

19514

APPLICATION FOR INSANITY INQUEST

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

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

is in Indiana; that said Dorothy Loshe came to Indiana Aug. 17, 1917 (Date) from born here Aug. 17, 1917 (Date) 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 mother of said Dorothy Loshe; that I am a legal resident of Adams County,

and that my address is 110 S. Fifth St., Decatur, Indiana

In case of emergency, notify Rose Loshe 110 S. Fifth St., Decatur, Ind. (Name and Address of relative or friend)
 Telephone 2805 Telegraph station Western Union

PERSONAL HISTORY

Of Dorothy Loshe
 Born (Month) August (Day) 17 (Year) 1917 Place Adams Co., Ind.
 Color White Sex Female Married Single Widowed Divorced Separated
 IF A WOMAN: Is she pregnant? No Number of children borne Present age of youngest
 Has she passed menopause? No
 Birthplace of father Mercer Co., Ohio 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
High school 1 yr. College Religion Catholic Occupation Housework & factory work Where last
 employed and how long? Employed in G.E. factory from 1941 - 1944
 Estate: Value None Nature
 Guardian: Name None Address

HISTORY OF INSANITY

How long have you known this person? 33 years Have you known this person intimately? yes
 When was the first sign of insanity observed by you? May 1944
 What was the first sign of insanity observed by you? Extreme nervousness, extreme pain in head, cannot relax and sleep
 Was the present attack gradual or sudden in its onset? gradual
 State what leads you to believe this person is insane extremely nervous, complains of pain in head, cannot eat and sleep properly, pain throughout entire day.
 What moral deficiencies have been shown? None
 What was the mental and moral disposition in health? Good, somewhat nervous
 Number of previous attacks of mental disorder? None
 Has this person been a patient in any hospital for insane? Cincinnati Institution Where, when and how long? 11 weeks, Aug. 23- Nov. 6, 1949
 Has this person suffered serious physical injury? No If so, give particulars
 Has this person suffered any serious illness? Extreme case of ivy poisoning State when and of what nature August 1944
 Has this person suffered any great mental shock or strain? No
 Has this person required feeding, seclusion or restraint? No Explain fully Withdraws and prefers to be alone.
 Has this person been addicted to any drugs? No Explain fully
 (Answer yes or no.) Is person paralytic? No Violent? No Destructive? No Excited? Yes
 Depressed? No Homicidal? No Suicidal? No Is there any physical defect or deformity? No
 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	Frank Loshe	Deceased		
Mother (Maiden Name)	Rose Rumschlag	Decatur, Ind.	Heart attack	55
Father's father	John Loshe			
Father's mother	Amelia Omlor		Asthma	70
Mother's father	Joe Rumschlag		Old age	93
Mother's mother	Rose Baucher		Old age	80
Brother	Ralph Loshe	Decatur, Ind.	Kidney ailment	61
Sister	Helen Heiman	Decatur, Ind.		
	Frances Koors	Decatur, Ind.		

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

Insanity Aunt was in an Ohio Institution 20 years Epilepsy None
 Spasms None 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? None

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics? None

The statement of John B. Terveer 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 14 day of July 1950
 MRS. ROSE LOSHE
 EDWARD F. JABERG
 Justice of the Peace or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, John B. Terveer 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 15th day of July 1950 I did carefully and personally examine Dorothy Loshe and believe her 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 her mental and physical condition: Schizophrenia - mannerisms, poor insight, very nervous, mental hallucinations, breaks down and cries - her family is against her, etc.

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

Subscribed and sworn to before me this 15 day of July 1950
 JOHN B. TERVEER M. D.
 EDWARD F. JABERG
 Justice of the Peace Clerk, Adams C. C.

VACCINATION

This is to certify that the said Dorothy Loshe has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
 Date 7 - 15 19 50
 JOHN B. TERVEER M. D.

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 Dorothy Loshe of said County, who is alleged to be insane and whom I have carefully and personally examined this 18 day of July 1950; 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.) Withdrawn, hears buzzing noise in her head, peculiar nervous mannerisms. Says her family does not understand her. Made nervous by contact with family. Seems to be a definite hebephrenic schizo.

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

Becoming more nervous, will not eat, vomits, becomes angry and upset.

Subscribed and sworn to before me this

18 day of July

JOHN C. CARROLL

M. D.

19 50

EDWARD F. JABERG
Notary Public Clerk,
Adams C.C.

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 Dorothy Loshe of said County, who is alleged to be insane, and whom I have carefully and personally examined this 18 day of July 19 50 ; 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.)

Self absorbed - peculiar mannerisms including silly laughing spells. Very nervous with a mild tremor (coarse) of hands. Hears noises at night and has a buzzing noise in her head.

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

Stays in her room constantly and avoids contact with other people. Very nervous with attacks of vomiting.

Subscribed and sworn to before me this

18 day of July

G.J. KOHNE

M. D.

19 50

EDWARD F. JABERG
Notary Public Clerk,
Adams C.C.

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Dorothy Loshe

to the Richmond State Hospital:

Comes now Rose Loshe who filed application for the commitment of Dorothy Loshe

to the Richmond State Hospital, alleging therein that said Dorothy Loshe 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 Myles F. Parrish Judge of the Circuit Superior Court of the County of Adams Indiana,

do hereby find and determine that the said Dorothy Loshe is insane and is in need of hospital care, and do hereby order h committed to the Richmond 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 Richmond State Hospital for the admission of the said

Dorothy Loshe 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.

MYLES F. PARRISH
Judge of the Adams

Circuit Court

STATE OF INDIANA

ADAMS COUNTY } SS: I, Edward F. Jaberg 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 Dorothy Loshe 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 commitment in said matter.

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

day of

19

[SEAL]

EDWARD F. JABERG

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 St. Indiana. Clerk

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

STATE OF INDIANA

19

FORM NO.

RICHMOND STATE HOSPITAL

To the C

charged

Hospita

STATE

State I

Town

Adams County

RICHMOND, INDIANA August 17th, 19 54.

: this day dis-

TO THE CLERK OF CIRCUIT COURT:

nmate of this

THIS IS TO CERTIFY, PURSUANT TO THE PROVISIONS OF SEC. 2, CHAP. 263, ACTS 1933

THAT Dorothy Leshe A PATIENT AT THIS HOSPITAL, HAS BEEN DISCHARGED

THIS 17th DAY OF August 19 54. IN MY OPINION, SAID PATIENT

(STRIKE OUT LINES THAT DO NOT APPLY)

IS SUFFICIENTLY RECOVERED TO BE RELEASED.

IS RESTORED TO MENTAL HEALTH.

IS INCURABLE AND HARMLESS AND SHOULD BE REMOVED TO MAKE ROOM FOR A RECENT CASE.

M. D. Superintendent

SAID PATIENT WAS COMMITTED TO THIS HOSPITAL August 1st, 19 50 BY THE

CIRCUIT COURT OF Adams COUNTY, IN OR ADDRESS AT THAT TIME BEING GIVEN

AS 110 S. Fifth St., Decatur, Indiana

(FILL OUT "1" OR "2" AND STRIKE OUT THE OTHER)

1. SAID PATIENT WAS RELEASED FROM THIS HOSPITAL February 11th 19 54.

TO Mrs. Rose Leshe, Mother

ent and return

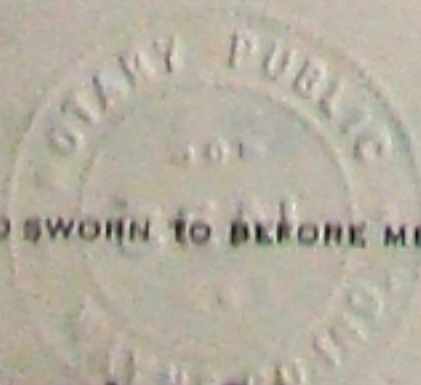
AND NOW IS RESIDING AT 110 S. 5th St., Decatur, Indiana

2. YOU ARE RESPECTFULLY REQUESTED TO CAUSE SAID PATIENT TO BE REMOVED FROM THE HOSPITAL TO YOUR COUNTY, AS PROVIDED IN SEC. 19, CHAP. 69, ACTS 1927

day of

Clerk

SEAL OF HOSPITAL



SUBSCRIBED AND SWORN TO BEFORE ME THIS 17th DAY OF August, 19 54.

Signature of Notary Public

NOTARY PUBLIC

County

MY COMMISSION EXPIRES November 9th, 19 57.