

APPLICATION FOR INSANITY INQUEST

18069

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

Your informant respectfully represents that one 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 her condition, as the law provides in such cases. Your informant further states that to his best knowledge and belief, the legal settlement of said

is in Indiana; that said Cecelia Heshner came to Indiana from all her life 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 Son of said Mae Cecelia Heshner; that I am a legal resident of Adams County,

and that my address is 216 3rd. St. Decatur

In case of emergency, notify Edward Heshner 422 N. 10th Decatur, Telephone 1579

PERSONAL HISTORY

Of Mae Cecelia Heshner Born (Month) April (Day) 6 (Year) 1886 Place St. Wayne Color Wh. Sex F. Married Single Widowed Divorced X Separated IF A WOMAN: Is she pregnant? Number of children borne Present age of youngest Has she passed menopause? yes Birthplace of father Wells Co. Birthplace of mother V If person is of foreign birth, give date of entry into the United States Steamship line Steamship If of foreign birth, is person naturalized? Education: None Reads only Reads and writes Common school High school College Religion Christian Occupation Dishwasher Where last employed and how long? Equity Dairy Co. Estate: Value Nature Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? 43 years Have you known this person intimately? When was the first sign of insanity observed by you? 1940 What was the first sign of insanity observed by you? Threatened Suicide, mind wanders, refuses to eat, depressed, was at Richmond 1940-41 Was the present attack gradual or sudden in its onset? Sudden State what leads you to believe this person is insane knowing her as my mother. her recent action are the same as in 1940, suicidal threats, refuses to eat, depressed. What moral deficiencies have been shown? What was the mental and moral disposition in health? None Number of previous attacks of mental disorder? excellent Where, when and how long? 1940-41 Has this person been a patient in any hospital for insane? yes If so, give particulars Has this person suffered serious physical injury? no Has this person suffered any serious illness? State when and of what nature Long standing case of Syphilis Has this person suffered any great mental shock or strain? Explain fully Has this person required feeding, seclusion or restraint? Explain fully Has this person been addicted to any drugs? Explain fully (Answer yes or no.) Is person paralytic? Violent? Destructive? Excited? Depressed? Homicidal? Suicidal? Is there any physical defect or deformity? Positive? Has person ever suffered from syphilis? yes Has there been a Wasserman test? Negative? Does person indulge or has person indulged in any venereal excess? Is person epileptic? Was person feeble-minded in childhood?

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				
Mother (Maiden Name)				
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother	Leo Hentsher	424W Butler, Ft. Wayne		
Sister	Gary Schroeder Francis Schroeder Anna Herchee	Hoagland, Ind. Ft. Wayne " "	Cancer Childbirth	45 22

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

Insanity /	Epilepsy /
Spasms /	Fainting spells /
Nervous prostration /	Hysteria /
Feeble-mindedness /	Tuberculosis /
Syphilis /	

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 Richard K. Parrish 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 August 1947
Clyde O. Troutner, Clerk
Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, Ricahr K. Parrish, 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 25 day of August 1947 I did carefully and personally examine Mrs Mae Cecelia Heshner and believe her to be suffering from mental disease, and I am of the opinion that she is a proper person for admission to a State Hospital. I have observed the following facts regarding her mental and physical condition:

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

Subscribed and sworn to before me this 26 day of August 1947
Richard K. Parrish M. D.
Clyde O. Troutner, Clerk
Notary Public

VACCINATION

This is to certify that the said Mrs Mae Cecelia Heshner has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date August 25 1947 Richard K. Parrish M. D.

STATEMENT OF MEDICAL EXAMINER

I, W. C. Smith 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 Mae Cecelia Heshner of said County, who is alleged to be insane and whom I have carefully and personally examined this 27 day of August 1947; that I am of the opinion that she 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.) she refused to let me exam. her, ordered me out of her house, that she had grass to cut and had no time to bother with me and that she was not going to any asylum, and that I had not better mention asylum to her

I have also received the following information from others relative to the patient's condition:
Have not talked to others concerning her

Subscribed and sworn to before me this 27 day of August 19 47
W. E. Smith M. D.

Clyed O. Troutner, Clerk
Notary Public

STATEMENT OF MEDICAL EXAMINER

I, J. M. Burke 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 Mae Cecelia Heshner of said County, who is alleged to be insane, and whom I have carefully and personally
examined this 28 day of August 1947 ; that I am of the opinion that she 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 apparently had lues for many years, says the Dr. gave her medican to make
her turn tt stone, feel numb all over. Whiches she was dead, very depressed, nuable to eat,
howerevr she fears going to Richmond Iwhere she was treated for 7 yrs, states thay were
mean to her.

I have also received the following information from others relative to the patient's condition:
none.

I certyfy that, in my oponion, said Mae Cecelia Heshner is not the probable potential parent
of mentally imcompotent or socially inadequate offspring likewise afflicted

Subscribed and sworn to before me this 28 day of August 19 47
J. M. Burk M. D.

Belives she need further treatment for C.H.S. lues at St. Hospital
Clyde O. Troutner, Clerk
Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Mae Cecelia Heshner
to the Richmond State Hospital:
Comes now Edward H. Heshner who filed application for the commitment of Mae Cecelia Heshner
to the Richmond State Hospital, alleging therein that said Mae Cecelia Heshner is a
resident of Adams County and has her 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 Ferd L. Litterer/ Pro Tempore Judge of the Circuit Court of the County of Adams Indiana,
do hereby find and determine that the said Mae Cecelia Heshner is insane and is
in need of hospital care, and do hereby order h er committed to the Richmond State Hospital; and
this shall be sufficient warrant and authority for h er admission, confinement and detention for care and treatment in said hospital
until she 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
Mae Cecelia Heshner 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.

FERD L. LITTERER, Pro Tempore
Judge of the Circuit Court

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 Mae Cecelia Heshner 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 3 day of September 1947
[SEAL] CLYDE O. TROUTNER, Clerk

