

# APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE ~~SUPERIOR~~ <sup>CIRCUIT</sup> COURT OF Adams County, Indiana:

Your informant respectfully represents that one Richard Grant Winans now residing in said county, is insane and a fit subject for custody and treatment in a State Hospital for Insane, as he verily believes, and he therefore asks that necessary steps be taken to examine into his condition, as the law provides in such cases. Your informant further states that to his best knowledge and belief, the legal settlement of said Richard Grant Winans is in Indiana; that said Richard Grant Winans came to Indiana April 30, 1924 (Date) from birth and became a resident of Adams County. This person's places of residence for three years prior to coming to Indiana were

In making this petition, I do hereby certify that I am a ~~Deputy, Indiana R#6~~ <sup>father</sup> of said Richard Grant Winans; that I am a legal resident of Adams County, and that my address is R#6 Decatur, Indiana

In case of emergency, notify Elmer Winans (Name and Address of relative or friend) Telephone Telegraph station Decatur, Indiana

### PERSONAL HISTORY

Of Richard Grant Winans  
 Born (Month) April (Day) 30 (Year) 1924 Place Adams Co., Ind.  
 Color white Sex M. Married  Single  Widowed  Divorced  Separated   
 IF A WOMAN: Is she pregnant? \_\_\_\_\_ Number of children borne \_\_\_\_\_ Present age of youngest \_\_\_\_\_  
 Has she passed menopause? \_\_\_\_\_  
 Birthplace of father Adams Co., Ind. Birthplace of mother Adams Co., Ind.  
 If person is of foreign birth, give date of entry into the United States \_\_\_\_\_ Port of entry \_\_\_\_\_  
 Steamship line \_\_\_\_\_ Steamship \_\_\_\_\_  
 If of foreign birth, is person naturalized? \_\_\_\_\_  
 Education: None  Reads only  Reads and writes  Common school  Yes  
 High school 2 yrs. College  Religion Methodist Occupation Farm Laborer Where last employed and how long? ~~Farm Laborer~~ McDonald Construction Co., Decatur, Indiana  
 Estate: Value \_\_\_\_\_ Nature \_\_\_\_\_  
 Guardian: Name \_\_\_\_\_ Address \_\_\_\_\_

### HISTORY OF INSANITY

How long have you known this person? life Have you known this person intimately?  Yes  
 When was the first sign of insanity observed by you? September, 1946.  
 What was the first sign of insanity observed by you? Hallucinations - imagined he was ill. Wanted medical attention  
 Was the present attack gradual or sudden in its onset? Sudden  
 State what leads you to believe this person is insane Above reasons  
 What moral deficiencies have been shown? none  
 What was the mental and moral disposition in health? imagined he was ill  
 Number of previous attacks of mental disorder? no  
 Has this person been a patient in any hospital for insane? \_\_\_\_\_ Where, when and how long? \_\_\_\_\_  
 Has this person suffered serious physical injury? fell 15 or 20 ft. & broken arm. Other injuries unknown  
 except broken arm.  
 Has this person suffered any serious illness? no State when and of what nature \_\_\_\_\_  
 Has this person suffered any great mental shock or strain? no  
 Has this person required feeding, seclusion or restraint? no Explain fully \_\_\_\_\_  
 Has this person been addicted to any drugs? no Explain fully \_\_\_\_\_  
 (Answer yes or no.) Is person paralytic? no Violent? no Destructive? no Excited?  x  
 Depressed? yes Homicidal? no Suicidal? no Is there any physical defect or deformity? no  
 Has person ever suffered from syphilis? no Has there been a Wasserman test? Negative? Positive?  
 Does person indulge or has person indulged in any venereal excess? no  
 Is person epileptic? no Was person feeble-minded in childhood? no

FAMILY HISTORY

Give name and address of following relatives. (If dead, state cause of death and age at death.)

	NAME	ADDRESS	IF DEAD	
			Cause	Age at Death
Father	Elmer E. Winans	R#6 Decatur	living	
Mother (Maiden Name)	Lilly Thomas	" "	"	
Father's father	Dayton Winans	Deceased	apoplexy	73
Father's mother	Isabel Archer Winans	"	infirmities	85
Mother's father	Ira Thomas	"	pneumonia	65
Mother's mother	Theresa Railing	"	T. E.	32
Brother	Harvey Winans	R#6 Decatur	living	
	Donald "	" "	"	
	Ross "	" "	"	
	Jerry "	" "	"	
Sister	Grace "	" "	"	

Which of person's parents, grandparents, brothers, sisters, uncles or aunts, if any (give name) ever had the following diseases:

Insanity NO      Epilepsy NO  
 Spasms NO      Fainting spells NO  
 Nervous prostration NO      Hysteria NO  
 Feeble-mindedness NO      Tuberculosis Grandmother on Mother's side.  
 Syphilis no

Was either of the person's parents or grandparents intemperate in the use of alcohol? no  
 Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? no

The statement of **W. E. Smith** M. D., the attending physician, is filed herewith and made a part hereof.

The undersigned citizen of said county, upon oath, declares that the foregoing allegation, personal history, family history and history of persons's insanity, are true to the best of his knowledge and belief.

Subscribed and sworn to before me this 11th day of February 19 47  
 (SEAL) **ELMER E. WINANS**  
**CLYDE O. TROUTNER**  
 Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, **W. E. Smith** M. D., of **Decatur** in the County of **Adams** Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the **11** day of **Feb.** 19 **47** I did carefully and personally examine **Richard G. Winans** and believe him to be suffering from mental disease, and I am of the opinion that he is a proper person for admission to a State Hospital. I have observed the following facts regarding his mental and physical condition: **Is very nervous and apprehensive. Cnannot concentratr, has imaginary ailments and is very forgetful.**

I further certify that patient is free from any contagious disease and from vermin.

Subscribed and sworn to before me this 11 day of February 19 47  
 (Seal) **W. E. SMITH** M. D.  
**CLYDE O. TROUTNER, Clerk.**

VACCINATION

This is to certify that the said **Richard G. Winans** has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date. M. D.  
 Date 19

STATEMENT OF MEDICAL EXAMINER

I, **James M. Burk** M. D., of **Decatur** in the County of **Adams** Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage to **Richard G. Winans** of said County, who is alleged to be insane and whom I have carefully and personally examined this **12** day of **Feb.** 19 **47**; that I am of the opinion that he is not mentally ill and is not a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that he is not mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) **Altho this boy is depressed, and has religious fixations; he is not violent or homicidal and does know right from wrong. I do not believe he is insane but that his actions are due to the fact he is definately mentally retarded. He was held back two years in school and rejected by the armed services for "nervousness". I believe he is mentally subnormal but should not be committed to the State Hospital for insane. However, institutional or individual guidance and training, plus regular employment and supervision of leisure time probably would be the best solution to this problem.**

I have also received the following information from others relative to the patient's condition:

Subscribed and sworn to before me this  
(Seal)

13 day of February

JAMES M. BURK

M. D.

19 47

CLYDE O. TROUTNER, Clerk

STATEMENT OF MEDICAL EXAMINER

I, John C. Carroll M.D. of Decatur in the County of Adams  
Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage,  
to Richard G. Winans of said County, who is alleged to be insane, and whom I have carefully and personally  
examined this 12 day of February 19 47; that I am of the opinion that he is not mentally  
ill and is not a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that  
he is not mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and  
behavior of patient.) This patient is mentally retarded, withdrawn and protracts a number of  
illogical thoughts. At 18 years of age, he had only progressed to the 2nd. year of high school.  
His reactions are dull and he does not use adequate logic. For the above reasons, he was  
unacceptable for military service. Psychiatric treatment would be of no avail. The boy  
should have guardianship with intelligent guidance, either with a feeble-minded institution of  
in his own home.

I have also received the following information from others relative to the patient's condition:

Subscribed and sworn to before me this

13 day of February

JOHN C. CARROLL

M. D.

19 47

CLYDE O. TROUTNER, Clerk

(SEAL)

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of  
to the State Hospital:  
Comes now who filed application for the commitment of  
to the State Hospital, alleging therein that said is a  
resident of County and has legal settlement in the State of Indiana, and is insane. And  
having read such application and heard such other evidence as was deemed necessary to a full investigation of the facts stated in such  
application, I Judge of the Circuit Superior Court of the County of Indiana,  
do hereby find and determine that the said is insane and is  
in need of hospital care, and do hereby order h committed to the State Hospital; and  
this shall be sufficient warrant and authority for h admission, confinement and detention for care and treatment in said hospital  
until he shall be restored to health, or removed or discharged according to law. And the clerk of this court is hereby directed to  
apply forthwith to the superintendent of the State Hospital for the admission of the said  
and to transmit with said application to said superintendent for his information, copies of all  
statements and certificates submitted, and to certify thereto under seal of this court.

Judge of the

Circuit Court Superior

STATE OF INDIANA

COUNTY

SS:

I,

Clerk of the Circuit Court, and ex-officio

Clerk of the Superior Court of said county, do hereby certify that the foregoing is a true copy of the application, including statement  
of the attending physician, for the commitment of to the State Hospital;  
and the statements of the two medical examiners appointed by the court to examine said person, and the court's order of commit-  
ment in said matter.

In witness whereof, I hereunto set my hand and fix the seal of said court, this

day of

19

Clerk

[SEAL]

ACCEPTANCE OF APPLICATION

Transcripts of all the foregoing statements and certificates duly certified under the seal of the court were transmitted to the Superintendent and afterwards, to wit: On the State Hospital together with application for h admission as a patient in said hospital day of 19 , an answer was received as follows:

STATE HOSPITAL

19

To the Clerk of the Court, County, Indiana:

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of with application for the admission of said person into this Hospital, is hereby respectfully acknowledged. According to the provisions of an Act Concerning Insanity Inquests, etc., approved March 4th, 1927, the application is

M. D. Medical Superintendent

ORDER OF COURT

The receipt of the acceptance of the application for the admission of to the Court of State Hospital, as a patient was referred to the Judge of County, Indiana, and being fully advised he made an order directing that they so desire; and if they, or any of them, do not so desire, by a suitable attendant, or by the County Sheriff, together with assistants and a female attendant, if the patient be a female, as required by law and that due return be made of the complete execution of this order. Witness my hand and the seal of Court, County, this day of 19 St. Indiana. Clerk P. O. Address of Patient

SUPERINTENDENT'S RECEIPT

STATE HOSPITAL

RECEIVED, this day of A. D. 19 the patient named in the above order of court

M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND and committing 19 , and served by conveying the within named as shown by the Superintendent's receipt hereon endorsed this to the day of State Hospital, 19

ORDER OF DISCHARGE

STATE HOSPITAL

To the Clerk of the Court, Indiana 19 County, Indiana: According to the provisions of an Act Concerning Insanity Inquests, etc., approved March 4th, 1927, the proper authority has this day discharged of County, Indiana, heretofore an inmate of this Hospital; and you are hereby respectfully requested to cause removal to said County, agreeable to said Act.

PROVIDED, That said removal has not otherwise been accomplished, as herein noted.

N. B.

Very respectfully,

M. D. Medical Superintendent

ORDER FOR PATIENT'S RETURN

STATE OF INDIANA,

COUNTY, ss:

To the Sheriff of County, Greeting:

WHEREAS, the proper authority has directed that a patient in the State Hospital, from this County, be removed from said Hospital. You are therefore hereby commanded forthwith to remove said patient and return to Township, in this County.

WITNESS, my hand and the seal of the Court, this day of A. D. 19 Clerk

SHERIFF'S RETURN ON ORDER FOR PATIENT'S RETURN

CAME TO HAND Township, in said County.

19 , and duly served same by removing said patient to

This 19 Sheriff County