

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Sara Rachel Runyon 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 Sara Rachel Runyon is Decatur in Indiana; that said Sara Rachel Runyon came to Indiana Birthdate 7/26/41 from 7/26/41 and became a resident of Washington Township, Adams County. This person's places of residence for three years prior to coming to Indiana were (Date)

In making this petition, I do hereby certify that I am a mother child; that I am a legal resident of Adams Co. (Relative or Friend) of said County, and that my address is 234 N. 1st St., Decatur, Indiana

In case of emergency, notify Mary Jane Runyon (Name and Address of relative or friend) Telephone 34537 Telegraph station Decatur, Ind.

PERSONAL HISTORY

Of Sara Rachel Runyon
 Born (Month) July (Day) 26 (Year) 41 Place Decatur, 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? -
 Birthplace of father Adams Co. Birthplace of mother Adams Co.
 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 (7)
 High school College Religion Presbyterian Occupation none Where last
 employed and how long?
 Estate: Value Nature
 Guardian: Name Address

HISTORY OF INSANITY

How long have you known this person? since birth Have you known this person intimately? yes
 When was the first sign of insanity observed by you? Very nervous - fear of being locked up- fear of mother
 What was the first sign of insanity observed by you? About 2 years of age- refused to sleep- rocked in bed.
 Was the present attack gradual or sudden in its onset? Gradual
 State what leads you to believe this person is insane Refuses to eat with family and to eat food prepared by family
 at least three fourths of the time. Refuses to brush teeth-does not like to wear dresses. Spends
 half of time in room alone. Does not like to leave the house.
 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? No If so, give particulars
 Has this person suffered any serious illness? Yes State when and of what nature Measles - 9 months
 Acute abdominal pains - 2 years- lasted one night with convulsive movements of arms.
 Has this person suffered any great mental shock or strain? Death of father
 Has this person required feeding, seclusion or restraint? no Explain fully withdraws of her own accord.
 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? Yes Homicidal? Yes Suicidal? Yes Is there any physical defect or deformity? NO
 Has person ever suffered from syphilis? No Has there been a Wasserman test? Yes Positive? no
 Negative? yes 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	Kenneth H. Runyon		Leukemia	45
Mother (Maiden Name)	Mary Jane Kunkel	234 N. 1st St. Decatur		
Father's father	Roy N. Runyon	228 Rugg St. Decatur		
Father's mother	Lottie Runyon	228 Rugg St. Decatur		
Mother's father	Sherman Kunkel	R. R. 1 Decatur		
Mother's mother	Fannie Kunkel	R. R. 1 Decatur		
Brother	Kaye Runyon	In Navy Washington, D.C.		
	David Runyon	234 N. 1st St. Decatur, Indiana		
Sister	Rita Ann Runyon	234 N. 1st St. Decatur,		

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

Insanity	none indicated	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?

Was either of person's parents or grandparents addicted to the use of opium, cocaine or other narcotics?

The statement of John C. Carroll 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 her knowledge and belief.

/s/ Mary Jane Runyon

Subscribed and sworn to before me this 18th day of March

19 57

Richard D Lewton
Notary Public or County Clerk

⚡SEAL⚡

STATEMENT OF ATTENDING PHYSICIAN

I, John C. Carroll M. D., of Decatur Ind in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 16 day of March 19 57 I did carefully and personally examine Sara Rachel Runyon 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: Retarded mentally, personal slovenliness, refuses to eat or dress properly retires from contact with others
Seen by Dr. Howard Steltner Psychiatrist, Ft. Wayne
Diag. - Postencephalitic, schizophrenic degeneration
I further certify that patient is free from any contagious disease and from vermin.

Subscribed and sworn to before me this 16th day of March

John C Carroll M. D.
19 57

Richard D Lewton
- Notary Public Clerk Adams
Circuit Court.

⚡SEAL⚡

VACCINATION

This is to certify that the said SARA RACHEL RUNYON has been vaccinated for smallpox by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date 3-16 1957

JOHN C CARROLL M. D.

STATEMENT OF MEDICAL EXAMINER

I, Gerald J. Kohne M. D., of Decatur, Ind., 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 Sara Rachel Runyon of said County, who is alleged to be insane and whom I have carefully and personally examined this 22 day of March 19 57; 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.)
Has odd behavior pattern - was sullen and suspicious, would not answer our questions, but walked out of room. Interests are small and social adaptation very difficult for her, prefers her own company.

I have also received the following information from others relative to the patient's condition: Would want to eat only certain foods- does not want to wear dresses

I certify that, in my opinion, said Sara Rachel Runyon is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

G. J. KOHNE

M. D.

Subscribed and sworn to before me this 22 day of March 19 57

(SEAL)

Richard D. Lewton
Clerk Adams Circuit Court - Notary Public

STATEMENT OF MEDICAL EXAMINER

I, John B. Terveer M.D., of Decatur, Indiana 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 Sara Rachel Runyon of said County, who is alleged to be insane, and whom I have carefully and personally examined this 22nd day of March 19 57 ; 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.)

Suspicious of doctors and strangers, Won't leave the house, Will not wear Clothes & Shoes That she formerly wore to school; Interests limited - Very fadish in eating habits- alternates between hamburgers and cheese -

I have also received the following information from others relative to the patient's condition: threatened family once or twice with knife has

I certify that, in my opinion, said Sara R. Runyon is the probable potential parent of mentally incompetent or socially inadequate offspring likewise afflicted.

John B. Terveer

M. D.

Subscribed and sworn to before me this 22nd day of March 19 57

(SEAL)

Richard D. Lewton
Clerk Adams Circuit Court Notary Public

JUDGE'S ORDER OF COMMITMENT

STATE OF INDIANA, Adams COUNTY, SS:

In the matter of the application for the commitment of Sarah Rachel Runyon to the Richmond State Hospital. No. 20504 (here insert court number), in the Adams Circuit Court.

Be it remembered that on the 6th day of April, 1957, the following proceedings were made, had and entered in the above entitled cause before the Judge of said Court:

Comes now Mary Jane Runyon, the applicant for commitment herein. It is now made to appear to the satisfaction of the Judge by the notice heretofore issued herein together with the return endorsed thereon that the respondent Sarah Rachel Runyon has been duly notified of these proceedings and when and where the same would be heard, said notice and return reading in words and figures following (H.I.).

This being the day fixed in said notice for the hearing herein this cause is now submitted to the Judge for hearing and examination in the absence of the respondent, she having failed to appear.

And said hearing being now concluded the Judge now finds that the respondent is in fact mentally ill, is a proper patient for treatment in a state hospital for the mentally ill, can be conveyed thereto without danger to life and that respondent's being at large is not dangerous to the community, that respondent has a legal settlement in Washington Township, Adams County, Indiana.

And this order shall be sufficient warrant and authority for the admission, confinement and detention of respondent for care and treatment in said hospital until restoration to mental health, or removal or discharge according to law. The clerk of this Court is directed to apply forthwith for the admission of said hospital, and to transmit with said application copies of all statements and certificates submitted herein, certified under this seal of this Court.

And the Court now appoints Mary Jane Runyon (Mother) as guardian of the said Sarah Rachel Runyon, to take charge of her property, and orders said guardian to post bond in the amount of \$ nil , to the approval of the Court; (and orders this guardianship transferred to the Probate Court for administration).

(SEAL)

Myles F. Parrish
Judge Adams Circuit Court.

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ACCEPTANCE OF APPLICATION

Transcripts of all the foregoing statements and certificates duly certified under the seal of the court were transmitted to the Superintendent
 Richmond State Hospital together with application for her admission as a patient in said hospital
 and afterwards, to wit: On the 10th day of April 19 57, an answer was received as follows:

RICHMOND

STATE HOSPITAL April 9, 1957

To the Clerk of the ADAMS COUNTY CIRCUIT Court,

County, Indiana:

The receipt of a transcript of the proceedings in the matter of the inquest as to the insanity of Sara Rachel Runyon
 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 hereby accepted.
 Provided a full supply of clothing as listed on the accompanying
 clothing requisition is brought with the Patient. And a person /s/ J Klepfer M. D.
 who is able to give a history accompany, or come prior to the
 admission of the patient. **ORDER OF COURT** (This patient may be admitted on 12, 15, or 16 of
 (April 1957 Between the hours of 9 a.m. and 11:00 a.m.)
 Medical Superintendent

The receipt of the acceptance of the application for the admission of Sara Rachel Runyon
 to the Richmond State Hospital, as a patient was referred to the Judge of
 Adams Circuit Court of Adams County, Indiana, and being fully advised he made an order directing that
 Sara Rachel Runyon 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 Adams Circuit Court, Adams County, this
 10th day of April 19 57 Richard D. Lewton Clerk
 P. O. Address of Patient 234 N. 1st St. Decatur Indiana.

SUPERINTENDENT'S RECEIPT

Richmond

STATE HOSPITAL

RECEIVED, this 15 day of April A. D. 19 57 the patient named in the above order of court

J Klepfer M. D.
 Ca Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND 10th of April 19 57, and served by conveying the within named
 Sara Rachel Runyon and committing her to the Richmond State Hospital,
 as shown by the Superintendent's receipt hereon endorsed this 15th day of April 19 57

Merle Affolder

Mileage - 14.40
 Substance - 1.50
 \$15.90

ORDER OF DISCHARGE

STATE HOSPITAL

Indiana

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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 dis-
 charged 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 19, and duly served same by removing said patient to
 Township, in said County.

This 19 Sheriff County