STATE HOSPITAL
(Hospital or Facility)

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To	STEARNS COUNTY	Date of Report
Name (last, First, Middle)	Date of Birth	Date of Commitment/Admission
HANSON, Erminia	October 22, 1915	10-30-62 10-30-62
Address (on exit from Hospital)	Date Action Taken	
4400 Boone Ave. No., Mpls., Minn.	1-5-69	

- ☐ 1. Provisional Discharge
- ☐ 2. Expiration of Provisional Discharge
- ☐ 3. Revocation of Provisional Discharge
- ☒ 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
- ☐ 12. Return from Unauthorized Absence
- ☐ 13. Death ☐ In Hospital ☐ On Leave
- ☐ 14. Transfer to Partial Hospitalization ☐ Day Care ☐ 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 Court within 60 days
 - ☐ Mentally Ill ☐ Psychopathic Personality ☐ Inebriate ☐ Dangerous to the Public
 - ☐ Recovered ☐ Improved ☐ Unimproved ☐ Other _____

FILED THIS 13th DAY
OF January A.D. 1969
Rose Lynn L. Lohr
CLERK OF PROBATE

Diagnosis _____

Further Institutional Care and Treatment ☐ Are Not Needed
☐ Are Needed At _____

Medical Director's Signature *Guido Schynoll*
Guido Schynoll, M.D. Medical Director

COPIES TO: (As appropriate) (See instructions)
Probate Court DPW
County Welfare Board Patient's Medical File Patient's Atty.

REPORT OF PATIENT STATUS
DPW 1185 (5-68)

0024 1476

ANOKA STATE HOSPITAL

(Hospital or Facility)

19,459

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To	STEARNS COUNTY	Date of Report
Name (last, First, Middle)	Date of Birth	Date of Commitment/Admission
HANSON, Erminia	October 22, 1915	10-30-62 10-30-62
Address (on exit from Hospital)		Date Action Taken
4400 Bone Avenue North		1-5-70
New Hope, Minnesota		

- ☐ 1. Provisional Discharge
- ☒ 2. Expiration of Provisional Discharge
- ☐ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to _____, 19____
- ☐ 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
- ☐ 12. Return from Unauthorized Absence
- ☐ 13. Death ☐ In Hospital ☐ On Leave
- ☐ 14. Transfer to Partial Hospitalization ☐ Day Care ☐ 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 Court within 60 days
- ☐ Mentally Ill ☐ Psychopathic Personality ☐ Inebriate ☐ Dangerous to the Public
- ☐ Recovered ☐ Improved ☐ Unimproved ☐ Other _____

Diagnosis _____

Further Institutional Care and Treatment ☐ Are Not Needed

☐ Are Needed At _____

COPIES TO: (As appropriate) (See instructions)

Probate Court DPW

County Welfare Board Patient's Medical File Patient's Atty.

Acting
Medical Director's Signature

David J. Vail, M.D.

REPORT OF PATIENT STATUS

DPW 1185 (5-68)

0024 1477

State of Minnesota,

County of STEARNS

ss.

IN PROBATE COURT

19,460

In the Matter of the

~~MINNEAPOLIS~~
~~SEMINOLE~~
Inebriety
~~MINNEAPOLIS~~
~~SEMINOLE~~

PETITION FOR COMMITMENT

of August T. Muyres

Patient.

TO THE HONORABLE PROBATE JUDGE OF SAID COUNTY:

Your petitioner respectfully represents to the Court and alleges that August T. Muyres
whose address is 1108 1st 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 twenty-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 him 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 1st Street North, St. Cloud	Spouse
Mrs. Martha E. 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., Minnesota is about 53
years of age, and the parent of six children.

That his residence and place of legal settlement is Stearns 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

0025 1478

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

WHEREFORE, your petitioner prays that this Court will make due inquiry into the matter, and to that end that said above named person be brought into said Court and examined as to said alleged inebriety and if found to be inebriant that he be committed in accordance with the statutes in such case made and provided.

X Mrs. Marcella M. Muyres

State of Minnesota,

County of Stearns

} ss.

Mrs. Marcella M. Muyres, being first duly sworn, deposes and says that she is the petitioner in the foregoing petition; that she knows the contents thereof, and that the averments of said petition are true of her own knowledge, save as to such as are stated on information and belief, and as to those she believes them to be true.

X Mrs. Marcella M. Muyres

Subscribed and sworn to before me this 29th day of October, 19 62

Marie E. Donaldson

My commission expires , 19

07491

No. 19,460

State of Minnesota,

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

inebriety

of August T. Muyres

Patient.

PETITION FOR
COMMITMENT

Filed this 31st day of October, 19 62

Charles E. Rasmussen
Probate Judge-Clerk.

No. 394-P

0025 1479

STATE OF MINNESOTA,

County of Stearns }

IN PROBATE COURT

ORDER FOR HEARING
AND
FOR EXAMINATIONIn the Matter of the ~~Mental Illness /~~
~~Sentility /~~
~~Inebriety~~
~~Mental Deficiency /~~
~~Epilepsy /~~

of August T. Muyres

Patient

Marcella M. Muyres, having filed in this court a petition alleging that the above named patient is a n inebriate 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 6th day of November, 19 62, at 10 o'clock A. M., and that notice hereof be given to said patient and /.

him
by the service of a copy of this order upon each of them, personally, prior to said examination. You may request counsel if you so desire.

Dated October 31st, 19 62

(Probate Court Seal)

John Long
Probate Judge

0025 1480

AFFIDAVIT OF SERVICE

STATE OF MINNESOTA,

County of Stearns

Fredrick Peyer, being duly sworn, on oath says: that on the 31st day of October, 1912, he served the foregoing order upon the patient therein named at City of St. Cloud in said county and state by handing to and leaving with him personally a true copy thereof.

Subscribed and sworn to before me

this 31st day of October, 1912

Hennrich

Notary Public

My Comm. Expires Jan. 2, 1913

State of Minnesota.

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE

inebriety

of August T. Myres

Patient

ORDER FOR HEARING

AND

FOR EXAMINATION

ADMISSION OF SERVICE

I hereby admit due and personal

service of the within order this

day of October, 1912

Attorney for Patient

County Attorney

Filed this

day of November, 1912

Josephine E. Johnson
Probate Judge-Clerk

No. 39514-P

00251481

STATE OF MINNESOTA,

County of Stearns

IN PROBATE COURT

In the Matter of the

~~Mental Illness~~
~~Solubility~~
~~Inebriety~~
~~Mental Deficiency~~
~~Epilepsy~~

ORDER FOR HEARING
AND
FOR EXAMINATIONof August T. Mures

Patient

Marcella M. Mures, having filed in this court a petition alleging that the above named patient is a n inebriate 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 6th day of November, 19 62, at 10 o'clock A. M., and that notice hereof be given to said patient and //

by the service of a copy of this order upon him ~~each of them~~, personally, prior to said examination. You may request counsel if you so desire.

Dated October 31st, 19 62

(Probate Court Seal)

John Lang

Probate Judge

002501482

AFFIDAVIT OF SERVICE

STATE OF MINNESOTA,

County of

, being duly sworn, on oath says: that on the

day of

, 19

, he served the foregoing order upon the patient therein named at in said county and state by handing to and leaving with him personally a true copy thereof.

Subscribed and sworn to before me

this

day of

, 19

Notary Public

State of Minnesota,

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE

inebriety

of August T. Mayres

Patient

ORDER FOR HEARING
AND
FOR EXAMINATION

ADMISSION OF SERVICE

I hereby admit due and personal
service of the within order this

day of , 19

Attorney for Patient

County Attorney

Filed this

day of , 19

Probate Judge—Clerk

No. 3951-P

0025 1483

STATE OF MINNESOTA,

County of Stearns

} ss.

IN PROBATE COURT

In the Matter of the

*Mental Illness /
Senility /
Inebriety /
Mental Delinquency /
Epilepsy /*

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,

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

apprehend the above named patient and retain him in his custody until further order of this court.

Hearing: November 6th, 1962 at 10 A.M.

Dated this 31st day of October, 19 62

(Probate Court Seal)

John Long
Probate Judge.

0025 1484

No.

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 Judge Clerk.

No. 3854*

002581485

STATE OF MINNESOTA,

County of Stearns

} ss.

IN PROBATE COURT

In the Matter of the ~~Mental Illness~~
~~Sentility~~
~~Inebriety~~
~~Mental Deficiency~~
~~Epilepsy~~

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,

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

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

Dated this 31st day of October, 1962

John Lang

(Probate Court Seal)

Probate Judge.

0025 1486

No.

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, 1962

Roselyn Kuxhouse

Probate Judge Clerk.

No. 3854*

002581487

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 Court alleging that the above named patient is an inebriate

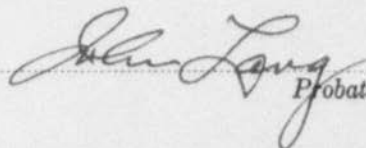
person and praying for commitment; and it appearing that a guardian ad litem should be appointed to protect the interests of said person in said matter,

IT IS ORDERED, That

of _____, Minnesota, be and he hereby is appointed guardian ad litem of said patient to act in all the proceedings herein.

Dated November 6th, 19 62

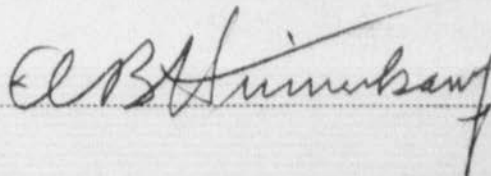
(PROBATE COURT SEAL)


Probate Judge.

CONSENT

I do hereby consent to act as guardian ad litem of the patient named in the foregoing order for the purposes stated therein.

Dated November 6th, 19 62



002581488

No. 19,460

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

Roselyn Kephauze
Probate Judge—Clerk.

No. 3912*

002581489

Notice to County Attorney, Chapter 490, Laws of 1945.

State of Minnesota, } ss.
 County of Stearns

IN PROBATE COURT

In the Matter of the }
 { Mental Illness
 { Senility
 { Inebriety
 { Mental Deficiency
 { Epilepsy

of August T. Muyres

To the Hon. David T. Shay, County Attorney of said County:

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

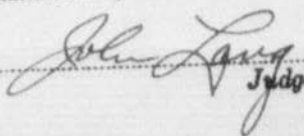
You are hereby notified and required to appear at the examination of said patient to be held at my office on

the 6th day of November, 1962 at 10 o'clock A.M., to represent

the petitioner in said matter and to take part in the said examination as provided by law.

Dated this 6th day of November, 1962.

(Court Seal)


 Judge of Probate.

002581490

No. 19,460

State of Minnesota.

County of Stearns

IN PROBATE COURT

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

In the Matter of { Mental Illness
Senility
Inebriety
Mental Deficiency
Epilepsy
of

August T. Muyres

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

Minn., this 6th day of

December, 1962

David J. Schaefer

County Attorney.

By

Filed in my office this 6th day of

November 19 62.

Roselyn Kipp House
Clerk—Judge of Probate.

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT

In the Matter of the

Mental Illness
Sensility
Inebriety
Mental Deficiency
Epilepsy

APPOINTMENT OF EXAMINERS

of August T. Muyres

Patient.

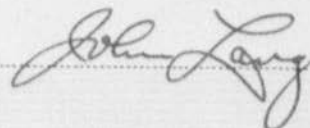
Upon all of the files, records and proceedings herein,

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, 1962.

(Probate Court Seal)



Probate Judge.

002581492

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.

Ruediger Kuehn
Clerk—Judge of Probate.

No. 401-R-P

002581493

State of Minnesota, }

County of Stearns }

IN PROBATE COURT

In the Matter of the

Mental Illness/
 Senility/
 Inebriety/
 Mental Deficiency/
 Epilepsy/

OATH OF EXAMINERS

of August T. Myres

Patient.

State of Minnesota, }

County of Stearns }

ss.

We Dr. H. W. Goehrs

and Dr. P. E. Stangl

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 his being an inebriate to the best of our ability.

x H. W. Goehrs MD

x P. E. Stangl MD

Subscribed and sworn to before me this 6th day of November, 1962

(Probate Court Seal)

John Long

Probate Judge-Clerk.

0025 1494

No. 19,460

State of Minnesota, } ss.
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

Roselyn Kephau
Probate Judge-Clerk.

SOCIAL AND MEDICAL HISTORY REPORT **TO BE COMPLETED BY COURT**

Patient's Name (Last, First, Middle)

MUYRES, August T.

Address

1108 1st Street North, St. Cloud, Minnesota

Petitioner's Name

MUYRES, Mrs. Marcella M.

Relationship to Patient

Spouse

TO BE COMPLETED BY COUNTY WELFARE DEPARTMENT

County of Legal Settlement

stearns

Date of Birth

10-14-09

Place of Birth

Bell River Twp., Douglas County, Minnesota

Social Security No.

Not known

Length of Time in U.S.?

Life

Citizen of U.S.?

Yes

Marital Status

Married

Date and Place of Marriage

6-14-32, St. Cloud, Minn.

Sex

Male

Race

Caucasian

Religion

Roman Catholic

Color Eyes

Brown

Color Hair

Br-Gray

Weight

150

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

Nervous, 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 practically full time to his drinking and sleeping.

0025 1496

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's 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		Monthly Income from Property or Pensions	PATIENT'S DEBTS	
Type	Pres. Cash Val.		To Whom Owed? (Name and Address)	Amount

Name of company and types of hospital insurance carried by patient

Blue Cross

Name and address of responsible relative

INCOME OF RESPONSIBLE RELATIVE			DEBTS OF RESPONSIBLE RELATIVE		Monthly Payment
Give employer's name	Monthly		Type of Debt or Expense	Amount	
J.C. Penny Co.					
Pensions, OASI, etc.	St. Cloud				
Dividends and Interest					
Rent					
Salary	\$30 per week				
TOTAL INCOME					
PROPERTY OF RESPONSIBLE RELATIVE			DEPENDENTS OF RESPONSIBLE RELATIVE		
			Name	Relationship	Age
House and Lot			Michael	Son	15
			Mary Lou	Daughter	10

002584497

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.

FAMILY OF PATIENT: Father, Mother*, Brothers, Sisters, Spouse*, Children *Give maiden name

Name	Date & Place of Birth	Address	Occupation	S.S. No.	C #	Mental or Phys. Disab.
Father						
Mother*						
Martha Blank	Approx 71 yrs. of age	Carlos, Minn.	Housewife			Good health
Brothers — Sisters						
Two brothers & one sister						
Spouse*						
Marcella Schmidt	1-2-09		Clerk			Good health
Children						
Sister M. Clare	Approx. 26	Ironton, Ohio	Teacher			
Mrs. John Bungarden	" 24	New Ulm, Minn.	Housewife			
Thomas Muyres	" 23	Fort Dodge, Iowa	Clerk			
Judy Muyres	" 19	1108 1st St. No.	Stenographer			
Michael Muyres	" 15	1108 1st St. No.	Student			
Mary Lou Muyres	" 10	1108 1st St. No.	Student			

County Welfare Department

Stearns

Date

10-29-62

Signature of Welfare Director

TO BE FILLED OUT BY THE PHYSICIAN: Additional or different information than already stated relative to the following:

Patient's behavior leading to petition for hearing:

Has been drinking for 25 yrs - more so for past fifteen yrs -

Mental signs and symptoms:

Clear & cooperative - tremor of hands/fingers

Attitude of patient

Cooperative

Mood and content of thought

Prefers alcoholic term to Drunkard

Hallucinations

none apparent

Intellect and memory orientation

within normal

Medical history: including current medications

Had surgery for jaw tumor

Has patient threatened or injured others? If so, how?

no

Has patient threatened or attempted suicide? If so, how?

no

Does patient have a propensity to suicide now? If so, how manifested?

no

Is patient destructive? If so, how?

no

Name of family physician

x

Signature of examining physician

[Signature]

M.D.

Signature of examining physician

[Signature]

M.D.

002581498

STATE OF MINNESOTA

County of Stearns

IN PROBATE COURT

Findings of the

BOARD OF EXAMINERS

In the Matter of the

~~Wentworth/Alcohol/~~
~~Scutts/~~
~~Inebriety~~
~~Psychopathic personality~~

Of August T. Muyres

We, the Board of Examiners, in the above entitled proceedings, hereby certify and report that on Nov. 6th 19 62
at 10 o'clock in the forenoon 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 n inebriate person, as alleged in the petition in the
(Mentally Ill, Scutts, Inebriate)
above entitled proceeding.

David T. Shay County Attorney appeared in behalf of petitioner, and A.B. Hinnenkamp
Gdn. ad Litem
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 n inebriate person and the court finds that commitment to an institution for the care of
~~mentally ill/scutts/~~ inebriate and ~~psychopathic personality~~ is necessary for the welfare and protection of the patient and society.

Dated at St. Cloud, MinnesotaThis 6th day of November 19 62✓ Hew Gachos M.D.✓ P. E. Stangl M.D.x John Long
Judge of Probate

19,460

STATE OF MINNESOTA

County of Stearns

PROBATE COURT

REPORT OF EXAMINATION

DPW - Med-1042 (Rev. 2-60)

In the Matter of

August T. Muyres

~~to/determine if/psychic/~~
~~an inebriate person~~
~~to/psychopathic personality/~~

Filed November 6th, 1962

B. B. B. B. B.
Clerk - Judge of Probate

0025 1499

State of Minnesota,

IN PROBATE COURT

County of Stearns

In the Matter of the Alleged Inebriety

of August T. Muyres

REPORT OF BOARD OF EXAMINERS

We, the Board of Examiners, in the above entitled proceeding hereby certify and report that on the 6th day of November, 1962, at 10 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 State of Minnesota, for the purpose of determining whether August T. Muyres is an inebriate person, as alleged in the petition in the above entitled proceeding, David T. Shay, Esquire, County Attorney of said County, appeared in behalf of said petitioner.

The said August T. Muyres 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 forth in said petition:

The following proceedings were also had and taken:

We also elicited from said August T. Muyres and the several witnesses appearing before us in said proceedings information required to properly answer the questions set forth in ~~Report of Examination~~ 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 August T. Muyres is

1. A person incapable of managing him self and his affairs by reason of the habitual and excessive use by him of intoxicating liquor, ~~drugs or other deleterious substances.~~

~~/I/ A person of unsound mind other than one who may be properly described as only temporarily or lightly minded or of a person not insane, but so mentally defective as to be incapable of managing his estate and his affairs, and as requiring supervision, control and care for the benefit of the public welfare~~

Dated at St. Cloud, Minnesota, this 6th day of November, 1962.

Hyw Gochrs m o
P. E. Stangl m o
John Long
Judge of Probate

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.

19,460

State of Minnesota.

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

the Inebriety of

August T. Muyres

Report of the Board of Examiners

State of Minnesota.

County of

I do hereby 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.

Witness my hand and seal of said Court
Filed

1902 this 6th day of

November, 19 62

Joseph H. Haskins
Clerk of Probate.

No. 3781*

State of Minnesota.

County of Stearns

} ss.

IN PROBATE COURT

CERTIFICATE

This is to certify that Dr. P. E. Stangel

of St. Cloud, Minnesota is a reputable person, a graduate

of Rush Medical College which is an incorporated medical

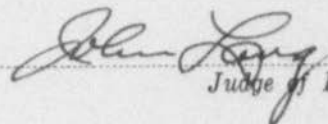
college; that he is a permanent resident of this State, has been in the actual practice of the profession of medicine for at least

one year next preceding to the date hereof, and is registered as licensed 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

Inebriety

(SEAL)


Judge of Probate.

Dated 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.)

002581502

19,460

State of Minnesota, }
County of Stearns

PROBATE COURT

IN THE MATTER OF

the Inebriety

of August T. Muyres

CERTIFICATE

Filed November 6th,

, 1962

Russell Kephauze
Clerk of Probate Court

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

002581503

State of Minnesota.

County of Stearns

} ss.

IN PROBATE COURT

CERTIFICATE

This is to certify that Dr. H. W. Goehrs

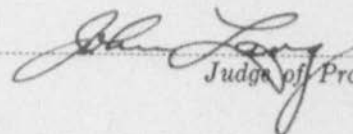
of St. Cloud, Minnesota is a reputable person, a graduate

of University of Minnesota which is an incorporated medical

college; that he is a permanent resident of this State, has been in the actual practice of the profession of medicine for at least one year next preceding to the date hereof, and is registered as licensed 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

Inebriety

(SEAL)


Judge of Probate.

Dated November 6th, 1962.

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

00251504

19,460

State of Minnesota,
County of Stearns }

PROBATE COURT

IN THE MATTER OF

the Inebriety

of August T. Muyres

CERTIFICATE

Filed November 6th, 1962

, 1962

Roselyn Liphouse
Clerk of Probate Court

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

002581505

State of Minnesota,

} ss.

IN PROBATE COURT

County of Stearns

In the Matter of the { Mental Illness
Society /
InebrietyWarrant of Commitment
and Superintendent's Receipt

of August T. Muyres

Patient.

To the Sheriff of Stearns County, Minnesota, and the Superintendent
of the State Hospital, Willmar, Minnesota.

The above named patient having been found to be an inebriate, the said
sheriff is commanded to convey and deliver such patient forthwith to the Superintendent of the State Hospital at
Willmar, Minnesota, and the said Superintendent is commanded to receive
and detain such patient in said hospital according to law.

Dated this 6th day of November

1962

(PROBATE COURT SEAL)

John Long
Probate Judge.

RECEIPT OF SUPERINTENDENT

Receipt of the above named patient, a duplicate of this warrant, and a certified copy of the report of examination
are hereby acknowledged.

Dated this

6th

day of

November 1962

Dexter E. Johnson, Admin.
by S. Schumann Superintendent.

00251506

No. 19,460

State of Minnesota,

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE

Inebriety

of August T. Muyres Patient.

Warrant of Commitment
and
Superintendent's Receipt

Voucher No.

Filed this 9th day of

November, 1962

Joseph Kuchouse
Probate Judge Clerk.

No. 409 1/2 R-P

002581507

State of Minnesota,

County of Stearns

ss.

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

having been personally before the Court, and

examined as to inebriety

by a Board of Examiners duly appointed by this Court, and the report of

said Board of Examiners having been duly filed herein, whereby said 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 Court 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 ADJUDGED, 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 provided by law, to carry this judgment into effect.

Dated November 6th, 1962

John Long
Judge of Probate,
Stearns County.

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF

the Inebriety of

August T. Muires

JUDGMENT

Filed November 6th, 1962

Joseph J. Anderson
Clerk of Probate Court.

Reported in Book 2 of

Judgments on Page 377

State of Minnesota,

County of Stearns

PROBATE COURT

STATEMENT OF PROPERTY

In the Matter of

August T. Muyres

~~Mental / Person / Social / Person /~~
Inebriate Person ~~Psychotic / Personality~~

On November 6th, 1962, this Court committed August T. 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 his care and support is as follows:

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

(State which)

1. REALTY:

A. Homestead

Description

2. Value

3. House

4. Other buildings on Homestead

Kind

5. What used for

6. Value of such buildings

7. Annual income from Homestead

8. Are there any mortgages or liens against the above realty

Amount

When due

B. Other lands:

1. Description

2. Value

3. Buildings thereon

4. Rented or not

5. Annual income

6. Are there any mortgages or liens against the above lands

Amount

When due

C. Household goods

Value \$

D. Stock list

Value \$

E. Machinery list

Value \$

F. Notes, mortgages, corporate stocks, bonds, etc., list

G. Cash

H. Other property

Total, \$

0025 15 10

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 Address Age
Address Age
Address Age
Address Age
Parents Martha E. Muyres Address Carlos, Minnesota Age mother
Address Age
Guardian Address
Dated November 6th, 1962

(PROBATE COURT SEAL)

John Long
Probate Judge.

File No. 19,460

State of Minnesota,

County of Stearns

PROBATE COURT

In the Matter of

Meditation of W.P. Person - Sensitive Person
Inebriate Person - Psychopathic Personality

Statement of Property

Filed this 6th day of
November, 1962

Joseph H. Schuman
Clerk of Probate
No. 1827-P

0025 1511

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

2 mile of necessary travel at 15c per mile - - \$.30

TOTAL - - \$ 10.30

P. E. Stangl MD

Subscribed and sworn to before me this 6th day of November 19 62

John Long
Clerk & Judge of Probate.

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF THE

Inebriety

of August T. Mayres

EXAMINER'S FEE CLAIM

Filed this 6th day of

November 19 62

Roselyn Kephauze
Clerk—Judge of Probate.

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. 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 necessary travel at 15c per mile - - \$.30

TOTAL - - \$ 10.30

H. W. Goehrs M. D.

Subscribed and sworn to before me this 6th day of November 1962.

John Long
Clerk Judge of Probate.

0025 1514

State of Minnesota,

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

Roselyn Kuyhouse
Clerk—Judge of Probate.

State of Minnesota,

} ss.

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

Inebriety

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 that 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 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, 1962

By the Court,

John Long
Judge of Probate

0025 15 16

19,460

State of Minnesota,
County of Stearns

PROBATE COURT

In the Matter of the Inebriety

of August T. Muvres

Examiner's-Fee Order

Filed this 6th day of
November, 1962

Rachel Kufhausen
Clerk-Judge of Probate

No. 3693*

State of Minnesota,
County of } ss.

I, _____, 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 affixed the seal of the Probate Court of said County, and signed my name this _____ day of _____, 19____.

Clerk-Judge of Probate

002581517

State of Minnesota, }
County of Stearns } ss.

IN PROBATE COURT
EXAMINER'S-FEE ORDER

IN THE MATTER OF THE Inebriety
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 allowed by law therefor.

Now, therefore, it is hereby ordered and adjudged that the said Dr. H. W. Goehrs

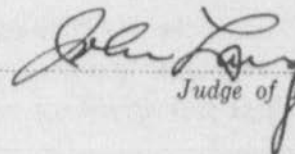
be and he hereby is allowed

Ten and 30/100 - - - - - Dollars (\$10.30)

for his services herein and that upon filing this 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, 1962

By the Court,


Judge of Probate

19,460

State of Minnesota,

County of Stearns

PROBATE COURT

In the Matter of the Inebriety

of August T. Muyres

Examiner's-Fee Order

Filed this 6th day of

November, 1962.

Rose L. Kephauze
Clerk—Judge of Probate

No. 3693*

State of Minnesota.

ss.

County of

of the Probate Court of said County, do

I, 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 herunto affixed the seal of the Probate Court of said County, and signed my name this _____, 19

day of

Clerk—Judge of Probate

0025 15 19

State of Minnesota }
COUNTY OF STEARNS }

IN PROBATE COURT

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

Fee Claim -- Officer

Peter Lahr on being first duly sworn says that he has a just and true
claim against said County for services and disbursements by reason of the conveyance of the said inebriate
person to the State Hospital at Willmar
in said State, more particular set forth, as follows:

Transportation from St. Cloud, Minn., to	Willmar	for	persons	\$	7.00
Taxi fare at				\$	
Hotel at				\$	
Meals for	2	persons		\$	2.00
Transportation from	Willmar	to St. Cloud, for	persons	\$	7.00
Reasonable compensation of	assistants			\$	
Warrant and mileage				\$	
Bringing and attending Court				\$	
				\$	
				\$	

Total - \$ 16.00

PETER LAHR
Sheriff of Stearns County, Minn.

Subscribed and sworn to before me this
8th day of November 19 62
James Lauer

Notary Public, Stearns County, Minn.
My Commission Expires December 22, 1968

By Deputy

002581520

19,460

State of Minnesota }
COUNTY OF STEARNS }

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

Bryden Kuyhouse
Clerk Judge of Probate

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

002581521

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT
OFFICER'S FEE ORDER

IN THE MATTER OF THE Inebriety

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 ordered and adjudged that the said

Peter Lahr

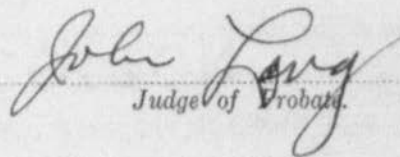
be and he hereby is allowed

Sixteen and no/100

Dollars (\$ 16.00) for his services herein and

all disbursements actually and 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 9th, 19 62

0025 1522

19,460

State of Minnesota.

County of Stearns

PROBATE COURT

IN THE MATTER OF THE inebriety

of August T. Muyres

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

Filed this 9th day of November

19 62

Paulyn K. Kephau
Clerk—Judge of Probate.

No. 3695*

State of Minnesota.

ss.

County of

of the Probate Court of said County.

I,

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 hereto affixed the seal of the Probate Court of said County, and signed my name

this

day of

19

Clerk—Judge of Probate.

002584523

WILLMAR STATE HOSPITAL
(INSTITUTION)

19,460

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital

TO PROBATE COURT OF

STEARNS

COUNTY

DATE OF REPORT

1-4-63

NAME (LAST, FIRST, MIDDLE)

MUYRES, AUGUST T. #21153

DATE OF COMMITMENT

11-6-62

ITEM NO.

14B

THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW
REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.

DATE ACTION TAKEN

1-4-63

- ☐ 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
- ☐ 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 DISCHARGED
in accordance with Minnesota Statutes.

Richard E. Johnson

FILED THIS 9th DAY
OF January 1962

Superintendent's Signature

Rosemary R. Rasmussen
CLERK OF PROBATE

STEARNS

County Welfare Dept.

COPIES TO { Department of Public Welfare (only for items NOT on Daily Population Report, DPW - STAT - 28)

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

00251524