NO. [redacted] Ford Motor Company 1224 (PLANT & LOCATION)

☐ Pol. 17GCC 27500/00
☐ Pol. 18GCC 27500/01
☐ FOLIP

NAME OF INSURED Stanley Kowalski Stanley Kowalski SOC. SEC. NO. 386-09-6606

DEPENDENT'S NAME _____ Spouse ☐ Child ☐ Date of Birth _____

Date of Birth 03-04-95

Date of Death 03-18-80

NAME OF SPOUSE [illegible] (SUPPLY BIRTH AND MARRIAGE CERTIFICATE) Birthdate of Spouse _____

Address of spouse _____ Date of Marriage _____

City, State, Zip _____ Enrolled Part B Medicare (If spouse over age 65) ☐ Yes ☐ No

Dept. No. N/A Job Classification 01 Date of last reinstatement: _____

Date of hire N/A If rehired date _____ If retired, give date and type of retirement [illegible] ☐ Dis. ☐ Sp. Early ☐ Early ☒ Normal

NAME B A KOWALSKI

SSN 386-09-6606 BIRTH DATE 03-95

DATE OF DEATH 03-80 AUTOPSY N DATE OF RETIRE 05-60

DATE OF HIRE ** - ** PAYROLL LOCATION 1224 DEATH STATE OF MI

SEX 1 SALARY HOURLY H WORK INJURY N

1 1952

2

3

DEATH CERTIFICATE ABSTRACT

[redacted]

REMIP deductions $ _____

Survivor benefit elected _____

[illegible]ible for Company Paid _____

[illegible]ble to continue 23 months _____

[illegible]ble to continue to age 62 _____

Eligible to continue for life _____

Date Reported [illegible]

By Whom [illegible]

Address [illegible]

Phone No. _____

Plan Code _____

FORM 10GF (FORD) SM - 5-79

LF _____

CF _____

0134787

DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

CERTIFICATE OF DEATH

DECEDENT NAME (First, Middle, Last) 1. Stanley A. Kowalski	SEX 2. Male	DATE OF DEATH (Mo., Day, Yr.) 3. Mar. 18, 1980	
RACE (e.g., White, Black, American Indian, etc.) (Specify) 4. White	AGE (Last Birthday) (Yrs.) 5a. 85	UNDER 1 YEAR: MOS 5b. / DAYS	UNDER 1 DAY: HOURS 5c. / MINS
DATE OF BIRTH (Mo., Day, Yr.) 6. Mar. 4, 1895	COUNTY OF DEATH 7a. Wayne		
LOCATION OF DEATH (Check one and specify) 7b. [X] INSIDE CITY LIMITS OF Dearborn [ ] INSIDE VILLAGE LIMITS OF [ ] TWP. OF	HOSPITAL OR OTHER INSTITUTION (Name (If not in either, give street and number)) 7c. Oakwood Hospital		
STATE OF BIRTH (If not in U.S.A. name country) 8. Poland	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Widowed	SURVIVING SPOUSE (If wife, give maiden name) 11. None
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. No			
SOCIAL SECURITY NUMBER 13. 386-09-6606	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Insulation Maintenance	KIND OF BUSINESS OR INDUSTRY 14b. Ford Motor Company	
CURRENT RESIDENCE-STATE 15a. Michigan	COUNTY 15b. Wayne	LOCALITY (Check one and specify) 15c. [X] INSIDE CITY LIMITS OF Detroit [ ] INSIDE VILLAGE LIMITS OF [ ] TWP. OF	STREET AND NUMBER 15d. 4922 Lawndale
FATHER-NAME (First, Middle, Last) 16. Joseph Kowalski	MOTHER-MAIDEN NAME (First, Middle, Last) 17. Katherine Zdrojkowski		
INFORMANT 18a. (Signature) Edmond L. Kowalski	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 17242 Wormer Dearborn Heights, Mich.		

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST.

19. PART I — IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

(a)	Carcinomatosis	Interval between onset and death: 6 mo
(b)	DUE TO, OR AS A CONSEQUENCE OF: Mesothelioma of abdomen	Interval between onset and death: 6 mo plus.
(c)	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I): Ascitis : Arteriosclerotic Heart Disease

AUTOPSY (Specify Yes or No) 20. No

WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) 21. No

PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) 22a. Oakwood Hosp

IF HOSP. OR INST., indicate DOA, OP/Emer. Rm., Inpatient (Specify) 22b. inpatient

CERTIFYING PHYSICIAN

23a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Theodore G. Todoroff, MD

DATE SIGNED (Mo., Day, Yr.) 23b. 3-20-80

HOUR OF DEATH 23c. 9:08 p M

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 23d.

MEDICAL EXAMINER

24a. (Check one) [ ] The case reviewed and determined not to be a medical examiner's case. [ ] On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)

DATE SIGNED (Mo., Day, Yr.) 24b.

HOUR OF DEATH 24c. M

PRONOUNCED DEAD (Mo., Day, Yr.) 24d. ON

PRONOUNCED DEAD (Hour) 24e. AT M

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print) 25. THEODORE G. TODOROFF, MD; 2021 Monroe Dearborn Mich.

ACC., SUICIDE, HOM., NATURAL OR PENDING INVEST. (Specify) 26a. NAT

DATE OF INJURY (Mo., Day, Yr.) 26b.

HOUR OF INJURY 26c.

DESCRIBE HOW INJURY OCCURRED 26d.

INJURY AT WORK (Specify Yes or No) 26e.

PLACE OF INJURY (At home, farm, street, factory, office building, etc.) (Specify) 26f.

LOCATION (Street or R.F.D. No., City, Village, or Township, State) 26g.

BURIAL, CREMATION, REMOVAL, OTHER (Specify) 27a. Burial

CEMETERY OR CREMATORY-NAME 27b. St. Hedwig Cemetery

LOCATION (City, Village or Township, State) 27c. Dearborn Heights, Mich.

DATE (Mo., Day, Yr.) 27d. 3/22/1980

NAME OF FACILITY 28a. Lesney Funeral Home, Inc.

ADDRESS OF FACILITY 28b. 13201 W.Warren Dbn., MI

FUNERAL SERVICE LICENSEE (Signature) 28c. Edmund L. Lesney

REGISTRAR (Signature) 29a. John Jay Hubbard

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 29b. MAR 20 1980

B-36a (4/78)

State of Michigan)
County of Wayne) ss.
City of Dearborn)

I, John Jay Hubbard, City Clerk of the City of Dearborn do hereby certify that this document is a true copy of the original on file in this office.

Date

MAR 20 1980

John Jay Hubbard
City Clerk

DTKR 0000443
Produced Subject Protective Order by Ford Motor Company

Inter Office

Personnel and Organization Staff
November 9, 1981

C. R. Rowe
Central Records Depository

The following employe retired from Dearborn Engine Plant (1224) in 1960. Please send to me his Hourly Personnel Records. The review of the personnel records is required as part of an epidemiology study.

Kowalski, Stanley A. 386-09-6606 Retired 05-01-60

Thank you for your cooperation.

S. J. Park, RN

S. J. Park, R.N.
Employe Health Services Department

st

DTKR 0000444
Produced Subject Protective
Order by Ford Motor Company

Kowalski, Stanley 386-09-6606 Date of Birth 3/4/95

Ford Service Date June 10, 1918 Vol. Ret. from Dept 8945 - Pipe Coverer

11-7-1919 Pipecoverer no dept indicated
1931 - 1943 Pipecoverer no dept indicated

10-24-1918 transf from Oper #3 Line #1 to Outfitting Dept
On 7-2-1919 transf from Stock D. Bldg as Laborer to "Outfitting of Dawmer ... as Pipecoverer
On 11-7-19 to Blast Furnace as Pipe Coverer
1-23-42 transf from N700c to 2452 B - Pipecoverer
5-7-43 " " 2452 B to 702-C
5-15-45 " " 702c to 702 A

Summary-
Hourly personnel record runs from 1918 - 1960. Material in personnel record does not contain any specific information regarding the plants he worked in but from 1919 until the time he retired he is definatly a Pipe Coverer

Medical Records - unavailable

Not at CMS and they don't have a record of sending them to Highland Park

DTKR 0000445
Produced Subject Protective Order by Ford Motor Company

Kawaski, Stanley C-5328

Hired	11-14-18	Assembly	
	12-19-18	Heater	
	4-22-19	Stockman	
	7-2-19	Pipe Coverer	
Paid Off	11-11-31	Available	
Rehired	11-16-31	Pipe Coverer	700-F
	6-20-41	" "	
	1-23-42	" "	2852-B
	5-15-43	" "	702-C

Seniority 11-14-18

PERSONNEL RECORDS

Personnel Records
12-19-45

rhl/iw

DTKR 0000446
Produced Subject Protective
Order by Ford Motor Company

2 386-09-6606 2.00

12147 KOWALSKI, S

SOC. SEC. NO.

NAME 4922 LAUNDALE
DETROIT 10, MICH

ESS

NAME CHANGES Kowalski, Stanley

PHONE NO.

PHONE NO.

DATE OF ENTRY SENIORITY

OCCUPATION Pipe Coverer DATE 6.10.18

F.H.D.

PLANT UNIT	PLANT SEN. DATE	FORD UNIT	FORD SEN. DATE	BIRTH DATE	U.S. CIT. YES NO	MALE FEMALE	SINGLE MARRIED	TRADE SCHOOL GRAD.	V.E.T. YES NO	CODE
36	061018	36	061018	030495	X					

SUPERSEDING NO. AMT. NO. AMT. FHD 6-10-18

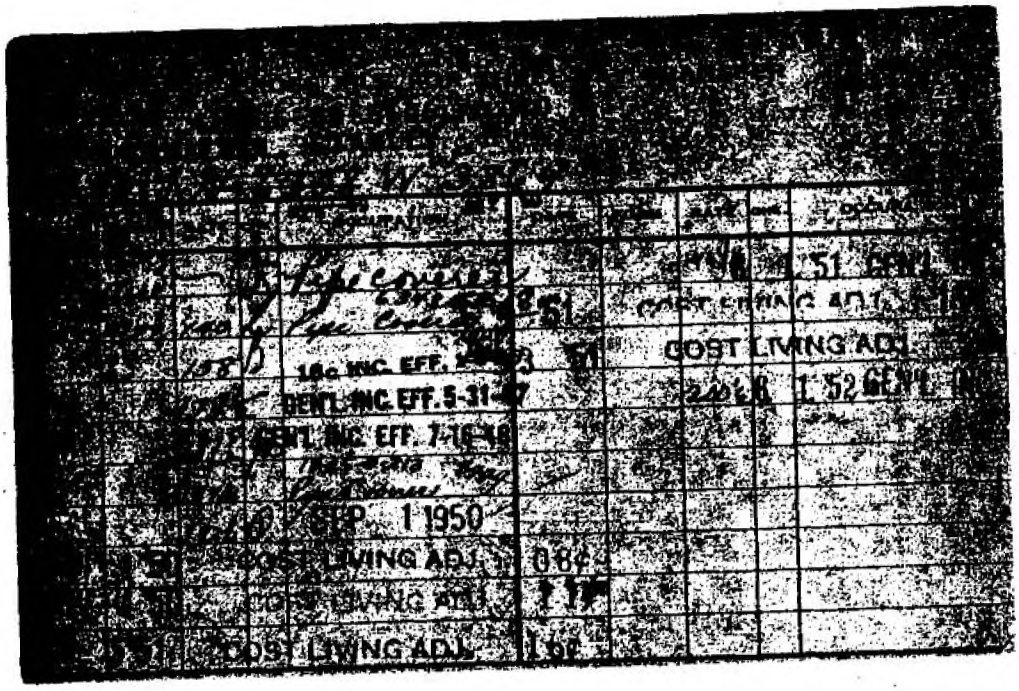
ACTION CODE	DATE OF ACTION	DEPT.	RATE	DATE RATE EFFECTIVE	OCCUPATION CODE & GROUP NO.	OCCUPATION	IN.
			2005		257213 97	Y 061018 36	
		8445-36	234½	1 '52	GEN'L INC.	Pipe Coverer	A
			239½	6 1 '54	GEN'L INC.		
			253				
			260				
			266½	6 1 '57	GEN'L INC.		
			296	7-1-58 Gen'l Inc. 9-1-58 C.O.L. 5¢ & Appr. F 8¢			
			303	8 1 '59	GEN'L INC.		
RETIRED 4 1 '60				4 1 '60	APPLIED FOR RETIREMENT		

MOTOR COMPANY STATUS CARD

ACTION CODES: H—HIRE, RH—REHIRE, RI—REINSTATE, I—INCREASE, GI—GENERAL INCREASE, D—DECREASE, TR—TRANSFER, O—OCCUPATION CHANGE, OS—OCCUPATION SURVEY, LP—LEAVE OF ABSENCE PERS., LM—LEAVE OF ABSENCE MED., LO—LAID OFF, BA—BADGE SERIES ADJUSTMENT, T—TERMINATION, DA—DISCIPLINARY ACTION, A—APPRENTICE

REL 52 47 (Previous editions may be used)

DTKR 0000447
Produced Subject Protective
Order by Ford Motor Company



DTKR 0000448
Produced Subject Protective
Order by Ford Motor Company