## APPLICATION FOR INSANITY INQUEST

TO THE JUDGE OF THE CIRCUIT COURT OF

ADAMS

County, Indiana:

Your informant respectfully represents that one David Eckelbarger now residing in said county, is insune and a fit subject for custody and treatment in a State Hospital for Insune, 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 in-

formant further states that to his best knowledge and belief, the legal settlement of said David Eckelbarger

in Indiana; that said Devid Eckelberger IS

came to Indiana

from at Birth

and became a resident of Washington Twp. Adams This person's places of residence for three years prior to coming to Indiana were

1957 (Date)

In making this petition, I do hereby certify that I am diffe & Father

of said

County.

David Eckelbarger

; that I am a legal resident of Adams

and that my address is R#1 Monroe, Indiana

In case of emergency, notify Larila Eckelbarger

R#1 Monroe, Indiana (Name and Address of relative or friend)

Telephone 6-6061 Telegraph station

PERSONAL HISTORY

Of David Dee Eckelbarger

Born (Month) Dec.

(Day) 28

(Year) 1929

Place Huntington Co. Indiana

Married Yes Color White Sex Male

Simple

Widowed

Divorced

Separated

IF A WOMAN: Is she pregnant?

Number of children borne

Present age of youngest

Has she passed menopause?

Birthplace of father Wabash Co. Indiana

Birthplace of mother Grant Co. Indiana

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 12th

High school

College

Religion

Occupation Bomer Instrument

Where last

employed and how long?

Estate: Value

Nature

Guardian: Name

Address

HISTORY OF INSANITY

How long have you known this person?

Have you known this person intimately?

When was the first sign of insanity observed by you? gradually for 2 years

What was the first sign of insanity observed by you? unreasonable. He was unreasonable & imagined outlandish

things.

Was the present attack gradual or sudden in its onset? Coming on for a few weeks-gradually State what leads you to believe this person is insane

What moral deficiencies have been shown? Does not sleep or eat at all, has prepration to deliver beby at home. Will not take medicine or call a doctor 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?

Where, when and how long?

Has this person suffered serious physical injury? Has several hard If so, give particulars falls & hes been a very hard worker.

Has this person suffered any serious illness? as far as we State when and of what nature

Has this person suffered any great mental shock or strain No Has this person required feeding, seclusion or restraint! No

Explain fully

Has this person been addicted to any drugs? No

Explain fully

- Violent?

Suicidal?

Destructive?

Excited?

(Auswer yes or no.) Is person paralytic? No Depressed?

Is there any physical defect or deformity? Positive!

Has person ever suffered from syphilis? No Does person indulged in any venereal excess? No Does person indulged in any venereal excess? No Was never feeble-minded in childhood?

Was person feeble-minded in childhood? Is person epileptic?

FAMILY HISTORY

(If dead, state cause of death and age at death,)

-		ADDRESS	IF DEAD		
	NAME	ADDITION	Canae	Age at Death	
'ather's father 'ather's mother fother's father lother's mother	LawrenceEckelbarger  Mery Eckelbarger  C. W. Eckelbarger  Minnie Eckelbarger  H. E. Carter  Bell Carter  William Eckelbarger	Markle Ind.  Markle Ind.  Markle Ind.  Markle Ind.	Heart Lung trouble Appendiciti		
der	Anne Belle McCartny Barbara Darson Marilyn Lahr Nancy Adams Joyce Eckelbarger	114 Union, Bluffton Uniondele Ind. Huntington RR 5 Bedford Ind. Markle Ind.			

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

Insanity None

Spasms None

Nervous prostration None

Feeble-mindedness None Epilepsy None

Fainting spells None

Hysteria None

Tuberculosis Aunt died years ago

Syphilis No

(SEAL)

(SEAL)

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

23rd

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

The statement of C. William Freeby

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 h is

knowledge and belief.

Subscribed and sworn to before me this

day of April

s/ Mrs. David(Larita)Eckelbarger

19 61 s/ Richard D. Lewton

## STATEMENT OF ATTENDING PHYSICIAN

I, C. William Freeby

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

19 61 I did carefully and personally examine David Eckelbarger

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 h is mental and physical condition: Preoccupation with religious

matters; unreal concern over his unborn child being born "deformed" & "without blood"& "negro"; inability to rest; dissociation of thought; unable to work at his job because of nervousness & "parolyzed arms"; fear of losing "Power of his loins" desire to deliver his child personally at home; wife has been forced to submit to Tfurther certify that patient is free from any contagious disease and from vermin. his preparations for delivery. Generally good physical condition.

Subscribed and sworn to before me this 23

day of April

19 61 s/ C. William Freeby

VACCINATION

syRichard D. Lewton

Clerk-Adams Circuit Court

has been vaccinated for small pox

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

M, D.

## STATEMENT OF MEDICAL EXAMINER

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 consanquinity or marriage M. D., of Decatur of said County, who is alleged to be insane and whom I have carefully and personally to Devid Eckelbarger 19 61 : that I am of the opinion that he is a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that examined this 25 ill and is

mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of patient.) Physical condition essentially normal. Apparently abnormal religious complusion-Feels that he has direct contact & God & that a message from above suggested abnormality of child & that it must be

delivered forthwith. Thinking is rather confused but he denies hallucinations or delusions. Cooperative-Shook hands &kissed examiner on cheek as the latter was leaving the room after the interview.

I have also received the following information from others relative to the patient's condition: Unable to work because of his preparing to deliver child at home-no good reason given but later religious matters. frequent precipitation delivery of children.

(SEAL) s/ H. F. Zuick M, DSubscribed and sworn to before me this 25th day of April 19 61 Clerk-Adams Circuit Court STATEMENT OF MEDICAL EXAMINER I. G. J. Kohne Decatur M. D., of Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage, of said County, who is alleged to be insane, and whom I have carefully and personally to David Eckelbarger day of April 1961 ; that I am of the opinion that examined this he is mentally a proper person for detention, care and treatment in a State Hospital; and that I have formed my opinion that ill and is mentally ill from the following facts observed by me. (Describe physical and mental conditions, appearance and he is behavior of patient.) Preoccupied with a strong religious fervor that overshadows other commitments in his life. Apparently no illusions or hallucinations. and very pleasant & mild mannered person. I have also received the following information from others relative to the patient's condition: Feels he must prepare his wife for the delivery of her baby at home. s/ G. J. Kohne Subscribed and sworn to before me this 25th April day of 61 Richard D. Lewton JUDGE'S ORDER OF COMMITMENT In the matter of the application for the commitment of David Eckelbarger to the State Hospital: Richmond Larita & Lawrence Eckelderfee application for the commitment of David Eckelbarger Comes now to the State Hospital, alleging therein that said Richmond David Eckelbarger is a resident of Adams County and has 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 Court of the County of Adams Indiana, do hereby find and determine that the said David Eckelbarger insane and is in need of hospital care, and do hereby order h is committed to the Richmond State Hospital; and this shall be sufficient warrant and authority for h id admission, confinement and detention for care and treatment in said hospital he shall be restored to health, or removed or discharged according to law. And the clerk of this court is hereby directed to until

STATE OF INDIANA

De vid Eckelbarger

apply forthwith to the superintendent of the Richmond

ADAMS COUNTY I, Richard D. Lewton Clerk of the Circuit Court, and ex-officion 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 David Eckelbarger 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 27

statements and certificates submitted, and to certify thereto under seal of this court.

day of April

9 61

Clerk

s/ Myles F. Parrish

and to transmit with said application to said superintendent for his information, copies of all

s/ Richard D. Lewton
Adams Circuit Court

State Hospital for the admission of the said

CAME TO HAND

Township, in said County.

This

19

19

## ACCEPTANCE OF APPLICATION

Transcripts of all the foreg Richmond and afterwards, to wit: On the	oing statements and	State Hospital to day of	gertified under ogether with a April	er the seal of the application for h	court were transmitted to 18 admission as a pa	tient in anid bear	** *
		RICHMOND		STATE H	OSPITAL		
To the Clerk of the Adams Cir	cuit	Court,	Adams		County, Indiana:	19	61
The receipt of a transcript of with application for the admission of According to the provisions	of said person into t	his Hasnital is	herely reence	tfully a almost			
					s/J. Kler	ofen	
		ORDER	OF COURT	r	7 27 1220	Medical Superintend	M. D. dent
The receipt of the acceptance	of the application	for the admission	on of Danie	d Echelle	ujer		
	them, do not so de a female, as requir	sire, by a suitab	le attendant, dat due retur	cal, either by a cor by the County or be made of the	ital, as a patient was resulty advised he made a relative or relatives, or Sheriff, together with a complete execution of Ficher W. Telephone Indiana.	n order directing a friend or frien	that ids, if ts and
	SU	PERINTENI	DENT'S RI	ECEIPT			
					Lucianund	GT 1 TT T	
RECEIVED, this	day of	m		1 D 10/-/			
		may		A. D. 19 07	the patient named in t	he above order of	f court
					7 g. xly	Medical Superinte	M. D.
	R	ETURN ON	COMMITM	MENT			
CAME TO HAND Fred  Slavid Eckelbayer  as shown by the Superintendent's rece	ipt hereon endorse	committing -	lin th	to the day of	Land served by conv	eying the within State H	named lospital,
						01/1	
					5/mule	affala	des
		ORDER OF	DISCHAI	RGE			
						STATE HO	SPITAL
				Indiana			19
To the Clerk of the		Court,			County, Indiana:		
According to the provisions of a	n Act Concerning	Insanitu Inque	ests etc and	eroned March		athonita has this	day dia
harged			outs, cec., upp	rocea march 4			
		of			County, Indiana, her	etofore an inmat	te of this
lospital; and you are hereby respectful	illy requested to c	ause 1	removal to sa	id County, agr	eeable to said Act.		
PROVIDED, That said removal	has not otherwise	been accomplis	hed, as here	in noted.			
N. B.							
			Very r	espectfully,			
							M. D.
						Medical Super	intendent
	ORD	ER FOR PA	TIENT'S I	RETURN			
CATE OF INDIANA,		CO	UNTY, ss:				
To the Sheriff of				County, Greet	ing:		
WHEREAS, the proper authori ate Hospital, from this County, be rem	ty has directed the	at ospital. You ar	e therefore h		a patient in the	we said patient o	and return
to		Township, in					
WITNESS, my hand and the seal	of the				Court, this		day o
					Court, cites		
A. D. 19							Clerk
SHER	IFF'S RETUR	EN ON ORI	DER FOR	PATIENT	S RETURN		

, and duly served same by removing said patient to

Sheriff

County