

FINAL

United States Department of the Interior
National Park Service

National Register of Historic Places
Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in How to Complete the National Register of Historic Places Registration Form (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property

historic name Culver Union Hospital
other names/site number 107-139-28017

2. Location

street & number 306 Binford St. N/A not for publication
city or town Crawfordsville N/A vicinity
state Indiana code IN county Montgomery code 107 zip code 47933

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36CFR Part 60. In my opinion, the property meets does not meet the National Register criteria. I recommend that this property be considered significant nationally statewide locally. (See continuation sheet for additional comments.)
[Signature] 11/21/01
Signature of certifying official/Title Indiana Department of Natural Resources Date
State or Federal agency and bureau

In my opinion, the property meets does not meet the National Register criteria. (See continuation sheet for additional comments.)
Signature of certifying official/Title _____ Date _____
State or Federal agency and bureau _____

4. National Park Service Certification

I hereby certify that the property is:
 entered in the National Register.
 See continuation sheet.
 determined eligible for the National Register
 See continuation sheet.
 determined not eligible for the National Register
 removed from the National Register
 other, (explain:) _____
Signature of the Keeper _____ Date of Action _____

5. Classification

Ownership of Property

(Check as many boxes as apply)

- private
- public-local
- public-State
- public-Federal

Category of Property

(Check only one box)

- building
- district
- site
- structure
- object

Number of Resources within Property

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
1	0	buildings
0	0	sites
0	0	structures
0	0	objects
1	0	Total

Name of related multiple property listing

(Enter "N/A" if property is not part of a multiple property listing.)

N/A

Number of contributing resources previously listed in the National Register

0

6. Function or Use

Historic Functions

(Enter categories from instructions)

HEALTH CARE: Hospital

Current Functions

(Enter categories from instructions)

WORK IN PROGRESS

7. Description

Architectural Classification

(Enter categories from instructions)

19th & 20th c. REVIVALS: Colonial Revival

MODERN: International Style

Materials

(Enter categories from instructions)

foundation CONCRETE

walls BRICK

STONE: Limestone

roof ASPHALT

other METAL

Narrative Description

(Describe the historic and current condition of the property on one or more continuation sheets.)

8. Statement of Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- A** Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B** Property is associated with the lives of persons significant in our past.
- C** Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D** Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all the boxes that apply.)

Property is:

- A** owned by a religious institution or used for religious purposes.
- B** removed from its original location.
- C** a birthplace or grave.
- D** a cemetery.
- E** a reconstructed building, object, or structure.
- F** a commemorative property.
- G** less than 50 years of age or achieved significance within the past 50 years.

Areas of Significance

(Enter categories from instructions)

HEALTH/MEDICINE

ARCHITECTURE

Period of Significance

1929-1950

Significant Dates

1929

1940-42

Significant Person

(Complete if Criterion B is marked above)

N/A

Cultural Affiliation

N/A

Architect/Builder

Beeson, Carroll O.

Narrative Statement of Significance

(Explain the significance of the property on one or more continuation sheets.)

9. Major Bibliographic References

Bibliography

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey # _____
- recorded by Historic American Engineering Record # _____

Primary location of additional data:

- State Historic Preservation Office
- Other State agency
- Federal agency
- Local government
- University
- Other

Name of repository:

10. Geographical Data

Acreage of Property approx. 3.8 acres

UTM References

(Place additional UTM references on a continuation sheet.)

1	1 6 Zone	5 0 8 8 2 0 Easting	4 4 3 2 4 7 0 Northing
2			

3			
4			

See continuation sheet

Verbal Boundary Description

(Describe the boundaries of the property on a continuation sheet.)

Boundary Justification

(Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

name/title Camille B. Fife

organization The Westerly Group, Inc. date 10/09/2000

street & number 556 W. 1175 N. Rd. telephone 812-696-2415

city or town Farmersburg state IN zip code 47850

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

- A **USGS map** (7.5 or 15 minute series) indicating the property's location.
- A **Sketch map** for historic districts and properties having large acreage or numerous resources.

Photographs

Representative **black and white** photographs of the property.

Additional items

(Check with the SHPO or FPO for any additional items)

Property Owner

(Complete this item at the request of SHPO or FPO.)

name Twin Oaks Housing Corporation Attn: Kris Ellingwood

street & number 1510 Southside Dr. telephone 765-361-0597

city or town Crawfordsville state IN zip code 47933

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Projects (1024-0018), Washington, DC 20503.

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HIST. PRES. & ARCH.

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Narrative Description

The building is an irregular plan complex of interconnected wings which vary in height from one to four stories. The oldest part is a rectangular, four story structure facing Binford Street, with a high, side gabled roof, designed in the Colonial Revival style. Constructed of brick, it has a symmetrical thirteen bay facade, with a central projecting entry bay, containing a pedimented gable front. The roof is gabled, with wide, decorated cornices and pedimented dormers along the front and the western side of the rear roof. The windows in this wing are primarily six/over/one lights, with brick heads, stone keystones and sills. The decorative tripartite windows in the front bay and west gable end feature raised wood fanlights in a round arch, surmounting a wide cornice and three, multi-light windows. In the front, the central window is temporarily replaced with plywood. Presently there are metal awnings which were not part of the original building, according to historic photographs. These probably date to the 1950s or slightly earlier. In addition, there are rectangular panels, with horizontal louvres below most of the windows - an adaptation made sometime after 1964 to provide air conditioning to the patient rooms in this older section of the building.

Other features of the fenestration include the presence of small, recessed windows separating the third and fifth bays from the center. These denote the stair halls and contain similar detailing as the main windows. (Photos #1,5)

The main entry to the building is notable, situated in the center, protruding bay of the 1929 wing. An open, circular two story porch emphasizes the entry. It is supported by tall, round columns with modified Ionic capitals. A projecting, decorated cornice surmounted by a wrought iron railing completes the element. (Photos #3 & 4). Originally the opening was surrounded by glass sidelights with an elliptically arched, fanlight transom. This is still echoed in the glass lights and transoms which form the second entry, within the building (Photo #21). The original outer door was replaced by an aluminum framed unit probably in the 1950s. Guttering and downspouts on this part of the building are of copper, the latter featuring some interesting, scroll-cut hold downs. Roof line details in this building include copper roof vents on the north side and a skylight. (Photo #38).

The interior spaces in the basement of this wing contain, for the most

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part, crawl spaces. The first floor contains a number of rooms, including former offices, and administrative areas off a long, wide hall as well as the main entry area. The original configuration of this wing was rectangular. An elevator is present about center building on the north side of the central hall. Today, the 1940-42 addition on the east (and 1966), as well as a 1966 addition to the north have expanded this first floor plan. The second floor of the 1929 building follows the general plan of the first, with smaller patient rooms off the central hallway (Photo #27). The third floor of the old section also follows a similar plan to the second with patient rooms and a long corridor. Stairs within this wing include iron railings, with wood hand rails, and metal posts (Photo #32) some have vinyl tile. The fourth floor of this wing is slightly different from the others, with a slight jog in the corridor (Photos #33,34,35), to accommodate the larger rooms at the east end. The latter were formerly surgeries. Presently they contain large open window areas, filled with glass block.

The 1940-42 addition is constructed of a very similar brick as the earlier building. From an early (probably construction period) photograph (Historic Photo B), it is evident that a one-story link connected the 1929 hospital with the earlier, 1902 building. The 1940-42 addition was built atop this feature, to a height of four floors, with raised, stone-capped parapets on the side gables. The addition continues northward, with a projecting stair tower in the center.

The 1940-42 addition also contains an elevator (Photo #19) which will be retained. The basement floor contains various utility, storage and maintenance rooms off a central corridor, with stairs and elevator at the approximate center of the wing. On the first floor, it connects from the west with the 1929 building and north down a hall to the 1966 addition. Continuing northward, it is also connected to the 1966 and eventually the 1977 additions. The second floor of this wing consists of a rectangular wing of primarily patient rooms with some storage and administrative facilities off a central hall (Photo #26). Third floor rooms in this wing are also similar, consisting primarily of spacious patient facilities. This building has a flat roof. The fourth floor is connected to the 1929 wing and contains a doctors' dressing room with a marble shower and metal lockers (Photo #36).

The 1966 additions included a large two story wing to the east and an extension of the 1929 building to its north. The latter added a modern, well-equipped kitchen (Photo #22). The basement contains early boilers and other equipment (Photos #15 & 16), and there are additional surgery

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facilities, as well as nursery rooms. The stairs are modern, with round rails. The second floor contains patient rooms, and only rises in the front part of the east section.

The 1971 Annex has a primary entrance from the parking lot (Photos #6 & 10). The basement contained various therapeutic facilities off a central hall as well as mechanical facilities. The first floor is noteworthy for the open, receiving area, and the various patient rooms and baths off a central hall (Photo #23). This building has suffered considerable damage. The annex has a flat roof and contains two floors in addition to the basement (Photo #30). This wing is connected to the main building through a basement corridor (Photo #17).

The 1977 addition is a brick, one story building (plus basement), which connects to the rest of the hospital via the 1966 addition at the north side of the block. It most recently contained offices, some of which were originally laboratory facilities. It is in reasonably good condition (Photos #11 & 18).

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Culver Union Hospital

Statement of Significance

Summary:

Culver Union Hospital meets the criteria for individual listing in the National Register of Historic Places. The building was rated "Outstanding" in the 1986 Montgomery County Interim Report (Indiana Historic Sites and Structures Inventory). It is significant under Criterion A, as an example of local public health facilities in Montgomery County, and Crawfordsville in particular. The earliest remaining part of the building may also have statewide significance as an increasingly rare remaining example of publicly funded, "post influenza" hospitals in Indiana. As such, it is an important entity in the history of medical care in the county and region. In addition, the origins of the hospital movement in Crawfordsville can be traced to the influence of a local women's organization, The Women's Union. The organization exemplified turn-of-the-century public welfare efforts in the community. The building also qualifies under Criterion C. It is an excellent example of Colonial Revival/ Adam style influence architecture with sensitive additions reflecting the influences of Modernism including Bauhaus, the International Style and variants. The building is an important work of the local architect, Carroll O. Beeson, who was responsible for the design of several episodes of activity. Later architects included the Indianapolis design firm of McGuire & Shook.

Statement of Significance

The birth of the Culver Union Hospital, in Crawfordsville, Indiana, can be traced to the latter part of the nineteenth century when a group of public minded women banded together, determined to provide better health care to the citizens of the county. They did not work in a vacuum. The mood for reform in the care of the ill and the indigent was strong in the nation during the latter part of the nineteenth century. Montgomery County was no exception. The Montgomery County Medical Society had been formed in 1872, with a lofty concern for medical ethics as well as a commitment to: "improve the health and to protect the lives of the community."¹ Women had been prominent in the medical milieu of the county since the early part of the nineteenth century. An early pioneer of obstetrics, Sarah Hiatt, practiced for forty-two years, beginning in 1836. Dr. Mary Holloway

¹Gronert, Ted, Ed. *Sugar Creek Saga...A History and Development of Montgomery County*. Crawfordsville, IN: Wabash College, 1958. P. 444

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Wilhite, born near Crawfordsville in 1831, became one of the first women to practice medicine in Indiana.² Thus, early in its history, women established a tradition of involvement and leadership in Montgomery County's health care. By 1900, the roster of the Montgomery County Medical Society members included the Drs. Thomas and Martha Griffiths, a well known medical couple.³

By the turn of the century, the Women's Union had been in existence for several years, dedicated to relieving the suffering of the city's poor. In February of 1897, they organized to raise funds for a hospital building. The local women included Mrs. D. C. Smith, Mrs. F. M. Dice, Mrs. R. E. Bryant, Mrs. Ella Warner and Mrs. Jeanette Wright. Progress was slow until 1900, when a mass meeting was held, plans were put forth and speakers declared the project's value. Afterward, Gen. Lew Wallace, lent his influential voice to the appeal. \$1,000 dollars was raised, and added to \$100 given by a local doctor. The hospital articles of Incorporation were drafted, and later, the by-laws compiled. The name was to be "Union Hospital" in honor of the Women's Union. One year later, in April of 1901, \$12,185.02 had been raised. Only two months before, in February of that year, the hospital fund had received its largest, and most important donation in the form of a check for \$10,000. It came from Mrs. L. L. Culver, who made her home in St. Louis. She had been visiting her sister in Crawfordsville and became enthused about the project, eventually contributing a total of \$13,200 in honor of her late husband.⁴ The women's dreams of a hospital began to take shape. In grateful recognition, they vowed to name the new institution, the L. L. Culver Union Hospital. A site in Whitlock Place, on Binford Avenue was purchased, a construction contract awarded to Mr. J. M. Bishop (who appears to have provided a "design-build" service) and the new facility was opened in November of 1902. Every doctor in Montgomery County was a member of the hospital medical staff and Mrs. Edna Humphrey became the administrator. The first patient was also a woman, whose successful surgery was performed in the new facility by four

²Bowen, A. W. *History of Montgomery County, Indiana, with personal sketches of representative citizens.* Vol I. Indianapolis, IN: W. A. Bowen & Co, 1911. PP. 337, 341.

³Purdy, Mike. *Culver Union Hospital, 1908-1926.* Unpublished MSS, History 53, Dr. Safley, December 3, 1986. P. 3

⁴"Dedicated to Humanity's Needs". *The Crawfordsville Journal.* Friday, November 28, 1902; Cline, Pat. *Montgomery County Legend and Lore.* Crawfordsville, IN. P253-255.

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area doctors.⁵

A nurses training school was instituted and operated in connection with the hospital, under the supervision of the administrator. Instruction for the two year and two months program was provided by practicing physicians. Women between 18 and 30, with good health and a "common education" were accepted. In 1905, the training school produced its first graduates.⁶ For many years after the present facility was built, the original hospital building served the nurses of Culver Union. It was demolished in the 1950s.

The need for expanded hospital facilities began to be felt within a decade of construction. But World War I intervened, deterring plans for hospital expansion. By 1919, the Montgomery County Medical Society renewed discussions for a new hospital. There was general support for the idea that county government should become involved.⁷ It was felt that a county organization, rather than the private, philanthropic section would better provide modern health care to all of the citizens. As the second decade of the century moved on, these aspirations grew. A possible motivator was the great influenza epidemic, which first broke out in Indiana in September of 1918. The state, with its large rural population, was not as badly decimated by the disease as other parts of the country. The epidemic mowed down 21 million people in a deadly killing blitz across the United States. 10,243 people died in Indiana between September, 1918 and February, 1919, a death rate of 3.52 per 1000, compared to the national rate of 5.9 per 1000.⁸ Concerns for modern, well-maintained facilities to serve all of the people of the county continued to mount. While the old building had served well for its time, it had become inadequate for the greater demands of patients and doctors. In 1917, the Indiana General Assembly enacted legislation (amended in 1923 and 1927) to enable county governments to establish public hospitals through bond issues and public taxation. By the late 1920s, sentiment in Montgomery County swayed toward a county operated facility. Culver Union Hospital's 1929 facility would become one of at

⁵Cline, Pat. *Montgomery County...* P. 257.

⁶Purdy, Mike. *Culver Union Hospital*, P. 11.

⁷Gronert, Ted. *Sugar Creek Saga*. P. 447.

⁸Ensley, Philip C. "Indiana and the Influenza Pandemic of 1918", *Indiana Medical History Quarterly*, Vol IX, Number 4. Indianapolis: Indiana Historical Society, December, 1983.

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least 32 of County-built general hospitals in the State of Indiana, most constructed in the decade between 1920 and 1930.

The new hospital was renamed Montgomery County Culver Union Hospital when it opened in 1929. The designer was a local architect, Carroll O. Beeson. Many local individuals, as well as the Medical Society and the County Council had helped make the new facility a reality. According to local newspapers, Miss Lizzie Goepfinger, head of the hospital staff and Mr. Shirl Herr, president of the hospital board, worked tirelessly for several weeks prior to the grand opening in May of 1929 to prepare the furnishings and equipment. The building was said to be "splendidly equipped". Highlights included an X-ray department, an emergency room with "modern surgical appliances", a large general kitchen as well as a diet kitchen in addition to up-to-date operating rooms on the fourth floor. The latter were equipped with powerful lights, sterilizing apparatus in each room and the "finest instruments known to surgery".⁹ The new facility had cost approximately \$125,000 (plus furnishings) to erect, but before a decade was over, overcrowding engendered a call for further additions. Mr. Beeson was again retained to design the work. In 1940 a contract was let for a new addition. By January, 1941, it seemed that the \$100,000 addition was nearly complete. Continuing this expansion, by 1942 the bed capacity of the hospital had been increased to 85, from 48 in 1929.¹⁰

During and after World War II hospital admissions continued to increase. In 1958, county officials again engaged the architect Carroll O. Beeson, to plan additions to the east and north which would add 40 additional patient beds as well as new obstetrical, dietary, surgical, X-ray and laboratory facilities. Patient capacity would grow to 125 beds.¹¹ The new addition was underway in 1965 and completed by 1966 at an approximate cost of \$800,000, raised through contributions as well as a bond issue.¹² (A \$1,000,000 bond issue made the project possible.) Facilities continued to be upgraded in 1971, with the addition of a substantial annex. The latter connects to the older sections of the

⁹ "Hospital Board and Staff is now Ready to Open New Plant", *The Crawfordsville Journal*, Friday, May 10, 1929.

¹⁰Cline, Pat, *Montgomery County ...* P. 258

¹¹Ibid. P. 258.

¹²Purdy, Mike. *Culver Union Hospital, 1902-1986...* P. 27.

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building via an underground tunnel. With the completion of the nearly \$500,000 expansion in 1977, the hospital added an expanded laboratory-radiology department and nuclear medicine equipment - a first for Montgomery County.¹³

New technology, advancements in medicine and climbing health care costs fueled local discussions about the most efficient way to provide health care to the residents of the county. Various forms of governance were considered, including the possibility of selling the facility to a private, non-profit or profit corporation. On January 18, 1982, the Montgomery County Commissioners accepted the findings of the Montgomery County Hospital Association to sell the hospital to a for-profit hospital corporation, the American Medical International (AMI) systems. Two months later, the latter proposed to lease and replace the facility with a new building. By 1983, plans for a new hospital at another location north of the city were complete. The new facility was opened in 1984.¹⁴

In 1988, the hospital on Binford Street was vacant, when funding for a proposed Room and Board facility vanished. Administrative offices for the local social security remained in the building until 1997, when they moved to new facilities north of town. The present owner, Twin Oaks Housing L. P. purchase the building on November 5, 1999 with the intent to adaptively re-use it for low-income housing for the elderly and developmentally disabled as well as transitional/homeless facilities, along with other related activities.¹⁵

Architectural significance

Culver Union Hospital demonstrates a continuity of architectural activity which encompasses a period of more than 50 years in the community of Crawfordsville, Indiana. The oldest portion of the building was designed by a local architect, Carroll O. Beeson, in the Colonial Revival Style. Mr. Beeson was a popular local architect who lived to the respectable age of 89, in Crawfordsville, Indiana. During his architectural career he completed more than 300 projects. Among the better known local buildings he designed are the Crawfordsville City Building, the

¹³ Cline, Pat. "County hospital plans started in 1897", *Montgomery County Magazine*, June, 1977.

¹⁴ Purdy, Mike. *Culver Union Hospital*. PP. 28-29.

¹⁵ Ellingwood, Kris. "Culver Union Hospital History Highlights", informal mss.

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Journal Review building, the Boone County Jail and the arch at Marshall, Indiana. In addition to his activities as an architect/designer, he served for four years as the mayor of Crawfordsville (1952-56) and for 12 years as the county surveyor until his retirement in 1976. He served as a Marine in World War I and with the Air Force in World War II, where he was an engineer with the famous Flying Tigers.¹⁶

Mr. Beeson's education included Marshall High School, Wabash College and the University of Illinois, where he graduated in 1923, with a Bachelor of Science degree in architecture. One year earlier, he had established the architectural firm of Boswell and Beeson, with J. T. Boswell, in Crawfordsville. When Mr. Boswell died in 1929, Mr. Beeson continued the firm alone. In addition to designing the Culver Union Hospital, Mr. Beeson was responsible for Witham Memorial Hospital in Lebanon, Indiana. He also designed facilities for various area high schools, including Lebanon, Rensselaer and Clinton.

The earliest part of the building, the 1929 hospital, was constructed when the old 1902 building was still in place. The original building (demolished in the 1950s) was a Colonial Revival structure, side gabled with a gambrel roof and three gabled dormers on the roof. The first two floors, of brick, had flat head windows, with flared stone heads, which also contained keystones. The front porch was open, with a wood balustrade on the roof, and a bay window which gave out onto the porch roof. (Historic Photo A) Mr. Beeson obviously designed the new hospital to coordinate with the older building, selecting the Colonial Revival style and utilizing dormers and keystones over the windows, in sympathy with the older structure.

The extant building is a good example of the style, constructed using a variegated brick, with copper downspouts and other quality detailing. The building utilizes the symmetrical plan, with central pedimented bay recalling an Adam-style influence. The latter is especially notable in the palladian type tripartite window which graces the gable end of the third floor pediment. The circular porch with its round columns, modified Ionic capitals and wide, projecting cornice, recalls similar examples from the early part of the nineteenth century and the latter part of the eighteenth, such as the 1806 Ives House in Providence, Rhode Island, the 1796 Coleman House (Asher Benjamin, Architect) in Greenfield Massachusetts,

¹⁶ *The Journal Review*, February 24, 1988.

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and Tudor Place in Washington DC.¹⁷ As Beeson translated this idiom during the first half of the twentieth century in Crawfordsville, brick corbelling served as quoins and roof dormers took on a sleeker look. The main entry contained an elliptically arched transom and windows with multi-lights. (Historic Photos B, C)

Beeson was also retained to design the next era of expansion, which occurred between 1940 and 1942, and included a two bay, three story wing on the east side of the front facade which extended northward. This wing echoed the brick quoins and added raised side parapets which highlighted the roof lines. It was also constructed when the 1902 building was in place and its height was dictated by a need to provide a transition between the two entities. (Historic Photos D, E)

A need for further additions to the hospital was recognized during the 1960's. By the mid-1950s, the influence of the Bauhaus, the International Style of Le Corbusier and Mies Van der Rohe's sleek glass walled buildings could be felt throughout the country. The new addition (Historic Photo F) which was designed for the eastern portion of the hospital block in Crawfordsville featured a two story structure, with a window curtain wall, varied by infill spandrels and with fenestration separated by floor to ceiling bays of brick, of a color similar to the original building. An early building by Eero Saarinen, the Styling Building in the General Motors Technical Center (1948 - 1956) is especially evoked.¹⁸ However, a similar use of glass and brick was revolutionary when employed by the Bauhaus architect Walter Gropius in 1911 for the Fagus Works, Alfeldan-der-Leine.¹⁹ Such early twentieth century architects of Modernism later found themselves in the swirling mainstream, when firms such as Skidmore Owings and Merrill further refined the glass curtain wall in towering skyscrapers as a statement of corporate strength and power.

The modest 1966 addition to the hospital in Crawfordsville provides only a whisper of this statement, yet it bespeaks modernism, and the hospital's increasing desire to portray an image of up-to-date efficiency

¹⁷McAlester, Virginia and Lee. *A Field Guide to American Houses*. New York: Alfred A. Knopf, 1992. PP. 162-63

¹⁸Saarinen, Aline, Ed. *Eero Saarinen on His Work*, New Haven and London: Yale University Press, 1962, P. 29

¹⁹Peel, Lucy; Powell, Polly and Garrett, Alexander, *An Introduction to 20th Century Architecture*. P. 44-45

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in a home-style setting. The side elevations of this addition, are somewhat utilitarian, all employing the popular flat roof and parapet. By the time the 1971 Annex was constructed, Mr. Beeson was not involved with work at the hospital. During the 1960's, the Indianapolis architecture firm of McGuire, Shook and Associates were involved in various projects, as well as a local architect, Robert E. Porter. However, these additions reflect the same spirit and many of the same design elements of their predecessor. Especially notable is the stepped wall at the north, or parking lot entrance to the building, with its alternating vertical panels and windows, interspersed with two story brick bays. Saw-tooth in plan, it provides an interesting entry which coordinates in brick type with the balance of the hospital, but which presents a distinctive style, typical of its own era. The final addition, completed in 1977, is a functional wing which matches the balance of the complex in its use of material. It maintains a low profile on the site.

Also on the site, in the northeast corner, is a small one story residence. This building is not connected to the hospital complex, and is not included in the nomination.

In general, the compilation of original buildings and additions works well as an entity, while portraying the various episodes of growth and development in a distinctive manner. The architects who designed the additions were careful, for the most part, to respect the original, without slavishly imitating its design. Each new wing expresses the individual aspirations of its time, yet the unity of brick colors and materials helps to provide continuity. It is possible, by walking around the building, to see how the various architectural expressions grew, and how materials changed as technology evolved. A possible exception to this principal is the 1966 stair tower added to the west gable end of the early (1929) wing. This was undoubtedly necessary to meet code. Nonetheless, the designers kept this block within the profile of the main gable and did not totally obscure the palladian window in the gable end.

A word about the landscape. The north parking lot represents an attempt by the designers to be sympathetic to the residential feeling of the neighborhood within which it is situated. It was designed by the landscape architect Harold McGee, working with McGuire, Shook and Associates, on the 1977 addition. The entire site has an interesting topography. Grading could have been changed for the 1977 addition, however, the earthen platform was retained on the north, west and south sides. Natural grade gradually meets the street level on the east side of the hospital block. Today the site encompasses a full city block, with

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residential structures surrounding it on most sides. At an early date (probably no later than 1942) there were twin oaks on the front lawn. These will be replanted. The landscaping on the balance of the lot, for the most part, awaits considerable pruning and limbing to be revitalized.

The Culver Union Hospital served the Montgomery County community for over 50 years, providing an increasingly complex series of medical services as technology and population growth demanded. It was the site of births, deaths and recoveries for many citizens. Numerous local residents either worked in the facility or volunteered their time to help provide care for the ill, in many cases without regard for their ability to pay.

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10. Verbal Boundary Description:

Beginning at a point on the Northeast intersection of Binford and Dubois Avenues, go North along the East side of Dubois Avenue to the Southeast corner of the intersection of Dubois Avenue and Tinsley Avenues. Then proceed East along the South side of Tinsley Avenue to the Southwest corner of the intersection of Tinsley and Jones Avenues. Then proceed South along the West side of Jones Avenue to the Northwest corner of Jones and Tinsley Avenues. Then proceed West along the North side of Tinsley Avenue to the point of origin, excepting that portion of the aforementioned property containing a one-story residential building on the Southwest corner of the intersection of Tinsley and Jones Avenues.

Boundary Justification:

The nominated property includes the portion of a city block historically associated with the hospital.

11. Photographs:

The following information is the same for all contemporary photographs unless otherwise indicated:

1. Culver Union Hospital
2. Crawfordsville, Montgomery County, Indiana
3. Camille B. Fife and Jay Jones
4. September, October, 2000
5. Division of Historic Preservation and Archaeology, DNR, 402 W. Washington St. Indianapolis, IN 46204

6. Looking northwest, this photograph shows the main (1929) facade, the 1940-42 addition and part of the 1966 wing. The parged gable end of the 1940-42 addition shows the profile of the roof of the original building.

7. Photo 1 of 38

6. This image, also shows the front facade, looking northwest and is a medium close-up of the previous photo. Details such as the palladian window in the front pediment, are evident.

7. Photo 2 of 38

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6. A medium close-up of the projecting front bay of the main facade, looking north. The porch, with its columns, cornice and metal rail add a gracious note to the design. Keystones in the fenestration add another Colonial Revival detail.

7. Photo 3 of 38.

6. This image, looking north, is a close-up of the porch. Note the projecting cornice on the main entry.

7. Photo 4 of 38.

6. Unfortunately, fire safety code requirements probably insisted on this stair tower at the west side of the building. However, the designers attempted to keep it within the gable-end profile of the original structure. The image was taken from the southwest, looking north/northeast.

7. Photo 5 of 38.

6. Looking east and slightly southeast, this image shows details of the back of the main building, as well as the brick quoins which decorate the corners. The one story loading dock and building are partially visible.

7. Photo 6 of 38.

6. This image, looking due east, provides a fuller picture of the loading dock and parts of the 194-42 addition, as well as the 1966 addition, as it abuts the back side of the main building.

7. Photo 7 of 38

6. An image of the west facade of the 1971 Annex, with its central stone inset and recessed door on the lower level, taken from Dubois Street looking east/southeast

7. Photo 8 of 38.

6. The projecting, two and a half story entry bay to the 1971 Annex. Note the varying use of materials. This photo was taken from the parking lot looking southeast.

7. Photo 9 of 38.

6. An image, looking south from Tinsley Avenue, of the rear facade of the building, including the long elevation of the 1971 Annex.

7. Photo 10 of 38.

6. This photograph, also looking south, shows the inner drive, the rear

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portion of the 1966 addition and a small section of the residential building which is excluded from this nomination. The pails warn of the temporary power line which crosses between the buildings.

7. Photo 11 of 38

6. This image, looking southwest from the corner of Jones and Tinsley Avenues, shows a portion of the excluded residence, with the 1966 and 1977 additions behind it.

7. Photo 12 of 38.

6. A medium long shot from Jones Avenue, looking south/southwest, shows the 1940-42 addition, the 1966 addition, and an elevator tower and chimney.

7. Photo 13 of 38.

6. This photograph, taken from Jones Avenue, looking north/northwest, shows the 1966 addition in the foreground, with the 1940-42 wing rising behind it. This is a very clear image of the concrete parged profile.

7. Photo 14 of 38.

6. An interior photograph, taken in the basement, of a large boiler, that once provided a source of heat to the large building. Looking north.

7. Photo 15 of 38.

6. A photograph of additional abandoned furnaces. Unfortunately, vandals have even penetrated here, to wreak their havoc. Looking west from the base of the stairs.

7. Photo 16 of 38.

6. This image, looking north, demonstrates the underground tunnel/passage which connects the main building and the annex. Temporary construction lighting can be seen here and throughout the building.

7. Photo 17 of 38.

6. Entering the building from the north (off Tinsley Avenue) brings one to this area, only recently removed from service to a local agency. This image, looking south, shows the hall, a conference room, and the utility services contained within the hung ceiling.

7. Photo 18 of 38.

6. Looking northwest, this photograph shows an elevator in the 1940-42 addition.

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7. Photo 19 of 38.

6. Much of the interior of the hospital is comprised of long hallways with patient and other rooms flanking. This view, looking north, is typical.

7. Photo 20 of 38.

6. The graceful fan light and decorated leaves of this inner door allow light into the transverse hallway at the entrance to the main building. These are thought to be original to the 1929 building, or very early. Looking southwest.

7. Photo 21 of 38.

6. The modern, well-equipped hospital kitchen still retains a stainless steel hood, and walk-in refrigerators against the wall as well as other equipment. This image is looking north/northwest.

7. Photo 22 of 38.

6. The ground or first floor lobby in the annex is accessed directly from the parking lot. This image, looking northwest, shows the parallel windows very well.

7. Photo 23 of 38.

6. Because of the varying heights of the wings of the building, roof shots like this one can occur at different levels. Here, the camera is looking southeast at the stepped plan of the 1966 addition from a portion of the roof of the 1977 building.

7. Photo 24 of 38.

6. An image of one of the central stairways in the buildings, looking due west.

7. Photo 25 of 38.

6. This photograph looking west, is a view of another corridor, with the every-present graffiti.

7. Photo 26 of 38.

6. An image of a typical patient room. These will be turned into living quarters. This photograph was taken looking northeast.

7. Photo 27 of 38.

6. Looking west, this is a photograph of the main hall on the second floor

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of the Annex. The work of removal of damaged flooring has begun.
7. Photo 28 of 38.

6. The lobby, waiting room on the second floor of the annex with its large windows provides much light. This view is looking north.
7. Photo 29 of 38.

6. A view of the roof on the annex, from higher up on the main building. Looking north/ northwest.
7. Photo 30 of 38.

6. A view of the roof, looking southeast, at the southeast quadrant of the building.
7. Photo 31 of 38.

6. A photo from the intermediate landing between the third and fourth floors, looking south towards the third floor.
7. Photo 32 of 38.

6. An image, looking west, along the fourth floor corridor of the 1929 building showing lockers, storage areas and other rooms.
7. Photo 33 of 38.

6. Also looking west, this photograph was taken from farther east along the central corridor of the oldest part of the building. Visible are lockers and a scrub sink.
7. Photo 34 of 38.

6. A close-up view of the same sink and the wall behind it. Graffiti also adorns this feature.
7. Photo 35 of 38.

6. This image shows the lockers and marble shower in the doctors dressing room on the fourth floor. A skylight once provided illumination. Looking north.
7. Photo 36 of 38.

6. Looking northwest, this is a view of a former operating room, once touted as the most up-to-date in the area. The large window has glass block to allow light.
7. Photo 37 of 38.

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6. This is an image, taken from atop the roof, looking west toward the town center and showing the configuration of the roof of the 1929 wing, with its ventilators and the gabled, pedimented front entry bay. The roof is not slate, but a combination material.

7. Photo 38 of 38.

Historic Photographs

Original historic photographs are located at the Crawfordsville Public Library.

Photo A - 1902 Culver Union Hospital Building. Date of photograph is unknown, although it is undoubtedly pre-1929.

Photo B - This photograph shows the present central hospital wing, c. 1929. It was probably taken during or just at the end of construction. Note the link to the older (1902) building at the right.

Photo C - This is the official Grand Opening announcement photograph as it appeared in the Crawfordsville Journal of 1929.

Photo D - This postcard shows the hospital after the 1940-42 addition was complete. There is no other date.

Photo E - This photo has been identified with the 1950s and the automobiles seem to confirm this era.

Photo F - The 1966 wing under construction. The photo is dated to 1964.

Photo G - The 1971 Annex under construction in 1970. The firm of Guepel De Mars was evidently the contractor.

CULLER UNION
HOSPITAL
INDIANAPOLIS 43 MI.
MACE 4.5 MI.
T. 19 N.
T. 18 N.

UTM REFERENCE:
16/508 820/4432 470

