

APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one Rawley Dailey Jones 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 his condition, as the law provides in such cases. Your informant further states that to his best knowledge and belief, the legal settlement of said person is in Indiana; that said

from ^(Date) Aug 15 1955 and became a resident of Monroe Township, 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 Wife of said; that I am a legal resident of Adams County, and that my address is R R 2 Berne, Ind.

In case of emergency, notify Florine Jones R R 2 Berne, Ind. Telephone 2-2797 Telegraph station

PERSONAL HISTORY

Of Rawley Dailey Jones
 Born (Month) Aug (Day) 15 (Year) 1915 Place Berne - Adams Co. Ind.
 Color W Sex M Married YES Single Widowed Divorced Separated
 IF A WOMAN: Is she pregnant? Number of children borne Present age of youngest
 Has she passed menopause?
 Birthplace of father Ohio Birthplace of mother 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
 High school College Religion Protestant Occupation Where last
 employed and how long? Jones Construction Co. (Self-Employed) Social Security No. 315-05-6524
 Estate: Valuc Home-Joint Nature Personal Property 800.00
 10,000.00
 Guardian: Name Florine L. Jones Address R. R. 2 Berne, Indiana

HISTORY OF INSANITY

How long have you known this person? Twenty Seven Yrs. Have you known this person intimately? Marriage
 When was the first sign of insanity observed by you? 5 yrs.
 What was the first sign of insanity observed by you? Refused to work - Heavy Drinking
 Was the present attack gradual or sudden in its onset? yes
 State what leads you to believe this person is insane Drink -Leaves home for long - not dependable
 Violent at times
 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? Ft Wayne March 1958-April 1958 Richmond State Hospital-Where, when and how long? Lutheran Hospital 1961
 Jan 16-1960
 Has this person suffered serious physical injury? No If so, give particulars
 Has this person suffered any serious illness? State when and of what nature
 Has this person suffered any great mental shock or strain?
 Has this person required feeding, seclusion or restraint? no 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? no Has there been a Wasserman test? no
 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	Daniel S. Jones		natural	82
Mother (Maiden Name)	Maggie Rawley 1882	Berne, Ind.		
Father's father				
Father's mother				
Mother's father				
Mother's mother				
Brother	Benjamin Jones Robert Jones	Atlanta Co. Calif.		
Wife	Florine Jones 1916			
Sister - Sons	Rawley D. II Thomas Kerry	Berne Berne Berne		

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

Insanity	Epilepsy Brother
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 _____ 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.

Subscribed and sworn to before me this 30 day of April

s/ FLORINE L. JONES
19 62

(SEAL)

s/ RICHARD D. LEWTON
Clerk Adams Circuit Court

STATEMENT OF ATTENDING PHYSICIAN

I, Norval S. Rich M. D., of Berne, Indiana in the County of Adams Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the 30th day of April 19 62 I did carefully and personally examine Rawley D. Jones and believe he 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 his mental and physical condition: He is disoriented as to time and place. He does have visual and auditory hallucinations. He has accidentally injured himself during these episodes because of his hallucinations. His general condition is poor because of his excessive consumption of alcohol. He is not having D.T.s at the present time. Nutrition is poor because of his alcohol consumption. I further certify that patient is free from any contagious disease and from vermin. Cardio vascular system is normal. M. D.

Subscribed and sworn to before me this 30 day of April

s/ NORVAL S. RICH -
1962
s/ RICHARD D. LEWTON
Richard D. Lewton
Clerk Adams Co. Circuit Court

VACCINATION

This is to certify that the said _____ has been vaccinated for smallpox
by myself, or by another physician, to my positive knowledge within 60 days of this date.
Date 19 _____ M. D.

STATEMENT OF MEDICAL EXAMINER

I, James M. Burk 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 Rawley Dalley Jones of said County, who is alleged to be insane and whom I have carefully and personally examined this 2 day of May 19 62; 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.) Mr. Jones is in a complete state of confusion. He is at times euphoric. Then depressed. Speech is slurred and vague with no continuity of thought. Very little orientation as to time or place. He is unkempt, slovenly and poorly nourished.
Diagnosis: Chronic alcoholism with mental deteriorations;- Korsakow's Syndrome.

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

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

Subscribed and sworn to before me this 3rd day of May 19 62 s/ J. M. BURK M. D.

s/ RICHARD D. LEWTON Richard D. Lewton Notary Public Clerk, Adams Co. Circuit Court

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 Rawley Dailey Jones of said County, who is alleged to be insane, and whom I have carefully and personally examined this 2 day of May 19 62; 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.) Complete disorientation. Engages in senseless purposeless activity. Agitated almost constantly slovenly in appearance - poorly nourished

I have also received the following information from others relative to the patient's condition: Obvious visual & auditory hallucinations. Patient is a known alcoholic of long standing

Diag: Alcoholic Mental Deterioration

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

Subscribed and sworn to before me this 3rd day of May 19 62 s/ JOHN C. CARROLL M. D.

(SEAL) s/ RICHARD D. LEWTON Richard D. Lewton Notary Public Clerk, Adams Co. Circuit Court

JUDGE'S ORDER OF COMMITMENT

STATE OF INDIANA, ADAMS COUNTY, SS:

In the matter of the application for the commitment of Rawley Dailey Jones

to the Richmond State Hospital: No. 21173 in the Adams Circuit Court. Be it remembered that on the 5th day of May, 1962, the following proceedings were made, had and entered in the above entitled cause before the Judge of said Court: Comes now Florine L. Jones who filed application for the commitment of Rawley Dailey Jones

to the Richmond State Hospital, alleging therein that said Rawley Dailey Jones is a resident of Adams County and has Monroe Township 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 Rawley Dailey Jones is insane and is in need of hospital care, and do hereby order him committed to the Richmond State Hospital; and

this shall be sufficient warrant and authority for his 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

Rawley Dailey Jones 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.

(SEAL) s/ MYLES F. PARRISH Judge of the Circuit Superior Court

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 Rawley Dailey Jones 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 5th day of May 19 62

(SEAL) Clerk Adams Circuit Court

ACCEPTANCE OF APPLICATION

Transcripts of all the foregoing statements and certificates duly certified under the seal of the court were transmitted to the Superintendent and afterwards, to wit: On the State Hospital together with application for h admission as a patient in said hospital 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

ORDER OF COURT

M. D. Medical Superintendent

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 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 St. Indiana. Clerk P. O. Address of Patient

SUPERINTENDENT'S RECEIPT

RICHMOND

STATE HOSPITAL

RECEIVED, this 14 day of May

A. D. 19 62 the patient named in the above order of court

s/ J. KLEPPER M. D. Medical Superintendent

RETURN ON COMMITMENT

CAME TO HAND 10th May and committing him to the 19 62, and served by conveying the within named as shown by the Superintendent's receipt hereon endorsed this 14th day of May Richmond State Hospital, 19 62 s/ MERLE AFFOLDER

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 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 Township, in said County.

19 , and duly served same by removing said patient to

This

19

Sheriff

County