

#13000

APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE ~~SUPERIOR~~ ^{CIRCUIT} COURT OF Adams County, Indiana:

Your informant respectfully represents that one Fred Ostermeyer 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 Fred Ostermeyer

is in Indiana; that said Fred Ostermeyer came to Indiana birth from Birth and became a resident of Adams County (Date) Birth This person's places of residence for three years prior to coming to Indiana were Decatur, Ind. R R 2

In making this petition, I do hereby certify that I am a son of said Fred Ostermeyer; that I am a legal resident of Adams County, and that my address is Decatur, Ind. R R 2

In case of emergency, notify Theodore Ostermeyer Telephone Preble 523 Telegraph station Decatur (Name and Address of relative or friend)

PERSONAL HISTORY

Of Fred Ostermeyer Born (Month) March (Day) 2 (Year) 1865 Place Adams Co. Color wh. Sex male 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 Germany Birthplace of mother Germany If person is of foreign birth, give date of entry into the United States native Port of entry Steamship line Steamship If of foreign birth, is person naturalized? Education: None Reads only Reads and writes yes Common school High school College Religion Lutheran Occupation Retired Farmer Where last employed and how long? Estate: Value none 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? March, 1946 What was the first sign of insanity observed by you? Talked out of head, imagines he sees things. Threatens to take lives of others members of family Was the present attack gradual or sudden in its onset? gradual State what leads you to believe this person is insane same as above. What moral deficiencies have been shown? none What was the mental and moral disposition in health? good Number of previous attacks of mental disorder? 1 year. Has this person been a patient in any hospital for insane? no Where, when and how long? Has this person suffered serious physical injury? no If so, give particulars Has this person suffered any serious illness? yes State when and of what nature year of 1945 Pneumonia Has this person suffered any great mental shock or strain? 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? yes Excited? Depressed? Homicidal? yes Suicidal? yes Is there any physical defect or deformity? Positive? Has person ever suffered from syphilis? Negative? Has there been a Wasserman test? no 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	Henry Ostermeyer	Deceased	Hernia	67
Mother (Maiden Name)	Dora Meyer	Deceased	Infirmities	83
Father's father	Unknown			
Father's mother	unknown			
Mother's father	unknown			
Mother's mother	unknown			
Brother	Wm. Ostermeyer	"		
	Henry "	"		
	Ernest "	"		
Sister	Sophia "	"	Infirmities	75
	Anna "	Monroeville, Indiana.		
	Minnie "	Wilcott, Ind.		
	Louise	Deceased	Complications	70
	Carrie	"	Heart Attack	40

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

Insanity	none	Epilepsy	none
Spasms	mpme	Fainting spells	none
Nervous prostration	none	Hysteria	none
Feeble-mindedness	none	Tuberculosis	none
Syphilis	none		

Was either of the person's parents or grandparents intemperate in the use of alcohol?

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

The statement of Dr. Rolland Reppert 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 26 day of March 19 47

(Seal)

THEODORE OSTERMEYER
EDWIN H. OSTERMEYER

MARTIN OSTERMEYER
PAULA GALLMEYER

CLYDE O. TROUTNER
Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Roland L. Reppert M. D., of Decatur, Indiana in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 22nd day of March 19 47 I did carefully and personally examine Fred Ostermeyer 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: At times he talks irrationally - sees imaginary things, and threatens the lives of the other members of his family.

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

Subscribed and sworn to before me this 26 day of March 19 47

(Seal)

ROLAND L. REPPERT M. D.
CLYDE O. TROUTNER, Clerk
Notary Public

VACCINATION

This is to certify that the said Fred Ostermeyer has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.

Date March 26 19 47

Roland L. Reppert M. D.

STATEMENT OF MEDICAL EXAMINER

I, G. J. Kohne 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 Fred Ostermeyer of said County, who is alleged to be insane and whom I have carefully and personally examined this 2 day of April 19 47; that I am of the opinion that he is mentally ill and is a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.)

Mental Processes retarded. Appearance of senile dementia.

I have also received the following information from others relative to the patient's condition:
Uncontrollable temper, threatens harm to members of family. Wanders around at night.

Subscribed and sworn to before me this 2 day of April 19 47
(Seal) G. J. KOHNE M. D.
CLYDE O. TROUTNER, Clerk
Notary Public

STATEMENT OF MEDICAL EXAMINER

I, J. 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 Fred Ostermeyer of said County, who is alleged to be insane, and whom I have carefully and personally
examined this 2 day of April 19 47; that I am of the opinion that he is mentally
ill and is a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that
he is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and
behavior of patient.) Has periods of forgetfulness, is now weak, senile, mental process very slow.
Is now quite weak physically.

I have also received the following information from others relative to the patient's condition:
Periods of violence, has threatened members of family with knives. Periods of negativism
tears off clothes, runs away, slept one night in neighbors hen house.

Subscribed and sworn to before me this 2 day of April 19 47
(Seal) J. M. BURK M. D.
CLYDE O. TROUTNER, Clerk
Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Fred Ostermeyer
to the Richmond State Hospital:
Comes now Theodore Ostermeyer, et al, who filed application for the commitment of Fred Ostermeyer
to the Richmond State Hospital, alleging therein that said Fred Ostermeyer is a
resident of Adams County and has his 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 J. Fred Fruchte Judge of the Circuit Court of the County of Adams, Indiana,
do hereby find and determine that the said Fred Ostermeyer is insane and is
in need of hospital care, and do hereby order him committed to the Richmond State Hospital; and
this shall be sufficient warrant and authority for his 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 Richmond State Hospital for the admission of the said
Fred Ostermeyer 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.

J. FRED FRUCHTE
Judge of the ADAMS Circuit Court
Superior

STATE OF INDIANA }
Adams COUNTY } SS: I, Clyde O. Troutner 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 Fred Ostermeyer to the Richmond 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 2 day of April 19 47
[SEAL] CLYDE O. TROUTNER Clerk

ACCEPTANCE OF APPLICATION

Transcripts of all the foregoing statements and certificates duly certified under the seal of the court were transmitted to the Superintendent State Hospital together with application for h admission as a patient in said hospital and afterwards, to wit: On the 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 be conveyed to said hospital, either by a relative or relatives, or a friend or friends, if 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

Clerk

P. O. Address of Patient

St.

Indiana.

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

ORDER OF DISCHARGE

STATE HOSPITAL

Indiana

19

To the Clerk of the

Court,

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