

DOCKET NO. 175

Number	Term	Year
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13	November	1961
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In Re: Petition for Commitment of	
William Wayne Smith to Warren State	
Hospital	Versus

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNA.		
No. 13 November Term 1961		
In re:	WILLIAM WAYNE SMITH	
ORDER		
<div>FILED JAN - 3 1962 CARL E. WALKER PROTHONOTARY</div>		JOHN J. PENTZ PRESIDENT JUDGE CLEARFIELD, PENNSYLVANIA

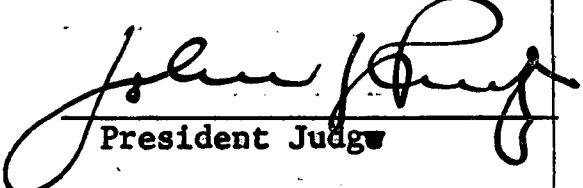
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA.

In re: :
: No. 13 November Term 1961
WILLIAM WAYNE SMITH :

O R D E R

NOW, January 3, 1962, upon recommendation of the Superintendent of the Warren State Hospital, Paul Hoyt, Superintendent of the County Institutional District, is authorized to take the above named individual from the Warren State Hospital and bring him to the County of Clearfield, and keep custody thereof within the Clearfield County Institutional District until further Order of Court.

BY THE COURT


President Judge

The following order is to be made when the Court commits a person thought to be mentally ill for observation, diagnosis and treatment upon an application made to the Court by the guardian, committee, or any relative or friend.

NOTE — Commitment valid only thirty days from date of court order.

IN THE COMMON PLEAS COURT CLEARFIELD COUNTY

COMMONWEALTH

vs.

WILLIAM WAYNE SMITH

NOVEMBER

Term, 19 61

No. 13

ORDER

And now to wit this 8th day of November, 19 61
the Court having considered the within application of Paul R. Hoyt
and the exhibits and certificates thereto attached for the commitment of William Wayne Smith
to the Warren State Hospital,
and being satisfied that said William Wayne Smith is in such condition as
to require observation in a hospital for mental diseases, it is hereby directed that the said
William Wayne Smith be committed to the Warren State
Hospital to be detained for observation, diagnosis and treatment for a period of 90 days;
(Not to exceed ninety days)
and this shall be sufficient warrant for said commitment.

It is further ordered that the Superintendent or other person in charge of said Institution shall before the expiration of said period make a written report of said patient's condition to this Court.

And it is further ordered that the full cost of care and maintenance of said William Wayne Smith
shall be paid by Clearfield County

/s/ JOHN J. PENTZ
J.

PETITION FOR COMMITMENT

NOTE—Petition and certificates "B" and "C" must be presented to the Court within two weeks of execution.

TO THE HONORABLE THE JUDGES OF THE SAID COURT:

The petition of Paul R. Hoyt respectfully represents:

1. That he is the not a relative
(Guardian, committee, relative or friend or citizen of Pennsylvania)
of William Wayne Smith, the person alleged to be mentally ill, of Clearfield
 2. That Paul R. Hoyt
(Petitioner), the person above named is a resident of
in the County of Clearfield;
 3. That your Petitioner believes that said William Wayne Smith
is in such condition as to require observation in a hospital for mental diseases;
 4. That attached hereto and marked Exhibit "A" are a "History of the Patient" and "Financial Statement" showing the age, legal residence and financial status of and other material facts with regard to the said William Wayne Smith
 5. That attached hereto and marked Exhibits "B" and "C" are the Certificates of two physicians to the effect that said William Wayne Smith is, in the opinion of said physicians, in such condition as to require observation in a hospital for mental diseases;
 6. That Sections 328, 331 of the Act approved the 12th day of June, A. D. 1951, entitled "An Act relating to mental health, including mental illness, mental defect, epilepsy and inebriety, and amending, revising, consolidating, and changing the laws relating thereto," empowers your Honorable Court to commit said William Wayne Smith to a hospital for mental diseases.
- WHEREFORE your Petitioner prays your Honorable Court to commit said William Wayne Smith
to Warren State Hospital, an Institution for Mental Diseases, for observation, diagnosis and treatment.
- And he will ever pray, etc.

/s/ PAUL R. HOYT
Petitioner

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF Clearfield

ss:

Paul R. Hoyt the Petitioner above named having been duly sworn affirmed according to law deposes and says that the facts set forth in the foregoing petition are true to the best of his knowledge, information and belief.

/s/ PAUL R. Hoyt

Sworn
Affirmed to and subscribed before me this 8th
day of November 19 61

/s/ WM. T. HAGERTY

Prothonotary

My Commission expires 1/1/1962

EXHIBIT "A"
HISTORY OF THE PATIENT

1. Full name of patient William Wayne Smith Religion I do not know
2. Sex male Color white Single, married, widowed, divorced, separated single
Date of birth and age July 9, 1950 - 21 yrs. Birthplace Clearfield, Pa.
If foreign, how long in U. S.? _____ Is he a citizen of U. S.? _____
Is he a legal resident of Pennsylvania? yes If so, of what county, city or town? Clearfield, Pa.
_____ How long has he resided in Pennsylvania? Life
_____ If not a resident of Pennsylvania, where is his legal residence? _____

Name and birthplace of father Harold Smith, Clearfield, Pa.
Maiden name and birthplace of mother I do not know
Legal residence of father if living Clearfield, Pa.
Legal residence of mother if living I do not know
3. Profession, trade or employment of patient None
If a female, that of husband or father _____
4. Has patient had mentally ill relatives? I do not know
5. If so, state relationship, and whether paternal or maternal _____
6. If relatives ever in mental hospitals, state name, relationship and give name and location of institution

7. Has patient been considered of normal mental standard? no
8. Number of previous attacks of mental disorder? _____
9. Institution or institutions where cared for in previous attacks None

10. Was recovery complete? _____
11. How long has he shown mental disorder? Over 1 year
12. Was present attack gradual or sudden in onset? gradual
13. Give date of onset of this attack and statement of symptoms manifested at this time _____
When patient is irritated, has fits of violent temper, injures anyone within reach
14. Why do you think he is mentally ill? In answering this question, state the facts on which your opinion is based _____

15. What was the patient's natural temper or disposition, and has the disease produced any change?

16. Has the patient a tendency to suicide? no
Has the patient ever made an attempt, if so in what manner?

17. Has the patient manifested a tendency to injure others, or destroy clothing, furniture and so on?
Yes, kicked - Mr. Hoyt, Supt of Clear Haven
18. What is the supposed cause of the present attack? I do not know

19. Has any restraint been resorted to, if so, of what kind and for how long?
20. Has the patient received any medical treatment during this attack? No If so, who were his physicians?

21. Give name and address of relatives to be notified in case of illness, recovery or death
22. Have any criminal charges been preferred against the patient? If so, specify no

23. In case of recovery, or sufficient improvement for consideration of discharge, should he be returned to court? yes

FINANCIAL STATEMENT

Who is legally liable and able to pay for the support and maintenance? Answer: Names and addresses: Clearfield County

Does patient own real estate? no Of what does it consist?

Location (Street Number) (Ward or Township) (Town or City) (State)
Assessed valuation? Market value? Encumbrances?
Has patient other interests in real estate? no Of what nature and of what does it consist?
Location (Kind of Buildings, Land, etc.)

Has patient any personal property? no
(Such as furniture, farm stock, etc. State nature and value)
Has patient any Stocks, Bonds, Savings Accounts, Mortgages, Pension, etc.? no
(State value and income derived from each)

Is patient affiliated with any beneficial associations? no
(Give name of association, weekly or other benefits paid. How long will such payments continue, death benefits?)

Has patient any life insurance? no
(Give names and addresses of companies, amount each pays for death and disability benefits and how long each policy is in force.)

Beneficiary

Address -----
 Has patient health and accident insurance? no ----- Names of companies and amount paid by each
 company and duration of such payments -----

Name and address of patient's legally appointed guardian, committee or trustee: -----

If no guardian, committee or trustee has been appointed, will a relative or friend petition for the appoint-
 ment if such action is deemed necessary? -----

Name and address of person attending to patient's business pending appointment of guardian, etc. -----

By what authority? ----- Self assumed? yes ----- Trusteeship? -----

Power of Attorney? -----

Names of persons legally liable: -----

NAME AND ADDRESS OF WIFE -----
 HUSBAND -----

Age? ----- Occupation? ----- Name and address of Employer? -----

Salary or wages? ----- Number of dependents? ----- Description and location of real
 estate owned? -----

Assessed valuation? ----- Market value? ----- Encumbrances? -----

Description and value of personal property -----
 (Furniture, farm stock, stocks, bonds, savings accounts, pensions, etc.) -----

If dead, date of death? ----- Last address? -----

Extent of estate at death? -----

NAME AND ADDRESS OF FATHER? Harold Smith, Clearfield, Pa. -----

Age? ----- Occupation? I DO NOT KNOW ----- Name and address of Employer? -----

I DO NOT KNOW

Salary or wages? ----- Number of dependents? ----- Description and location of real
 estate owned? -----

Assessed valuation? ----- Market value? ----- Encumbrances? -----

Description and value of personal property -----
 (Furniture, farm stock, stocks, bonds, savings accounts, pensions, etc.) -----

If dead, date of death? ----- Last address? -----

Extent of estate at death? -----

NAME AND ADDRESS OF MOTHER? I DO NOT KNOW -----

Age? ----- Occupation? ----- Name and address of Employer? -----

Salary or wages? ----- Number of dependents? ----- Description and location of real
 estate owned? -----

Assessed valuation? ----- Market value? ----- Encumbrances? -----

Description and value of personal property -----
 (Furniture, farm stock, stocks, bonds, savings accounts, pensions, etc.) -----

If dead, date of death? ----- Last address? -----

Extent of estate at death? -----

NAME AND ADDRESS OF CHILD? -----
 Age? ----- Occupation? ----- Name and address of Employer? -----

Salary or wages? ----- Number of dependents? ----- Description and location of real estate owned? -----

Assessed valuation? ----- Market value? ----- Encumbrances? -----
 Description and value of personal property -----
 (Furniture, farm stock, stocks, bonds, savings accounts, pensions, etc.) -----

If dead, date of death? ----- Last address? -----
 Extent of estate at death? -----

NAME AND ADDRESS OF CHILD? -----
 Age? ----- Occupation? ----- Name and address of Employer? -----

Salary or wages? ----- Number of dependents? ----- Description and location of real estate owned? -----

Assessed valuation? ----- Market value? ----- Encumbrances? -----
 Description and value of personal property -----
 (Furniture, farm stock, stocks, bonds, savings accounts, pensions, etc.) -----

If dead, date of death? ----- Last address? -----
 Extent of estate at death? -----

NAME AND ADDRESS OF CHILD? -----
 Age? ----- Occupation? ----- Name and address of Employer? -----

Salary or wages? ----- Number of dependents? ----- Description and location of real estate owned? -----

Assessed valuation? ----- Market value? ----- Encumbrances? -----
 Description and value of personal property -----
 (Furniture, farm stock, stocks, bonds, savings accounts, pensions, etc.) -----

If dead, date of death? ----- Last address? -----
 Extent of estate at death? -----

NAME AND ADDRESS OF CHILD? -----
 Age? ----- Occupation? ----- Name and address of Employer? -----

Salary or wages? ----- Number of dependents? ----- Description and location of real estate owned? -----

Assessed valuation? ----- Market value? ----- Encumbrances? -----
 Description and value of personal property -----
 (Furniture, farm stock, stocks, bonds, savings accounts, pensions, etc.) -----

If dead, date of death? ----- Last address? -----
 Extent of estate at death? -----

NAME AND ADDRESS OF CHILD? -----
 Age? ----- Occupation? ----- Name and address of Employer? -----

Salary or wages? ----- Number of dependents? ----- Description and location of real estate owned? -----

Assessed valuation? ----- Market value? ----- Encumbrances? -----

Description and value of personal property _____

(Furniture, farm stock, stocks, bonds, savings accounts, pensions, etc.)

If dead, date of death? _____ Last _____

Extent of estate at death? _____

Dated at Clearfield, Pa. this 7th day of November A.D. 1961

Signed /S/ PAUL R. HOYT

Residence Clearfield, Pa.

Occupation Superintendent, Clear Haven

Degree of relationship, if any, or other circumstances of connection with the patient? None

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF Clearfield

ss:

Before me the subscriber a Prothonotary personally appeared Paul R. Hoyt

above named who being duly ^{sworn} affirmed according to law doth depose and say that the facts set forth in the above history of patient and financial statement are true to the best of his knowledge and belief.

/S/ PAUL R. HOYT

Sworn
Affirmed to before me this 8th

day of November A.D. 1961

I certify that the signature to the foregoing petition is genuine.

/S/ WM. T. HAGERTY

Prothonotary

My Commission expires 1st
Monday, January, 1962

EXHIBIT "B"
CERTIFICATE OF PHYSICIAN

I, the undersigned, hereby certify that I reside at No. 107 W. 1st Ave. Street
Clearfield in the County of Clearfield Commonwealth of Pennsylvania;
(Town or City)

that I have resided in this Common-
wealth for at least one year; that I

(have been licensed to practice medicine or osteopathy in this Commonwealth and have been in the actual practice of medicine or osteopathy for at least three years)
(have had at least one year's experience as a physician in a hospital for mental patients);

that I am not related by blood or marriage to the patient hereinafter named, or to the applicant or applicants for the admission of said patient to a mental hospital, or any of them; that I am not connected in any way as medical attendant or otherwise with the said hospital; that I have examined the said patient with care and diligence within one week prior to the date of this certificate; and that in my opinion the said patient is in such a condition as to require observation in a hospital for mental diseases.

I further certify that I examined Wm. Smith
of Clear Haven at Clearfield, Pa.
in the County of Clearfield on the 31st day of Oct. A.D. 19 61
and that I have formed my opinion that he is in such a condition as to require observation in a hospital for mental diseases from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of the patient and record what patient said.)

~~Medicine~~ This patient is an epileptic, etc.,

I have also received the following information from others relative to the patient. (Here state especially any change in the patient's behavior and bodily health with date of same as furnished you by other persons.)

Signed /s/ Roger L. Hughes M.D.

Dated at Clearfield, Pa. this 31st day of October A.D. 19 61

AFFIDAVIT

(This affidavit must be taken before a person authorized
to administer an oath in the Commonwealth.)

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF Clearfield

ss:

Before me the subscriber a Prothonotary personally appeared Roger L. Hughes, M.D.
above named who being duly sworn affirmed according to law doth depose and say that
the facts set forth in the foregoing certificate are true to the best of his knowledge and belief.

/s/ Roger L. Hughes

Sworn to before me this 8th
Affirmed day of November A.D. 19 61

I certify that the signature to the foregoing certificate is genuine and that the Affiant is a physician of good standing and repute.

/s/ Wm. T. Hagerty
Prothonotary

EXHIBIT "C"

CERTIFICATE OF PHYSICIAN

I, the undersigned, hereby certify that I reside at No. 115 E. Cherry Street
Clearfield in the County of Clearfield Commonwealth of Pennsylvania;
 (Town or City)

that I have resided in this Common-
 wealth for at least one year; that I

(have been licensed to practice medicine or osteopathy in this
 Commonwealth and have been in the actual practice of medicine
 or osteopathy for at least three years)
 (have had at least one year's experience as a physician in a hos-
 pital for mental patients);

that I am not related by blood or marriage to the patient hereinafter named, or to the applicant or appli-
 cants for the admission of said patient to a mental hospital, or any of them; that I am not connected in any
 way as medical attendant or otherwise with the said hospital; that I have examined the said patient with
 care and diligence within one week prior to the date of this certificate; and that in my opinion the said
 patient is in such a condition as to require observation in a hospital for mental diseases.

I further certify that I examined William Smith
 of Clear Haven at Clearfield,
 in the County of Clearfield on the 6th day of November A.D. 1961
 and that I have formed my opinion that he is in such a condition as to require observation in a hospital
 for mental diseases from the following facts observed by me. (Describe physical and mental conditions,
 appearance and behavior of the patient and record what patient said.)

I have also received the following information from others relative to the patient. (Here state especially
 any change in the patient's behavior and bodily health with date of same as furnished you by other persons.)

Signed /s/ Russel A. Boykiw M.D.
 Dated at Clearfield, Pa. this 6th day of November A.D. 1961

AFFIDAVIT

(This affidavit must be taken before a person authorized
 to administer an oath in the Commonwealth.)

COMMONWEALTH OF PENNSYLVANIA }
 COUNTY OF Clearfield } ss:

Before me the subscriber a Prothonotary personally appeared Russel A. Boykiw, M.D.

above named who being duly ^{sworn} affirmed according to law doth depose and say that
 the facts set forth in the foregoing certificate are true to the best of his knowledge and belief.

/s/ Russel A. Boykiw

Sworn
 Affirmed to before me this 8th
 day of November A.D. 1961

I certify that the signature to the foregoing certifi-
 cate is genuine and that the Affiant is a physician of
 good standing and repute.

/s/ WM. T. HAGERTY
Prothonotary

My Commission expires 1st Monday, Jan. 1962

13 Nov, 1961

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