

# APPLICATION FOR INSANITY INQUEST

No. 20396

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

Your informant respectfully represents that one Cathryn Rhodes 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 Cathryn Rhodes is in Indiana; that said Cathryn Rhodes came to Indiana Aug. 18, 1947 from Arkansas and became a resident of Adams County August 18, 1947 This person's places of residence for three years prior to coming to Indiana were Arkansas (Date)

In making this petition, I do hereby certify that I am a Husband of said Cathryn Rhodes; that I am a legal resident of Adams County, and that my address is Geneva, Indiana

In case of emergency, notify James H. Rhodes Telephone 26-W Geneva Telegraph station Pennsylvania R. R. Station

## PERSONAL HISTORY

Of Cathryn Rhodes  
Born (Month) Sept. (Day) 14 (Year) 1910 Place Delight, Arkansas  
Color W. Sex Fe. Married Yes Single Widowed Divorced Separated  
IF A WOMAN: Is she pregnant? Number of children borne 3 Present age of youngest 20 yrs.  
Has she passed menopause?  
Birthplace of father Arkansas Birthplace of mother Arkansas  
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 Yes Common school  
High school College Religion Protestant Occupation housewife Where last employed and how long?  
Estate: Value Nature  
Guardian: Name Address

## HISTORY OF INSANITY

How long have you known this person? 40 years Have you known this person intimately? yes  
When was the first sign of insanity observed by you? January, 1956  
What was the first sign of insanity observed by you? Unable to be controlled by members of her family  
Was the present attack gradual or sudden in its onset? gradual  
State what leads you to believe this person is insane her conduct  
What moral deficiencies have been shown?  
What was the mental and moral disposition in health?  
Number of previous attacks of mental disorder?  
Has this person been a patient in any hospital for insane? No Where, when and how long?  
Has this person suffered serious physical injury? None If so, give particulars  
Has this person suffered any serious illness? State when and of what nature Had major surgery, 1954  
Has this person suffered any great mental shock or strain? No  
Has this person required feeding, seclusion or restraint? No Explain fully  
Is this person an alcoholic? No  
Has this person been addicted to any drugs? No Explain fully  
(Answer yes or no.) Is person paralytic? No Violent? Destructive? Excited? Yes  
Depressed? Yes Homicidal? No Suicidal? No Is there any physical defect or deformity? None  
Has person ever suffered from syphilis? No Has there been a Wasserman test? No Positive?  
Negative? 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	Drewy A. Brown		Appendicitis operation	76
Mother (Maiden Name)	Mary Barony		High Blood Pressure	83
Father's father	Unknown			
Father's mother	Unknown			
Mother's father	Unknown			
Mother's mother	Unknown			
Brother	Floyd Brown Walter Brown Bill Brown Fred R. Brown	San Antonio, Texas Glenwood, Ark Delight, Ark Glendale, Oregon		
Sister	Mrs. Ford Rucker	Longview, Washington		

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	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? No

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

The statement of Jos. V. Schetgen 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 10 day of May 19 56

Seal

Richard D. Lewton  
Notary Public or County Clerk CK

STATEMENT OF ATTENDING PHYSICIAN

I, Jos. V. Schetgen M. D., of Geneva in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 10th day of May 1956 I did carefully and personally examine Cathryn Rhodes 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: Very depressed, wanting to be by herself, all noises depress her, hysteria, and has amnesia during both mental flareups as to time, place and doings. Wants to tear off her clothes.

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

Subscribed and sworn to before me this 10th day of May

Jos. V. Schetgen M. D.  
19 56  
Richard D. Lewton  
Notary Public  
Clerk Adams Circuit Court

VACCINATION

This is to certify that the said Cathryn by myself, or by another physician, to my positive knowledge within 60 days of this date.  
Date May 10, 1956 19

has been vaccinated for smallpox

Jos. V. Schetgen M. D.

STATEMENT OF MEDICAL EXAMINER

I, Robert L. Boze M. D., of Berne 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 Cathryn Rhodes of said County, who is alleged to be insane and whom I have carefully and personally examined this 12th day of May 19 56; 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 she is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) The patient complains of severe headaches all of the time with aching in her back, She is frequently very depressed. Poor orientation as to time and place. No other significant physical findings.



I have also received the following information from others relative to the patient's condition: She has frequent episodes of hysteria, claiming her headache is more than she can bear and tears off her clothing

I certify that, in my opinion, said Cathryn Rhodes is not the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

Robert L. Boze

M. D.

Subscribed and sworn to before me this 12 day of May 1956

SEAL

Richard D. Lewton, Clerk  
Adams Circuit Court

STATEMENT OF MEDICAL EXAMINER

I, Norman E. Beaver M. D., of Berne 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 Cathryn Rhodes of said County, who is alleged to be insane, and whom I have carefully and personally examined this 13th day of May 19 56 ; 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 she is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Poor contact with reality, no idea of time, lack of affect, presence of hallucinations, periods of anxiety and hyperactivity without purpose, marked impairment of reasoning.

I have also received the following information from others relative to the patient's condition: Refuses to eat, sleeps poorly and has periods of hyperactivity without cooperation, hallucinations.

I certify that, in my opinion, said Cathryn Rhodes is not the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

Norman E. Beaver

M. D.

Subscribed and sworn to before me this 14th day of May 19 56

SEAL

Richard D. Lewton, Clerk  
Adams Circuit Court

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Cathryn Rhodes to the Richmond State Hospital:  
Comes now James H. Rhodes who filed application for the commitment of Cathryn Rhodes to the Richmond State Hospital, alleging therein that said Cathryn Rhodes 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 Cathryn Rhodes is insane and is in need of hospital care, and do hereby order her committed to the Richmond State Hospital; and this shall be sufficient warrant and authority for her 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 Cathryn Rhodes 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  
Superior

STATE OF INDIANA

Adams COUNTY } SS: I, Richard D. Lewton 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 Cathryn Rhodes 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 16 day of May 1956

[SEAL]

Richard D. Lewton 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 of the State Hospital together with application for 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 request as to the insanity of Cathryn Rhodes 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 accepted.

J. Klepger

M. D.

Medical Superintendent

**ORDER OF COURT**

The receipt of the acceptance of the application for the admission of Cathryn Rhodes to the \_\_\_\_\_ State Hospital, as a patient was referred to the Judge of \_\_\_\_\_ County, Indiana, and being fully advised he made an order directing that she 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 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\_\_\_\_.

P. O. Address of Patient

**SUPERINTENDENT'S RECEIPT**

Richmond

STATE HOSPITAL

RECEIVED, this 22nd day of May

A. D. 1956 the patient named in the above order of court

J. Klepger

M. D.

Medical Superintendent

**RETURN ON COMMITMENT**

CAME TO HAND 18th May and committing her to the \_\_\_\_\_ State Hospital, as shown by the Superintendent's receipt hereon endorsed this 22nd day of \_\_\_\_\_, 19\_\_\_\_, and served by conveying the within named \_\_\_\_\_ Sheriff of Adams County, Ind.

Sheriff Fees	\$ 3.40
Ambulance	\$ 24.00
<b>Total</b>	<b>\$ 27.40</b>

Merle Affolder  
Sheriff of Adams County, Ind.

**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 \_\_\_\_\_, 19\_\_\_\_.

A. D. 19

Clerk

**SHERIFF'S RETURN ON ORDER FOR PATIENT'S RETURN**

CAME TO HAND \_\_\_\_\_, 19\_\_\_\_, and duly served same by removing said patient to \_\_\_\_\_ Township, in said County.

This \_\_\_\_\_

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Sheriff

County