FILE NAME: WR Grace (WRG)

DATE: October 31, 1968

DOC#: WRG034

DOCUMENT DESCRIPTION: 1968 Death Certificate for Florence Hermsen

0420836

DUPLICATE FOR CLERK AND RECORDER

DECEASED

1. NAME (First, Middle, Last): Herman Hermsen
2. SEX: Male
3. DATE OF DEATH: 10-31-68
4. RACE: White
5. AGE: 68
6. DATE OF BIRTH: 10-22-1900
7. COUNTY OF DEATH: Lincoln
8. CITY, TOWN, OR LOCATION OF DEATH: Libby
9. INSIDE CITY LIMITS: yes
10. HOSPITAL OR OTHER INSTITUTION: St.Johns Lutheran Hosp
11. STATE OF BIRTH: Minnesota
12. CITIZEN OF WHAT COUNTRY: USA
13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: married
14. SURVIVING SPOUSE: Florence E Spencer
15. SOCIAL SECURITY NUMBER: 472-18-0791
16. USUAL OCCUPATION: Laborer
17. KIND OF BUSINESS OR INDUSTRY: Zonolite Mine
18. RESIDENCE — STATE: Montana
19. COUNTY: Lincoln
20. CITY, TOWN, OR LOCATION: Libby
21. INSIDE CITY LIMITS: yes
22. STREET AND NUMBER: 207½ Nevada

PARENTS

23. FATHER — NAME: Herman Hermsen
24. MOTHER — MAIDEN NAME: Katherrine Shulte

25. INFORMANT — NAME: Florence Hermsen
26. MAILING ADDRESS: 207½ Nevada, Libby, Mont 59923

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

27. IMMEDIATE CAUSE (a): Acute myocardial infarction — Approximate interval between onset and death: 20 min
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).
Chronic heart disease, diabetis

28. AUTOPSY (YES OR NO): yes
29. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

30a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
30b. DATE OF INJURY (MONTH, DAY, YEAR)
30c. HOUR
30d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 28.)
30e. INJURY AT WORK (SPECIFY YES OR NO)
30f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))
30g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFIER

31a. CERTIFICATION — PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH DAY YEAR) TO (MONTH DAY YEAR)
31c. AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR)
31d. I DID/DID NOT VIEW THE BODY AFTER DEATH.
31e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
31f. CERTIFICATION — CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) AT
31g. CERTIFIER — NAME (TYPE OR PRINT)
31h. SIGNATURE: James F. Graham M D
(OFFICIAL TITLE)
31i. DATE SIGNED (MONTH, DAY, YEAR): 11-13-68
32. MAILING ADDRESS — CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Libby, Montana

BURIAL

33a. BURIAL, CREMATION, REMOVAL (SPECIFY): burial
33b. CEMETERY OR CREMATORY — NAME: Libby Cemetery
33c. LOCATION (CITY OR TOWN, STATE): Libby, Mont.
33d. DATE (MONTH, DAY, YEAR): 11-4-68
33e. MORTUARY — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Compf Funeral Home Libby, Mont
33f. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH — SIGNATURE: Harold Compf
34a. LOCAL REGISTRAR — SIGNATURE: Joanne Kershner
34b. DATE RECEIVED BY LOCAL REGISTRAR: 11-13-68

STATE OF MONTANA)
County of Lincoln)

I, ELEANOR L. VAUGHN, Clerk and Recorder, in and for Lincoln County, Montana, hereby certify that this is a true copy of a certain DEATH CERTIFICATE issued for Herman Hermsen 40071258 as it appears on the records in my office, File No. 3797.

WITNESS my hand and the seal of said County, this 17th day of December, 1968.

Eleanor L. Vaughn
ELEANOR L. VAUGHN, Clerk and Recorder
Lincoln County, Montana
By Mae Watson, Deputy

STATE OF MONTANA

VESA

28960

CERTIFICATE OF DEATH

DUPLICATE FOR CLERK AND RECORDER

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED

1 DECEASED'S NAME (First, Middle, Last): Herman Hermsen

2 SEX: male

3 DATE OF DEATH (Month, Day, Year): 10-31-68

4 RACE (White, Negro, American Indian, etc. (Specify)): white

5a AGE—Last Birthday (Years): 68

5b If under 1 year (Months, Days)

5c If under 1 day (Hours, Minutes)

6 DATE OF BIRTH (Month, Day, Year): 10-22-1900

7 COUNTY OF DEATH: Lincoln

7b CITY, TOWN, OR LOCATION OF DEATH: Libby

7c INSIDE CITY LIMITS (Specify Yes or No): yes

7d HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): St.Johns Lutheran Hosp

8 STATE OF BIRTH (If not in U.S.A., name country): Minnesota

9 CITIZEN OF WHAT COUNTRY: USA

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

11 SURVIVING SPOUSE (If wife, give maiden name): Florence E Spencer

12 SOCIAL SECURITY NUMBER: 472-18-0391

13a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

13b KIND OF BUSINESS OR INDUSTRY: Zonolite Mine

14a RESIDENCE—STATE: Montana

14b COUNTY: Lincoln

14c CITY, TOWN, OR LOCATION: Libby

14d INSIDE CITY LIMITS (Specify Yes or No): yes

14e STREET AND NUMBER: 207½ Nevada

USUAL RESIDENCE (Where deceased lived. If death occurred in institution, give residence before admission.)

PARENTS

15 FATHER—NAME (First, Middle, Last): Herman Hermsen

16 MOTHER—MAIDEN NAME (First, Middle, Last): Katherine Shulte

17a INFORMANT—NAME: Florence Hermsen

17b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 207½ Nevada,Libby,Mont 59923

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

18 IMMEDIATE CAUSE (a): Acute myocardial infarction — Approximate interval between onset and death: 20 min

DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Chronic heart disease, diabetis

19a AUTOPSY (Yes or No): Yes

19b IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)

20b DATE OF INJURY (Month, Day, Year)

20c HOUR

20d HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18.)

20e INJURY AT WORK (Specify Yes or No)

20f PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify))

20g LOCATION (Street or R.F.D. No., City or Town, State)

CERTIFIER

21a CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (Month, Day, Year)

21b TO (Month, Day, Year)

21c AND LAST SAW HIM/HER ALIVE ON (Month, Day, Year)

21d I DID/DID NOT VIEW THE BODY AFTER DEATH.

21e DEATH OCCURRED AT THE PLACE, ON THE DATE AND TO THE HOUR OF MY KNOWLEDGE DUE TO THE CAUSE(S) STATED.

22a CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION IN MY OFFICE, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22b THE DECEDENT WAS PRONOUNCED DEAD (Month, Day, Year)

22c AT

23a CERTIFIER—NAME (Type or Print)

23b SIGNATURE: James F.Graham M D

23c DATE SIGNED (Month, Day, Year): 11-13-68

24 MAILING ADDRESS—CERTIFIER (Street or R.F.D. No., State, Zip): Libby,Montana

BURIAL

25a BURIAL, CREMATION, REMOVAL (Specify): burial

25b CEMETERY OR CREMATORY—NAME: Libby Cemetery

25c LOCATION (City or Town, State): Libby,Mont.

26a DATE (Month, Day, Year): 11-4-68

26b MORTUARY—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Compf Funeral Home Libby,Mont

26c FUNERAL DIRECTOR (Signature): Harold Compf

27a LOCAL REGISTRAR (Signature): Joanne Kershner

27b DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year): 11-13-68

STATE OF MONTANA)

County of Lincoln)

I, ELEANOR L. VAUGHN, Clerk and Recorder, in and for Lincoln County, Montana, hereby certify that this is a true copy of a certain DEATH CERTIFICATE issued for Herman Hermsen as it appears on the records in my office, File No. 28960.

WITNESS my hand and the seal of said County, this 12th day of December, 1968.

ELEANOR L. VAUGHN, Clerk and Recorder
Lincoln County, Montana

By _____ Deputy

MI—ASM.
DIABETIS

40071257