

## APPLICATION FOR INSANITY INQUEST

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

Your informant respectfully represents that one 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 Rita Ann Runyon is Decatur in Indiana; that said Rita Ann Runyon came to Indiana life resident from and became a resident of This person's places of residence for three years prior to coming to Indiana were (Date) County

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

In case of emergency, notify Mrs. Mary Jane Runyon, 234 N. 1st St., Decatur, Ind. (Name and Address of relative or friend)

Telephone 3-4537 Telegraph station

## PERSONAL HISTORY

Of Rita Ann Runyon

Born (Month) March (Day) 14 (Year) 1939 Place Decatur, Indiana

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 Indiana 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 Occupation Laundry worker Where last employed and how long? Home Laundry, Decatur, Indiana- 4 months

Estate: Value Nature

Guardian: Name Address

## HISTORY OF INSANITY

How long have you known this person? life Have you known this person intimately?

When was the first sign of insanity observed by you? worried-&-depressed- Jan. 1962

What was the first sign of insanity observed by you? worried & depressed

Was the present attack gradual or sudden in its onset? Gradual from Jan, 1962

State what leads you to believe this person is insane worried, easily depressed, unable to accept strain of every day living.

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? Where, when and how long?

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? now in Larue Carter Hospital Explain fully

Has this person been addicted to any drugs? Explain fully

Large doses of aspirin, & other patent medicines

(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? Has there been a Wasserman test?

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	Kenneth Runyon	deceased	Leukemia	46
Mother (Maiden Name)	Mary Jane Runyon	Decatur, Ind.		
Father's father	Roy Runyon	228 Rugg, Street, Decatur Ind.		
Father's mother	Lottie Runyon	228 Rugg St., Decatur, Ind.		
Mother's father	Sherman Kunkel			75
Mother's mother	Fannie Kunkel	R. # 2, Decatur, Ind.		
Brother	Kaye Runyon	U. S. Navy		
	David Runyon	U. S. Marines		
Sister	Sara Runyon	Richmond St. Hosp.		

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

Insanity	Sara , at Richmond St. Hosp.	Epilepsy	no
Spasms	no	Fainting spells	no
Nervous prostration	no	Hysteria	no
Feeble-mindedness	no	Tuberculosis	cousin
Syphilis	no		

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 h \_\_\_\_\_ knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

Notary Public or County Clerk

STATEMENT OF ATTENDING PHYSICIAN

I, William P. Egan M. D., of Indianapolis in the County of Marion Indiana, do hereby certify that I am licensed to practice medicine in the State of Indiana; that on the fifth day of November 19 62 I did carefully and personally examine Rita Ann 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: The patient has a history of delusions and a suicidal attempt. She is now somewhat withdrawn, she has an inappropriate effect and exhibits very poor judgment. She is unable to handle even routine responsibilities. It is felt she need extended hospitalization. Grossly normal physical examination. I further certify that patient is free from any contagious disease and from vermin.

Subscribed and sworn to before me this 7th day of November

s/ William P. Egan M. D.  
19 62

s/ Jacqueline Grammis  
Notary Public

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, Ross A. Overley M. D., of Indianapolis in the County of Marion Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related by consanguinity or marriage to Rita Ann Runyon of said County, who is alleged to be insane and whom I have carefully and personally examined this 21 day of Nov. 19 62 ; 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.) This quiet, shy appearing young lady talks freely in interview but there is noticed some inappropriate smiling. She also exhibits rather marked flattering of affect, ambivalence of thinking with inability to organize any definite goal in life. Her thinking appears to be frequently characterized by excessive use of child-life fantasy, and need to be ill to receive love and attention.



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

I have noted her word behavior to show marked reappropriation of behavior, affect and very poor judgment in her relationship to other patients and personell.

s/ Ross A. Overley

M. D.

Subscribed and sworn to before me this 26th day of Nov. 19 62

s/ Jacqueline Grannis

Notary Public

STATEMENT OF MEDICAL EXAMINER

I, William C. Strang M. D., of Indianapolis in the County of Marion Indiana, do hereby certify that I am duly licensed to practice medicine in Indiana; that I am not related, by consanguinity or marriage, to Rita Ann Runyon of said County, who is alleged to be insane, and whom I have carefully and personally examined this 21st day of Nov. 19 62; 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.)

Physical condition is good. Patient converses freely. She tends to smile at inappropriate times and this as particularly noticeable when she discussed her inability to formulate any realistic place for her future. She is aware she is not made uncomfortable by her illness but instead is inclined to depend upon her illness to secure attention from other people. She displays a flattering of affect as she describes her present situation, her vague future and her use of pure fantasy to create an unreal type of existence.

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

s/ William C. Strang

M. D.

Subscribed and sworn to before me this 26th day of November 19 62

s/ Jacqueline Grannis

Notary Public

JUDGE'S ORDER OF COMMITMENT

In the matter of the application for the commitment of Rita Ann Runyon to the Richmond State Hospital:

Comes now Mary Jane Runyon who filed application for the commitment of Rita Ann Runyon to the Richmond State Hospital, alleging therein that said Rita Ann Runyon is a resident of Adams County and has a 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 Decatur, Indiana, do hereby find and determine that the said Rita Ann Runyon 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

Rita Ann Runyon 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 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 Rita Ann Runyon 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 15th day of December 1962

[SEAL]

s/ Richard D. Lewton

Clerk

(SEAL)



## 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

Clerk

P. O. Address of Patient

St.

Indiana.

## 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

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

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