

CITY OF LIBBY

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REGULAR COUNCIL MEETING #1642

DECEMBER 4, 2023 @ 7:00 PM

COUNCIL CHAMBERS – CITY HALL

CALL TO ORDER:

- Pledge of Allegiance
- Prayer by Tom Cole
- Roll Call
- Welcome
- Approve City Council meeting #1641 minutes dated November 20, 2023.
- Swearing in of new Libby Police Officer Seth Power.

ANNOUNCEMENTS:

COMMITTEE REPORTS:

- City Administrators Report
- Fire
- Police
- Ordinances
- Lights/Streets/Sidewalks
- Building
- Water/Sewer
- Zoning Commission
- Cemetery/Parks
- Finance
- Wildlife
- City-County Board of Health
- Park District Manager of Projects

PUBLIC COMMENT ON NON-AGENDA ITEMS: This is an opportunity for the public to offer comments related to issues that are not currently on the agenda that the council has jurisdiction over. Public comment is limited to 3 minutes.

OLD BUSINESS: Each previous agenda item will be introduced by the mayor with a description of the item and explanation for the recommended action to be taken. Following council discussion on each item there will be an opportunity for public comment. Public comment is limited to 3 minutes concerning the agenda item being discussed only.

NEW BUSINESS: The mayor will introduce each new agenda item with a description of the item and an explanation for the recommended action to be taken. Following council discussion on each item, there will be an opportunity for public comment. Public comment is limited to 3 minutes concerning the agenda item being discussed only.

1. Approve request for low cost/no cost burial of Rita M Fosjord, 29-year-old cremains of a recently identified widow of a veteran buried in City of Libby Cemetery.
2. Approve all Beer, Wine or Liquor Licenses received to date.
 - a) Cabinet Mountain Brewing Company, 206 Mineral Ave.
 - b) Cabinet View Country Club, 300 Cabinet Heights Rd.
 - c) Empire Foods, 1406 Minnesota Ave.
 - d) Kaiju Bar & Grill, 419 E. 9th St.
 - e) Pastime Bar and Lounge, 216 Mineral Ave.
 - f) Rosauers Supermarket #14, 703 W 9th St.
3. Approve all claims received to date.

UNFINISHED BUSINESS: Each item will be introduced by the mayor (or assigned liaison) with a description of the item. Following council discussion on each item, there will be an opportunity for public comment. No action will be taken. Public comment is limited to 3 minutes concerning each item.

GENERAL COMMENTS FROM COUNCIL: Public comment will not be taken during this portion of the meeting

ADJOURNMENT:

The manner of Addressing Council:

- Each person, not a Council member, shall address the Council at the time designated in the agenda or as directed by the Council, by stepping to the podium or microphone, giving that person's name and address in an audible tone of voice for the record, unless further time is granted by the Council, shall limit the address to the Council to three minutes.
- All remarks shall be addressed to the Council as a body and not to any member of the Council or Staff with no personal remarks allowed.
- No person, other than the Council and the person having the floor, shall be permitted to enter any discussion either directly or through a member of the Council, without the permission of the Presiding Officer.
- Any person making personal, impertinent, or slanderous remarks or who shall become boisterous or disruptive during the council meeting shall be forthwith barred from further presentation to the council by the presiding officer unless permission to continue is granted by a majority vote of the council.

ATTENTION:

To access this meeting electronically with **ZOOM**,
Dial: 253-215-8782
Meeting ID: **4042719951**
Password: **151041**
Posted: 11/30/23

Subject Interment at Libby Cemetery of FOSJORD, Rita M 'Peggy'
 From
 To <city.admin@cityoflibby.com>
 Cc <jody.martin@cityoflibby.com>
 Date 2023-11-09 14:39



- 1970 A Fosjord DC.jpg (~355 KB)
- 1970 A Fosjord grave MT.png (~385 KB)
- R Fosjord wed- San_Francisco_Examiner_Wed_Oct_19_1960_.jpg (~161 KB)
- 1970 A Fosjord mil headstone.jpg (~333 KB)
- A Fosjord obit- The_Billings_Gazette_Tue_Oct_27_1970_.jpg (~996 KB)
- 1994 R Fosjord DC.pdf (~742 KB)

Libby City Administrator
 Sam Sikes

Hello Mr Sikes,

I spoke with your staff member Jody Martin today, who was very pleasant and helpful.

I am asking you to consider allowing a no-fee, or very reduced fee burial of the ashes of Rita M FOSJORD who died in Spokane in 1994. She was the widow of a WWII US Navy veteran; Adolph Edwin FOSJORD. Her cremains have been in storage at the Walla Walla, WA county coroner's office since her death.

I am a military veteran volunteer with the Missing in America Project (MIAP). The purpose of MIAP is to locate, identify and inter the unclaimed cremated remains of US military veterans, their spouses and dependent children through the joint efforts of private, state and federal organizations. We provide honor and respect to those who have served this country by securing a final resting place for these forgotten heroes and their families.

We have identified the unclaimed cremains of Rita M FOSJORD. No one claimed her ashes in 29 years from the coroner's office. No living next of kin have been found. Our Missing in America Project team would like to rectify that and have her urn placed on her husband Adolph's grave in your city cemetery. (Blk 10, Sec 15, Lot 5)

Missing in America Project is an all-volunteer, federally recognized, non-profit organization. Funding from donations is limited for interring a veteran or dependent once we ship them to a cemetery.

I appreciate your consideration of this request and look forward to your response.

MIAP funding from donations is limited for interring a veteran or dependent once we ship them to a cemetery. It is our hope that Mrs Fosjord can be interred with her husband at no cost. We do have the option of sending her to a Veterans Cemetery here in Washington state, but feel that placing Seraphine with family there is much more appropriate.

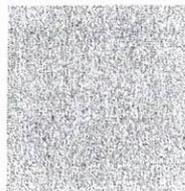
attached are 6 pertinent documents for this case. Please feel free to call me after 11 am your time any day if you have questions.

Jim deLucia

Recovery Officer, Genealogist -- Missing In America Project

Website: www.MIAP.us

Registered 501 (c) 3 Non-profit Corporation EIN 20-8408832 -- CFC Approved Charity #76243



PRIVILEGED AND CONFIDENTIAL COMMUNICATION -- The contents of this e-mail message, and any attachments, contain information from the Missing In America Project which are confidential and/or privileged.



4 27765

146

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

4 2 0

LOCAL FILE NUMBER

OFFICE USE ONLY
1. DISTRICT
2. COPIES
3. HOSPITAL
4. OCCURRENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION
8.
9.
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21. ACC LOC
22. QUERIES
23.
24.
DECEDENT
PARENTS
DISPOSITION
CERTIFIER
CAUSE OF DEATH

1. NAME First: Rita Middle: M. Last: FOSJORD			2. SEX (M / F) Female		3. DEATH DATE (Mo., Day, Yr) Sept. 18, 1994								
4. AGE LAST BIRTHDAY (Yrs) 74		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		6. UNDER 1 DAY HOURS: MINS:		7. BIRTHDATE (Mo., Day, Yr) May 25, 1920		8. BIRTHPLACE (City, State or Foreign Country) Frankfort, NY		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Walla Walla	
11. CITY, TOWN OR LOCATION OF DEATH Walla Walla				12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Walla Walla General Hospital						13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed			15. SURVIVING SPOUSE (if wife, give maiden name) ---			16. SOCIAL SECURITY NO. 517-24-6370		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): U College (1-4 or 5+):					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker			19. KIND OF BUSINESS OR INDUSTRY Own Home			20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No			21. RACE (Specify) White				
22. RESIDENCE—NUMBER AND STREET 225 Woodland			23. CITY/TOWN, OR LOCATION Walla Walla		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Walla Walla		25B. LENGTH OF RES. IN CO. U		26. STATE WA		27. ZIP CODE 99362
28. FATHER'S NAME—FIRST, MIDDLE, LAST U						29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME U							
30. INFORMANT—NAME Stephen Ames, WWC. Coroner			31. MAILING ADDRESS Route 1, Box 182 Touchet, WA 99360			STREET OR RFD NO.			CITY OR TOWN		STATE		ZIP
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo., Day, Yr) Sept. 21, 1994		34. CEMETERY/CREMATORY—NAME Colonial-DeWitt Crematorium			35. LOCATION—CITY/TOWN, STATE Walla Walla, WA						
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>				37. NAME OF FACILITY Colonial-DeWitt Funeral Home				38. ADDRESS OF FACILITY 19 E. Birch Walla Walla, WA 99362					
39. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> X						43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> X							
40. DATE SIGNED (Mo., Day, Yr) 9/18/94			41. HOUR OF DEATH (24 Hrs.) 0020			44. DATE SIGNED (Mo., Day, Yr)			45. HOUR OF DEATH (24 Hrs.)				
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						46. PRONOUNCED DEAD (Mo., Day, Yr)			47. HOUR PRONOUNCED DEAD (24 Hrs.)				
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Frederick I. Field, M.D. 1017 S. 2nd Walla Walla, WA 99362						49. ME/CORONER FILE NUMBER							
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:													
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. <i>myocardial infarction</i>								INTERVAL BETWEEN ONSET AND DEATH 1 → 2 days			
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. DUE TO, OR AS A CONSEQUENCE OF:								INTERVAL BETWEEN ONSET AND DEATH			
		C. DUE TO, OR AS A CONSEQUENCE OF:								INTERVAL BETWEEN ONSET AND DEATH			
		D. DUE TO, OR AS A CONSEQUENCE OF:								INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <i>diabetes mellitus</i>						52. AUTOPSY (Yes/No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes					
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo., Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:							
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)				60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE							
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE <i>Carol DeRay</i> , Deputy				63. DATE RECEIVED (Mo., Day, Yr.) Sept 21, 1994					

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

11-91 OS-9.67
PRINT IN
MENT INK

WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NUMBER

24246

2065 LOCAL FILE NUMBER

1975

1. DECEASED—NAME FIRST MIDDLE LAST Adolph Edwin Fosjord		2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) Oct. 14, 1970	
4. RACE White	5. AGE—LAST BIRTHDAY (YEARS) Mo. 46	6. DATE OF BIRTH (MONTH, DAY, YEAR) July 26, 1924	7. COUNTY OF DEATH Spokane	
8. CITY, TOWN, OR LOCATION OF DEATH Spokane		9. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	10. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Veterans Administration Hospital	
11. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) North Dakota		12. CITIZEN OF WHAT COUNTRY USA	13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Rita Gosson
15. SOCIAL SECURITY NUMBER 517 24 6370		16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Welder		17. KIND OF BUSINESS OR INDUSTRY Construction 1890
18. RESIDENCE—STATE Montana	19. COUNTY Lincoln	20. CITY, TOWN, OR LOCATION Libby	21. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	22. STREET AND NUMBER P. O. Box 535
23. FATHER—NAME FIRST MIDDLE LAST John Fosjord		24. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Anna Olson		
25. INFORMANT—NAME Rita Fosjord		26. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Box 535, Libby, Montana 59923		
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) Renal cell carcinoma with metastases DUE TO, OR AS A CONSEQUENCE OF: (b) (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 months
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (a) 19. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): 20. DATE OF INJURY (MONTH, DAY, YEAR): 21. HOUR: 22. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):				23. AUTOPSY (YES OR NO) no 24. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. 20b. 21b.
25. INJURY AT WORK (SPECIFY YES OR NO)		26. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):		27. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):
28. CERTIFICATION—PHYSICIAN: 29. I ATTENDED THE DECEASED FROM 30. MONTH DAY YEAR 9 14 70		31. AND LAST SAW HIM/HER ALIVE ON 32. MONTH DAY YEAR 10 14 70		33. I DID/DID NOT VIEW THE BODY AFTER DEATH. 34. did not 35. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 36. HOUR OF DEATH 4:50p
37. 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. 38. HOUR OF DEATH MONTH DAY YEAR HOUR				
39. CERTIFIER—NAME (TYPE OR PRINT) R. W. Phillips, M. D.		40. SIGNATURE	41. DEGREE OR TITLE Chf. Med Serv	42. DATE SIGNED (MONTH, DAY, YEAR) 10/15/70
43. MAILING ADDRESS—CERTIFIER 44. Veterans Administration Hospital, N. 4815 Assembly, Spokane, Wash. 99208				
45. BURIAL, CREMATION, REMOVAL (SPECIFY) removal-burial		46. CEMETERY OR CREMATORY—NAME City of Libby Cem.		47. LOCATION Libby, Mont.
48. DATE (MONTH, DAY, YEAR) 10-16-70		49. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 50. Gompf Funeral Home, 422 W. 2nd, Libby, Montana 59923		
51. FUNERAL DIRECTOR—SIGNATURE Melvin D. Vial		52. REGISTRAR—SIGNATURE E. O. PLOEGER, M.D.		53. DATE RECEIVED BY LOCAL REGISTRAR 10-16-70

DECEASED
EVIDENCE
DECEASED
IF DEATH
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CE BEFORE
ON.

PARENTS

CAUSE

CERTIFIER

BURIAL

Temp. filed



FOSJORD - GASSON — Adolph Fosjord,
36, U. S. Navy, and Rita Gasson, 40,
Orangevale, Calif.

WW I		WW II		KOREA		ORIGINAL	
1. NAME OF DECEASED - LAST - FIRST - MIDDLE (Print or Type) KOR FOSJORD, ADOLPH E.				14. NAME AND LOCATION OF CEMETERY (City and State) City of Libby Cemetery, Libby, Montana			
2. SERVICE NO./SSAN 8776355		3. PENSION OR VA CLAIM NUMBER		IMPORTANT - Item 18 on reverse side must be completed. See attached instructions and complete and submit both copies.			
4. ENLISTMENT DATE (Month, day, year) June 16, 1943		5. DISCHARGE DATE (Month, day, year) April 1, 1946		15. This application is submitted for a stone or marker for the unmarked grave of a deceased member or former member of the Armed Forces of the U. S., soldier of the Union or Confederate Armies of the Civil War or for an unmarked memorial plot for a non-recoverable deceased member. I hereby agree to accept responsibility for proper placement at the grave or memorial plot at no expense to the Government.			
6. STATE Montana		7. DECORATIONS 09188713		NAME OF APPLICANT (Print or Type) Mrs. Rita Fosjord		RELATIONSHIP Wife	
8. GRADE OR RANK Seaman 1st C.		9. BRANCH OF SERVICE, COMPANY, REGIMENT, DIVISION US Navy		ADDRESS OF APPLICANT (Street address, City, State and ZIP Code) P. O. Box 535 Libby, Montana 59923			
10. DATE OF BIRTH (Month, day, year) July 26, 1924		11. DATE OF DEATH (Month, day, year) October 14, 1970		SIGNATURE OF APPLICANT <i>Rita M. Fosjord</i>		DATE 10-17-70	
12. RELIGIOUS EMBLEM (Check one)		13. CHECK TYPE REQUIRED		16. FREIGHT STATION Burlington Northern, Libby, Mont.			
<input checked="" type="checkbox"/> LATIN CROSS (Christian)		<input type="checkbox"/> UPRIGHT MARBLE HEADSTONE		17. NAME OF CONSIGNEE WHO WILL TRANSPORT STONE OR MARKER Mel Vial			
<input type="checkbox"/> STAR OF DAVID (Hebrew)		<input checked="" type="checkbox"/> FLAT MARBLE MARKER		ADDRESS OF CONSIGNEE (Street address, City, State and ZIP Code) 422 W. 2nd St., Libby, Mont. 59923			
<input type="checkbox"/> NO EMBLEM		<input type="checkbox"/> FLAT GRANITE MARKER		I HAVE AGREED TO TAKE THE STONE OR MARKER TO THE CEMETERY.			
<input type="checkbox"/> NO EMBLEM		<input type="checkbox"/> FLAT BRONZE MARKER		SIGNATURE OF CONSIGNEE <i>Mel Vial</i>			
DO NOT WRITE HERE							
FOR VERIFICATION		ORDERED 28 OCT 1970					
B/L z-5336748		CONTRACTOR Monu. Works Hillsboro, Texas					
SI US NAVY / WWII				S			

DD FORM 1330, 1 NOV 62

EDITION OF 1 DEC 61
MAY BE USED.

APPLICATION FOR HEADSTONE OR MARKER

Adolph E. Fosjord

LIBBY — Funeral services for Adolph E. Fosjord, 46, welder on the Libby Dam Project, were Monday in Gompf Funeral Chapel with burial in Libby City Cemetery.

Mr. Fosjord, brother of several Billings residents, died Oct. 14 in Spokane, Wash., where he had been a patient at the veteran's hospital since April.

He was born July 26, 1924, in Sentinel Butte, N.D., a son of Mr. and Mrs. John H. Fosjord. He married Rita "Peggy" Gosson at Treasure Island, Calif., Oct. 17, 1957.

The couple moved to Libby in Oct., 1968, where Mr. Fosjord was a foreman on the Libby Dam Project. They had lived at Orofino, Idaho.

He enlisted in the U.S. Navy June 16, 1943, at Billings, and was discharged as a seaman 1.C., April 1, 1946. Veterans of military service were pallbearers at graveside committal rites.

The Rev. Erwin E. Prange of St. John's Lutheran Church of Libby officiated at the funeral.

Survivors include the widow of Libby; two brothers, Harold of Billings and Carl of Seattle, Wash.; nine sisters, Mrs. Gudrun Milligan, Mrs. Helene Hutchinson, both of Olympia, Wash., Mrs. Margit Curtisinger, Elk Grove, Calif., Mrs. Inga Begley, Rio Linda, Calif., Mrs. Signe Hoffman, Mrs. Anna Pearl, Mrs. Lydia Murray, Miss Olga Fosjord, all of Billings, and Mrs. Agnes Tabor, West Bend, Iowa.