

FILE NAME: Insulators Workers' Comp Claims (IWC)

DATE: 1966

DOC#: IWC065

DOCUMENT DESCRIPTION: Claimant - Clark, Dean & Maureen

ATTACHED SHEET PAGE ONE

EMPLOYER	QUARTER PERIOD OF EMPLOYMENT	INSURANCE CARRIER
DEPENDON ROOFING CO. 3521 N. Cicero Avenue Chicago, Illinois	3/31/40, 6/30/40 9/30/40, 12/31/40	Unknown
THERM-O-PROOF INSULATION CO. 4730 Armitage Avenue Chicago, Illinois	12/31/40	Unknown
DEL E. WEBB CONSTRUCTION CO. & WHITE & MILLER CONTRS., INC. Fort Huachuca, Arizona	3/31/41, 6/30/41	STATE OF ARIZONA
O'MALLEY PLASTICS, INC. P.O. Box 3558 Phoenix, Arizona	3/31/41, 6/30/41	STATE OF ARIZONA
A.N. BORGQUIST P.O. Box 6134 Phoenix, Arizona	6/30/41, 9/30/41, 12/31/41	STATE OF ARIZONA
STANDARD ROOFING & SUPPLY CO. P.O. Box 2204 Phoenix, Arizona	6/30/41, 9/30/41 12/31/41	STATE OF ARIZONA
DEL E. WEBB P.O. Box 7588 Phoenix, Arizona	6/30/41	STATE OF ARIZONA
A.O. MILLER CO., INC. 220 Nordina Street Redlands, California	6/30/ 41	STATE OF ARIZONA
C.C. MOORE & CO. Engineers Unit X-1 450 Mission Street San Francisco, California	9/30/41	Unknown
MC CONKEY, DOCKER & CO., INC. 130-32 W. Madison Street Phoenix, Arizona	9/30/ 41, 12/31/41	STATE OF ARIZONA
W.A. BECHTEL CO. 155 Sansome Street San Francisco, California	12/31/41, 3/31/41, 6/30/42	PACIFIC EMPLOYERS INS. CO. INDUSTRIAL INDEMNITY CO.
CONSOLIDATED ROOFING & SUPPLY CO. P.O. Box 614 Phoenix, Arizona	12/31/41	STATE OF ARIZONA
MARINE ENGINEERING & SUPPLY 941 E. 2nd Street Los Angeles, California	12/31/41, 3/31/46, 6/30/46, 3/31/47	PACIFIC EMPLOYERS INS. CO.

J.T. THORPE, INC.
948 E. 2nd Street
Los Angeles, California

12/31/41, 6/30/45,
9/30/45, 12/31/45
3/31/46, 12/31/46
3/31/49, 12/31/58
3/31/59

PACIFIC EMPLOYERS INS. CO.
&
AMERICAN MOTORISTS INS.
COMPANY

MUNDET CORK CORPORATION
7101 Tonnelle Avenue
North Bergen, New Jersey

6/30/42, 9/30/44
12/31/44, 3/31/45
6/30/45, 6/30/46
9/30/46, 12/31/46
6/30/47, 9/30/47
6/30/48, 3/31/48
9/30/60, 12/31/47
12/31/60

AETNA CASUALTY & SURETY
INSURANCE COMPANY
&
PACIFIC EMPLOYERS INS. CO.

THE ASBESTOS & MAGNESIA MATERIALS CO.
119-127 N. Peoria Street
Chicago, Illinois

6/30/42, 9/30/42

Unknown

SLATTERY & COMPANY
1726 Market Street
Denver, Colorado

12/31/42

Unknown

FULLER-THOMAS CO.
118 S. 5th Avenue
Tucson, Arizona

3/31/42, 12/31/42
3/31/47, 6/30/47
12/31/48, 12/31/49

STATE OF ARIZONA

YOUNGS SALES CORP.
1054 Central Industrial Avenue
St. Louis, Missouri

9/30/45

Unknown

UNITED CORK COMPANIES CORP.
Ft. Central Avenue
Kearny, New Jersey

3/31/46, 12/31/51
3/31/52

LIBERTY MUTUAL INS. CO.

PLANT RUBBER & ASBESTOS WKS.
537 Brannon Street
San Francisco, California

3/31/46, 12/31/46

SELF INSURED

WARREN & BAILEY CO.
3528 S. Garfield Avenue
Los Angeles, California

12/31/46, 3/31/47
9/30/49

Unknown

TECHNICAL SERVICE COMPANY
423 N. 1st Street
Albuquerque, New Mexico

6/30/47

Unknown

LEROW COMPANY
5510 Sheridan Road
Chicago, Illinois

6/30/48, 9/30/48
12/31/48

Unknown

ASBESTOS ENGINEERING & SUPPLY CO.
1880 W. Fillmore
Phoenix, Arizona

12/31/48, 3/31/49
6/30/49, 12/31/49

STATE OF ARIZONA

REFINERY MAINTENANCE CO., INC.
2500 N. Alameda Street
Compton, California

3/31/49

Unknown

STEARNS ROGER CORP.
660 Bannock Street

6/30/49

STANDARD ACC. INS. CO.

THORPE INSULATION CO. 2741 S. Yates Avenue Los Angeles, California	9/30/49, 12/31/49 6/30/59, 3/31/63 6/30/63, 9/30/63 12/31/63, 6/30/64 9/30/64	PACIFIC EMPLOYERS INS. CO & FIREMAN'S FUND INS. CO.
THOMAS H. HOGAN CO. 1591 Indus Street Santa Ana, California	9/30/49	Unknown
HALL INSULATION CO. 2633 E. 3rd Street Tucson, Arizona	3/31/50	Unknown
KIRCHER, ASBESTOS & RUBBER CO. Inc. Box 6652 Phoenix, Arizona	12/31/50, 3/31/51 6/30/51, 9/30/51 3/31/52, 6/30/52 9/30/52, 3/31/53 6/30/53, 9/30/53 3/31/54, 6/30/64 3/31/55, 6/30/55 9/30/55, 3/31/56 6/30/56, 9/30/56, 6/30/57, 9/30/57 3/31/60, 6/30/60	STATE OF ARIZONA
BARRETT & HOMES 6033 N. 10th Street Phoenix, Arizona	12/31/50	STATE OF ARIZONA
ARMSTRONG CORK CO. Liberty and Charlotte Streets Lancaster, Pa.	9/30/51, 12/31/56	STANDARD ACC. INS. CO. RELIANCE INS. CO. THE TRAVELERS INS. CO.
REECE INSULATION CO. 4563 Valley Boulevard Los Angeles, California	9/30/56, 12/31/56	Unknown (moved no address)
ACCURATE INSULATION CO. 900 S. Cypress La Habra, California	9/30/56, 12/31/60 3/31/63, 6/30/63	CASUALTY INSURANCE CO. OF CALIFORNIA, INC. & STATE COMPENSATION INS. FUND
JOHNS MANVILLE SALES CORP. 22 E. 40th Street New York, N.Y.	12/31/56, 9/30/57 12/31/57, 9/30/58	SELF -INSURED
COAST INSULATING PRODUCTS 2684 Lacey Street Los Angeles, California	12/31/56, 9/30/59, 12/31/60	ARGONAUT INSURANCE CO. STATE OF ARIZONA
OWENS CORNING FIBERGLAS CORP. P.O. Box 901 Toledo, Ohio	3/31/57, 12/31/57 9/30/59, 3/31/60 9/30/60, 12/31/60 12/31/61, 3/31/62 6/30/62, 9/30/62 3/31/63, 9/30/63 3/31/64, 6/30/64 9/30/64, 12/31/64	THE AETNA CAS. & SURETY Ins Co. & THE TRAVELERS INS. CO.

JAMAR OLMEN CONSTRUCTION c/o P.O. Box 14322 Houston, Texas	9/30/57, 9/30/58	Unknown
ORIN A. WILLIAMS & JOHN S. GREEN 3775 N. 36th Avenue Box 11098 Glendale, Arizona	12/31/57	STATE OF ARIZONA
INSULATION & SPECIALTIES INC. Box 3428, Sta. A El Paso, Texas	12/31/57	Unknown
METAL CLAD INSULATION CO. Box 178 Torrance, California	3/31/58, 6/30/58	AETNA CASUALTY & SURETY INS. CO.
BOB GRIFFIN ROOFING & INSULATION CO., INC. 151 E. 24th Street Yuma, Arizona	3/31/58	STATE OF ARIZONA
FIBREBOARD PAPER PRODUCTS CORP. 1789 Montgomery Street San Francisco, California	6/30/58, 9/30/58 12/31/58	SELF INSURED
WESTERN ASBESTOS CO. Box 3784 Rincon Annex San Francisco, California	3/31/59, 6/30/59	STATE COMPENSATION INSURANCE FUND
PLANT ASBESTOS CO. 1300 64th Street Emeryville, California	9/30/59, 9/30/60 3/31/61, 6/30/61	INDUSTRIAL INDEMNITY CO.
R.T. DINWIDDIE, INC. 8627 S. Atlantic South Gate, California	6/30/59, 9/30/59	Unknown
INSULATION SERVICE INC. Box 4695 Tulsa, Oklahoma	12/31/59, 6/30/59	Unknown
LOS ANGELES CORK CO. 4180 E. Washington Los Angeles, California	12/31/60, 9/30/64	ZURICH INSURANCE CO. FIREMAN'S FUND INS. CO.
ARMSTRONG CONTRACTING & SUPPLY CORP. 120 N. Lime Street Lancaster, Pa.	6/30/61, 6/30/65 9/30/65, 12/31/65	THE TRAVELERS INS. CO.
UNAFRAX CONSTRUCTION CO. 1242 Abbot Dr. Pittsburgh, Pa.	9/30/61	LIBERTY MUTUAL INS. CO.

ATTACHED SHEET PAGE FIVE

UNAFRAX CONSTRUCTION CO. 1242 Abbot Dr. Pittsburgh, Pa.	9/30/61	LIBERTY MUTUAL INS. CO.
INDUSTRIAL SERVICE & ENGINEERING CO. OF CALIFORNIA Box 16138 Long Beach, California	3/31/63	LIBERTY MUTUAL INS. CO.
KITZMANS PLUMBING & HEATING 6940 Alvarado Rd. Lamesa, California	6/30/63	INS. CO. OF NO. AMERICA
THE ISOTHERM CO. 605 Williams Bakersfield, California	6/30/64, 12/31/64	SENTRY INS. CO., a Corp.
THERMAL ENGINEERING INC. Hoffman & So. 10th Street Richmond, California	12/31/65	Unknown
BALDWIN, EHRET, HILL, INC. 500 Brevnig Avenue Trenton, New Jersey	12/31/65, 1/1966	LIBERTY MUTUAL INS. CO. & INS. CO. OF NO. AMERICA

GOOD CAUSE APPEARING:
The application herein
is taken off calendar.

REFERENCE: WCAB

DATE

Department of Industrial Relations
Division of Industrial Accidents
Workmen's Compensation Appeals Board
State of California

APPLICATION
FOR ADJUDICATION OF CLAIM
(Death Case)

AMENDED APPLICATION

CASE NO. 66 LA 292-043

Please file signed original and six copies
and print or type names and addresses

Mt. Mrs. Miss/ Maurine Clark (widow)
(APPLICANT)
Dean Clark (Deceased)

13331 Lakewood Boulevard, B-10
(APPLICANT'S ADDRESS)
Downey, California

Dean Clark (Dec.) SS# 327-07-9443
(DECEASED EMPLOYEE'S NAME AND SOCIAL SECURITY NUMBER)

vs.
See attached sheet

(EMPLOYER)

See attached sheet

(EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR
PERMISSIBLY UNINSURED)

(EMPLOYER'S ADDRESS)

(ADDRESS OF INSURANCE CARRIER, IF ANY)

IT IS CLAIMED THAT:

- Deceased employee born 12/2/1907, while employed as a Asbestos Worker
(DATE OF BIRTH) (OCCUPATION AT TIME OF INJURY)
on 1940-1966, at Various places, by the employer sustained injury arising out
(DATE OF INJURY) (CITY) (STATE)
of and in the course of employment to lung
(STATE WHAT PARTS OF BODY WERE INJURED)
- The injury occurred as follows: Inhalation of asbestos and other foreign substances
(EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED)
resulting in death on Mar. 4, 1966
(DATE OF DEATH)
- Actual earnings at time of injury were: _____
(GIVE WEEKLY OR MONTHLY SALARY OR HOURLY RATE AND NUMBER OF HOURS WORKED PER WEEK)
- The injury caused disability as follows: _____
(SPECIFY LAST DAY OFF WORK DUE TO THIS INJURY AND BEGINNING AND ENDING DATES OF ALL PERIODS OFF DUE TO THIS INJURY)
- Compensation was paid no \$ _____
(YES) (NO) (TOTAL PAID) (WEEKLY RATE) (DATE OF LAST PAYMENT)
- Medical treatment was received yes All treatment was furnished by the employer or insurance
(YES) (NO) (DATE OF LAST TREATMENT)
company _____ other treatment was provided or paid for by _____
(YES) (NO)
Doctors not provided or paid for by employer or insurance company, who treated or examined for this injury are: _____
St. Francis Hospital, 3630 Imperial Highway, Lynwood, California
(STATE NAMES AND ADDRESSES OF SUCH DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)
- Defendants have paid burial expense. TOTAL PAID
(YES) (NO)
- The employee left surviving him the following dependents:

NAME	DATE OF BIRTH (if under 21)	RELATIONSHIP TO THE EMPLOYEE	ADDRESS
None			

WHEREFORE, applicant requests a hearing and an award of: Death benefit ☒ Burial expense ☒ Compensation accrued
and unpaid ☒ Unpaid Medical bills ☒ Other _____ Specify: _____
and all other appropriate benefits provided by law.

Hearing requested at Los Angeles, Dated at Los Angeles, California, June 25, 1968
(CITY) (CITY) (DATE)

Number of witnesses _____ Pre-trial wanted _____
(YES) (NO)

Estimated time of trial _____

Set now _____; Set later on written request _____

LAW OFFICES OF STEVEN ROSENMAN 381-3811

1543 W. Olympic Boulevard
Los Angeles, California
(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)

APPLICATION
(Death Case)

FILE SIGNED ORIGINAL AND SIX COPIES
(PLEASE PRINT OR TYPE NAMES AND ADDRESSES)

MAURINE CLARK (Wid.)

APPLICANT

DEAN CLARK (Deceased)

BALDWIN EHRET-HILL, INC.

EMPLOYER

INSURANCE CO. OF NO. AMERICA

EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR
PERMISSIBLY UNINSURED

CASE No.

13331 Lakewood Boulevard, B-10

APPLICANT'S ADDRESS

Downey, California

Dean Clark (Dec.) 88# 327-07-9443

DECEASED EMPLOYEE'S NAME AND SOCIAL SECURITY NUMBER

Contracting Division, Post Office
Box number 34126

EMPLOYER'S ADDRESS

San Francisco, California

621 South Virgil Avenue

INSURANCE CARRIER'S ADDRESS

Los Angeles, California

1. It is alleged that Dean Clark (Deceased), 12/2/1907, while employed as a

NAME OF EMPLOYEE

DATE OF BIRTH

Asbestos Worker

OCCUPATION AT TIME OF INJURY

on 1940 to 1966, at various places California,

DATE OF INJURY

CITY

by Baldwin-Ehret-Hill, Inc. sustained injury arising out of and in the course of employment

NAME OF EMPLOYER

to LUNG, as follows: INHALATION OF ASBESTOS AND OTHER

PARTS OF BODY

EXPLAIN HOW INJURY WAS RECEIVED

FOREIGN SUBSTANCES

resulting in death on March 4, 1966

DATE OF DEATH

2. Employee's actual earnings at time of injury \$? at ? The basis of pay was

WEEK OR MONTH

3. Was compensation paid? NO \$? \$? DATE OF LAST PAYMENT

YES

NO

TOTAL PAID

WEEKLY RATE

DATE OF LAST PAYMENT

4. Was medical treatment received? YES

YES

NO

DATE LAST RECEIVED

Was all medical treatment provided by employer or insurance company? YES NO

YES

NO

If no, state who provided it. Lynwood

ST. FRANCIS HOSPITAL, 3630 Imperial Highway, Downey, California

ALSO STATE NAMES AND ADDRESSES OF ALL DOCTORS WHO TREATED OR EXAMINED FOR THIS INJURY

5. Has burial expense been paid? YES NO \$? Who paid it? ?

YES

NO

6. This application is filed for:

Death benefit X Burial expense ? Compensation accrued and unpaid ?

Other ? Specify: ?

7. The employee left surviving him the following dependents:

NAME

AGE
(IF UNDER 21)

RELATIONSHIP
TO THE EMPLOYEE

ADDRESS

NONE

NONE

IMPORTANT—If any applicant is under 21 years of age, it will be necessary to file Petition for Appointment of Guardian ad Litem. Forms for this purpose may be obtained at the office of the Industrial Accident Commission.

WHEREFORE, applicant requests a hearing and an award for all appropriate benefits he is entitled to by law.

Dated at Los Angeles, California, March 22, 1966

CITY

DATE

Hearing requested at Los Angeles

CITY

Estimated time of trial ?

Steven Roseman
LAW OFFICES OF STEVEN ROSEMAN

APPLICANT'S ATTORNEY OR REPRESENTATIVE

1621 W. 9th St., (Du 5-3071)

ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR REPRESENTATIVE

Please set now ?; set later on written request ?

APPLICATION

66LA 292043

FILE SIGNED ORIGINAL AND SIX COPIES
(PLEASE PRINT OR TYPE NAMES AND ADDRESSES)

CASE No.

Dean Clark
APPLICANT
Social Security No. 327-07-9443

13331 Lakewood Boulevard
APPLICANT'S ADDRESS
Downey, California

Baldwin - Ehret Hill, Inc.
EMPLOYER

Telephone No. _____
Contracting Div., P.O. Box 34126
EMPLOYER'S ADDRESS
San Francisco, California

Unknown
EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR PERMISSIBLY UNINSURED

INSURANCE CARRIER'S ADDRESS

1. It is alleged that Dean Clark NAME OF EMPLOYEE 12/2/1907 DATE OF BIRTH, while employed on 1940-1966 DATE OF INJURY 19____
as a asbestos Worker OCCUPATION AT TIME OF INJURY at various places, including San Francisco CITY, TOWN OR PLACE WHERE INJURY OCCURRED, California.
by Baldwin-Ehret Hill, Inc. NAME OF EMPLOYER sustained injury arising out of and occurring in the course of the
employment. Lung STATE WHAT PARTS OF BODY WERE INJURED AND SUBSEQUENT RESULTS

Inhalation of asbestos and other foreign substances
EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED

2. Actual earnings at time of injury \$ _____ per _____ WEEK OR MONTH. The basis of pay was: _____ STATE PAY PERIOD
OR HOURLY RATE, HOURS A DAY AND DAYS A WEEK

3. Periods disabled for work: Intermittently and since January, 1966 SPECIFY BEGINNING AND ENDING DATES OF ALL PERIODS OFF WORK DUE TO THIS INJURY
_____. Date returned to work _____

4. Was compensation paid? No YES NO \$ _____ TOTAL PAID \$ _____ WEEKLY RATE _____ DATE OF LAST PAYMENT
Have you received unemployment or unemployment compensation disability benefits since the date of injury? YES YES NO

5. Was medical treatment received? Yes YES NO. State date last received: currently
Was all treatment provided by the employer or insurance company? no YES NO
If not, state who provided it. _____

Also state names and addresses of all doctors who treated or examined for this injury. St. Francis Hospital

6. This application is filed because of disagreement regarding liability for:
Temporary disability yes Permanent disability yes Proper Compensation Rate yes
Self-procured medical costs yes Litigation costs yes Medical treatment yes
Other yes Specify: immediate medical treatment and surgery
7. Have you ever had a case for another injury before the California Commission? _____

WHEREFORE, applicant requests a hearing and award for all appropriate benefits provided by law.

Hearing requested at Los Angeles CITY

Dated at Los Angeles, California, February 15, 19
Steven Roseman DATE
APPLICANT'S SIGNATURE

Estimated time of trial _____
Please set now _____; set later on written request _____

LAW OFFICES OF STEVEN ROSEMAN APPLICANT'S ATTORNEY OR REPRESENTATIVE
1621 1/2 9th St., Los Angeles, California
ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR REPRESENTATIVE

Claimant

Dean Clark

State

California

Initial Claim

Date

Baldwin - Ehret Hill

2/15/66

Mundet Cork

"

Armstrong Cork

"

Johns Manville

"

Owens Corning

"

Fibreboard Paper Products

"

Plant Asbestos

"

Afternoon
Settled

WORKMEN'S COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

CASE NO. 66 L.A. 292-043

MAURINE CLARK (Widow),
DEAN CLARK (Deceased),
Applicant,
VS.
BALDWIN EHRET-HILL, INC.,
et al,
Defendants.

ORDER APPROVING
COMPROMISE AND RELEASE

The parties to the above-entitled action having filed a Com-
promise and Release herein, on June 13, 1969, settling this case
for \$5,410.50 in addition to all sums which may have been paid prev-
iously, and requesting that it be approved; and this Board having
considered the entire record, including said Compromise and Release,
now finds that it should be approved; and

IT IS ORDERED that said Compromise and Release is approved.

AWARD IS MADE in favor of: MAURINE CLARK

AGAINST: HARDWARE MUTUAL CASUALTY COMPANY; INDUSTRIAL INDEMNITY
EXCHANGE; INDUSTRIAL INDEMNITY COMPANY; INSURANCE
COMPANY OF NORTH AMERICA; PACIFIC EMPLOYERS INSURANCE
COMPANY; RELIANCE INSURANCE COMPANY; THE TRAVELERS
INSURANCE COMPANY; FIBREBOARD CORPORATION AND PLANT
RUBBER ASBESTOS WORKS; FIREMAN'S FUND INSURANCE COMP-
ANY; ARGONAUT INSURANCE COMPANY; ZURICH INSURANCE COMP-
ANY; CASUALTY INSURANCE COMPANY OF CALIFORNIA; AMERICA
MOTORISTS INSURANCE COMPANY; STATE COMPENSATION INSUR-
ANCE FUND; LIBERTY MUTUAL INSURANCE COMPANY.

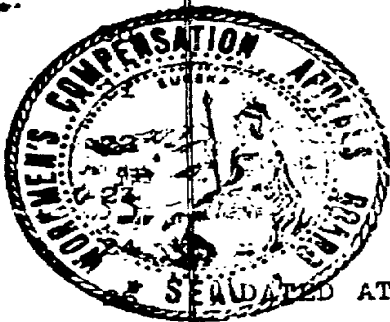
PAYABLE AS FOLLOWS:

By: FIREMAN'S FUND INSURANCE COMPANY

To: Applicant	\$ 48.53
Dr. John Field	200.00
Attorney Steven Roseman, for costs	86.47
Attorney Steven Roseman, for fees	700.00
	<u>\$1,035.00</u>

HARDWARE MUTUAL CASUALTY COMPANY	235.00
INDUSTRIAL INDEMNITY EXCHANGE	333.00
INDUSTRIAL INDEMNITY COMPANY	414.00
INSURANCE COMPANY OF NORTH AMERICA	180.00
PACIFIC EMPLOYERS INSURANCE COMPANY	846.00
RELIANCE INSURANCE COMPANY	67.50
THE TRAVELERS INSURANCE COMPANY	621.00
FIBREBOARD CORPORATION AND PLANT RUBBER ASBESTOS WORKS	180.00
CASUALTY INSURANCE COMPANY OF CALIFORNIA	39.00
ARGONAUT INSURANCE COMPANY	65.00
ZURICH INSURANCE COMPANY	90.00
AMERICAN MOTORISTS INSURANCE COMPANY	450.00
STATE COMPENSATION INSURANCE FUND	585.00
LIBERTY MUTUAL INSURANCE COMPANY	<u>270.00</u>

TOTAL \$5,410.50



Quinn Harper
Referee
WORKMEN'S COMPENSATION APPEALS BOARD

SEAL DATED AT LOS ANGELES, CALIFORNIA

August 28, 1969.

All parties served by mail as shown on Official Address Record.

M. Dailly 8/28/69
66 LA 292-C43

-2-

Clark

WORKMEN'S COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

CASE NO. 66 L.A. 292-043

MAURINE CLARK (Widow),)
DEAN CLARK (Deceased),)

VS. Applicant,)

BALDWIN EHRET-HILL, INC.,)
et al,)

Defendants.)

ORDER APPROVING
COMPROMISE AND RELEASE

The parties to the above-entitled action having filed a Com-
promise and Release herein, on June 13, 1969, settling this case
for \$5,410.50 in addition to all sums which may have been paid prev-
iously, and requesting that it be approved; and this Board having
considered the entire record, including said Compromise and Release,
now finds that it should be approved; and

IT IS ORDERED that said Compromise and Release is approved.

AWARD IS MADE in favor of: MAURINE CLARK

AGAINST: HARDWARE MUTUAL CASUALTY COMPANY; INDUSTRIAL INDEMNITY
EXCHANGE; INDUSTRIAL INDEMNITY COMPANY; INSURANCE
COMPANY OF NORTH AMERICA; PACIFIC EMPLOYERS INSURANCE
COMPANY; RELIANCE INSURANCE COMPANY; THE TRAVELERS
INSURANCE COMPANY; FIBREBOARD CORPORATION AND PLANT
RUBBER ASBESTOS WORKS; FIREMAN'S FUND INSURANCE COMP-
ANY; ARGONAUT INSURANCE COMPANY; ZURICH INSURANCE COMP-
ANY; CASUALTY INSURANCE COMPANY OF CALIFORNIA; AMERICA
MOTORISTS INSURANCE COMPANY; STATE COMPENSATION INSUR-
ANCE FUND; LIBERTY MUTUAL INSURANCE COMPANY.

PAYABLE AS FOLLOWS:

By: FIREMAN'S FUND INSURANCE COMPANY

To: Applicant \$ 48.53
 Dr. John Field 200.00
 Attorney Steven Roseman, for costs 86.47
 Attorney Steven Roseman, for fees 700.00
\$1,035.00

HARDWARE MUTUAL CASUALTY COMPANY 235.00

INDUSTRIAL INDEMNITY EXCHANGE 333.00

INDUSTRIAL INDEMNITY COMPANY 414.00

INSURANCE COMPANY OF NORTH AMERICA 180.00

PACIFIC EMPLOYERS INSURANCE COMPANY 846.00

RELIANCE INSURANCE COMPANY 67.50

THE TRAVELERS INSURANCE COMPANY 621.00

FIBREBOARD CORPORATION AND PLANT 180.00
 RUBBER ASBESTOS WORKS

CASUALTY INSURANCE COMPANY OF CALIFORNIA 39.00

ARGONAUT INSURANCE COMPANY 65.00

ZURICH INSURANCE COMPANY 90.00

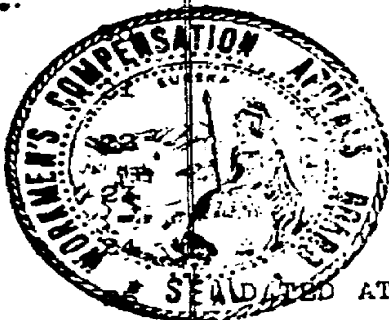
AMERICAN MOTORISTS INSURANCE COMPANY 450.00

STATE COMPENSATION INSURANCE FUND 585.00

LIBERTY MUTUAL INSURANCE COMPANY 270.00

TOTAL \$5,410.50

Theresa J. Horner
 Referee
 WORKMEN'S COMPENSATION APPEALS BOARD



SEAL DATED AT LOS ANGELES, CALIFORNIA

26 August 28, 1969.

27

28

29

30

All parties served by mail as shown on Official Address Record.

M. Bailey 8/28/69

66 LA 292-043

-2-

Robertson

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL ACCIDENTS
WORKMEN'S COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

MAURINE CLARK (WIDOW)

DEAN CLARK (DECEASED)

vs.

Applicant

BALDWIN EHRET-HILL, INC.; et al

Defendants

Case No. COLA 292 043

**Notice of Time
and Place of
Further Hearing**

ALL ISSUES

NOTICE TO ALL PARTIES

You are hereby notified that further hearing will be held in the above-entitled action at
4107 LOS ANGELES STATE OFFICE BUILDING, 107 SOUTH BROADWAY
LOS ANGELES, CALIFORNIA

August 27, 1969

9 A.M. ALL DAY

WORKMEN'S COMPENSATION APPEALS BOARD

By

REFEREE

Dated at: Los Angeles, California

NOTE: CONTINUANCES AND FURTHER HEARINGS ARE NOT FAVORED.

SERVED BY MAIL ON PERSONS SHOWN
ON THE OFFICIAL ADDRESS RECORD

Date:

8/11/69

By:

L. W. BAKER

Copy of application filed 8/15/69 & 7/26/68 served Parker, McGee, Peckham &
Roberts and Baldwin, Thomas & Baker.

Asbestosis *mob*

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL ACCIDENTS
WORKMEN'S COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

MAURINE CLARK (WIDOW)
DEAN CLARK (DECEASED)

Case No. 66LA 292 043

NOTICE OF HEARING

Applicant....

vs.
BALDWIN EHRET-HILL, INC.; AND OTHER DEFENDANTS
AS SET FORTH ON PAGES 1, 2, 3, 4 AND 5 OF
ATTACHED AMENDED APPLICATION

INSURANCE COMPANY OF NORTH AMERICA, a corpora-
tion; AND OTHER DEFENDANTS AS SET FORTH ON
PAGES 1, 2, 3, 4 AND 5 OF ATTACHED AMENDED
APPLICATION *Defendant..s*

12/18/68
You are hereby notified that an application for compensation has been filed with the Workmen's Compensation Appeals Board of the State of California. You are further notified that said application has been set for hearing at

4107 LOS ANGELES STATE OFFICE BUILDING, 107 SOUTH BROADWAY
LOS ANGELES, CALIFORNIA

January 22 & 23, 1969 9:00 A.M. 2 days

and that at said time and place the Workmen's Compensation Appeals Board will proceed to hear and dispose of the said application in the manner prescribed by law.

WORKMEN'S COMPENSATION APPEALS BOARD

By *JOHN D. OF RICH*
REFEREE

Dated at: Los Angeles, California

NOTE: The parties are expected to submit all disputed issues for decision at this hearing. All witnesses, evidence, medical reports, payrolls and other proof must be available at the hearing. CONTINUANCES WILL BE GRANTED ONLY UPON A CLEAR SHOWING OF GOOD CAUSE. Requests for continuances are to be made within 5 days of the date of this notice.

NOTE TO INSURED EMPLOYERS: Your attendance at this hearing may not be necessary. Ask your insurance company.

SERVED BY MAIL ON PERSONS SHOWN
ON THE OFFICIAL ADDRESS RECORD

Date: 12/4/68 By:

Copy of application filed 2/17/66, amended applications filed 3/23/66,
6/26/68 and 9/4/68 served all parties.

GOOD CAUSE APPEARING:
The application herein
is taken off calendar.

REFERENCE: WCAB DATE

Please file signed original and six copies
and print or type names and addresses

Department of Industrial Relations
Division of Industrial Accidents
Workmen's Compensation Appeals Board
State of California

APPLICATION
FOR ADJUDICATION OF CLAIM
(Death Case)

filed SEP 4 1968
AMENDED APPLICATION
66 LA 292-043
CASE NO.

~~Mrs. M. M.~~ Maurine Clark (Widow)
(APPLICANT)

13331 Lakewood Boulevard, B-10
(APPLICANT'S ADDRESS)

Downey, California

Dean Clark (Dec.) 327 07 9443
(DECEASED EMPLOYEE'S NAME AND SOCIAL SECURITY NUMBER)

P.O. Box 34126
(EMPLOYER'S ADDRESS)

San Francisco, California

(ADDRESS OF INSURANCE CARRIER, IF ANY)

~~Baldwin Ehret-Hill, Inc.~~
(EMPLOYER)

(SEE ATTACHED SHEET FOR
ADDITIONAL EMPLOYERS)

(EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR
PERMISSIBLY UNINSURED)

(SEE ATTACHED SHEET FOR
ADDITIONAL CARRIERS)

IT IS CLAIMED THAT:

1. Deceased employee born 12/2/1907, while employed as a Asbestos Worker
(DATE OF BIRTH) (OCCUPATION AT TIME OF INJURY)
1940 to 1966, at various places, by the employer sustained injury arising out
(DATE OF INJURY) (CITY) (STATE)
of and in the course of employment to Lung
(STATE WHAT PARTS OF BODY WERE INJURED)

2. The injury occurred as follows: Inhalation of Asbestos and other foreign substances
(EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED)
resulting in death on Mar/ 4/ 1966
(DATE OF DEATH)

3. Actual earnings at time of injury were: _____
(GIVE WEEKLY OR MONTHLY SALARY OR HOURLY RATE AND NUMBER OF HOURS WORKED PER WEEK)

4. The injury caused disability as follows: _____
(SPECIFY LAST DAY OFF WORK DUE TO THIS INJURY AND BEGINNING AND ENDING DATES OF ALL PERIODS OFF DUE TO THIS INJURY)

5. Compensation was paid no \$ _____ \$ _____
(YES) (NO) (TOTAL PAID) (WEEKLY RATE) (DATE OF LAST PAYMENT)

6. Medical treatment was received yes All treatment was furnished by the employer or insurance
(YES) (NO) (DATE OF LAST TREATMENT)
company _____ other treatment was provided or paid for by _____
(YES) (NO)

Doctors not provided or paid for by employer or insurance company, who treated or examined for this injury are: _____

St. Francis Hospital, 3630 Imperial Highway, Lynwood, California
(STATE NAMES AND LOCATIONS OF SUCH DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)

7. Defendants have paid burial expense. _____ TOTAL PAID _____

WHEREFORE, applicant requests a hearing and an award of: Death benefit X Burial expense X Compensation accrued
and unpaid X Unpaid Medical bills X Other X Specify: all benefits
and all other appropriate benefits provided by law.

Hearing requested at Los Angeles, Dated at Los Angeles, California, Aug. 26, 1968
(CITY) (CITY) (DATE)

Number of witnesses _____ Pre-trial wanted _____
(YES) (NO)

Estimated time of trial one full day

Set now XX; Set later on written request _____

(APPLICANT'S SIGNATURE)

LAW OFFICES OF STEVEN ROSEMAN 381-3811
(APPLICANT'S ATTORNEY)

1543 W. Olympic Boulevard, Los Angeles,
California (ADDRESS AND TELEPHONE NUMBER OF ATTORNEY) 90015

ATTACHED SHEET PAGE ONE

EMPLOYER	QUARTER PERIOD OF EMPLOYMENT	INSURANCE CARRIER
DEPENDON ROOFING CO. 3521 N. Cicero Avenue Chicago, Illinois	3/31/40, 6/30/40 9/30/40, 12/31/40	Unknown
THERM-O-PROOF INSULATION CO. 4730 Armitage Avenue Chicago, Illinois	12/31/40	Unknown
DEL E. WEBB CONSTRUCTION CO. & WHITE & MILLER CONTRS., INC. Fort Huachuca, Arizona	3/31/41, 6/30/41	STATE OF ARIZONA
O'MALLEY PLASTICS, INC. P.O. Box 3558 Phoenix, Arizona	3/31/41, 6/30/41	STATE OF ARIZONA
A.N. BORGQUIST P.O. Box 6134 Phoenix, Arizona	6/30/41, 9/30/41, 12/31/41	STATE OF ARIZONA
STANDARD ROOFING & SUPPLY CO. P.O. Box 2204 Phoenix, Arizona	6/30/41, 9/30/41 12/31/41	STATE OF ARIZONA
DEL E. WEBB P.O. Box 7588 Phoenix, Arizona	6/30/41	STATE OF ARIZONA
A.O. MILLER CO., INC. 220 Nordina Street Redlands, California	6/30/ 41	STATE OF ARIZONA
C.C. MOORE & CO. Engineers Unit X-1 450 Mission Street San Francisco, California	9/30/41	Unknown
MC CONKEY, DOCKER & CO., INC. 130-32 W. Madison Street Phoenix, Arizona	9/30/ 41, 12/31/41	STATE OF ARIZONA
W.A. BECHTEL CO. 155 Sansome Street San Francisco, California	12/31/41, 3/31/41, 6/30/42	PACIFIC EMPLOYERS INS. CO. INDUSTRIAL INDEMNITY CO.
CONSOLIDATED ROOFING & SUPPLY CO. P.O. Box 614 Phoenix, Arizona	12/31/41	STATE OF ARIZONA
MARINE ENGINEERING & SUPPLY 941 E. 2nd Street Los Angeles, California	12/31/41, 3/31/46, 6/30/46, 3/31/47	PACIFIC EMPLOYERS INS. CO.

J.T. THORPE, INC.
248 E. 2nd Street
Los Angeles, California

12/31/41, 6/30/45,
9/30/45, 12/31/45
3/31/46, 12/31/46
3/31/49, 12/31/58
3/31/59

PACIFIC EMPLOYERS INS. CO
&
AMERICAN MOTORISTS INS.
COMPANY

MUNDET CORK CORPORATION
7101 Tonnelle Avenue
North Bergen, New Jersey

6/30/42, 9/30/44
12/31/44, 3/31/45
6/30/45, 6/30/46
9/30/46, 12/31/46
6/30/47, 9/30/47
6/30/48, 3/31/48
9/30/60, 12/31/47
12/31/60

AETNA CASUALTY & SURETY
INSURANCE COMPANY
&
PACIFIC EMPLOYERS INS. CO

THE ASBESTOS & MAGNESIA MATERIALS CO.
119-127 N. Peoria Street
Chicago, Illinois

Unknown

SLATTERY & COMPANY
1726 Market Street
Denver, Colorado

12/31/42

Unknown

FULLER-THOMAS CO.
118 S. 5th Avenue
Tucson, Arizona

3/31/42, 12/31/42
3/31/47, 6/30/47
12/31/48, 12/31/49

STATE OF ARIZONA

YOUNGS SALES CORP.
1054 Central Industrial Avenue
St. Louis, Missouri

9/30/45

Unknown

UNITED CORK COMPANIES CORP.
Ft. Central Avenue
Kearny, New Jersey

3/31/46, 12/31/51
3/31/52

LIBERTY MUTUAL INS. CO.

PLANT RUBBER & ASBESTOS WKS.
537 Brannon Street
San Francisco, California

3/31/46, 12/31/46

SELF INSURED

WARREN & BAILEY CO.
3528 S. Garfield Avenue
Los Angeles, California

12/31/46, 3/31/47
9/30/49

Unknown

TECHNICAL SERVICE COMPANY
423 N. 1st Street
Albuquerque, New Mexico

6/30/47

Unknown

LEROW COMPANY
5510 Sheridan Road
Chicago, Illinois

6/30/48, 9/30/48
12/31/48

Unknown

ASBESTOS ENGINEERING & SUPPLY CO.
1880 W. Fillmore
Phoenix, Arizona

12/31/48, 3/31/49
6/30/49, 12/31/49

STATE OF ARIZONA

REFINERY MAINTENANCE CO., INC.
2500 N. Alameda Street
Compton, California

3/31/49

Unknown

STEARNS ROGER CORP.
660 Bannock Street
Denver, Colorado

6/30/49

STANDARD ACC. INS. CO.
RELIANCE INS. CO.

THORPE INSULATION CO. 2741 S. Yates Avenue Los Angeles, California	9/30/49, 12/31/49 6/30/59, 3/31/63 6/30/63, 9/30/63 12/31/63, 6/30/64 9/30/64	PACIFIC EMPLOYERS INS. CO & FIREMAN'S FUND INS. CO.
THOMAS H. HOGAN CO. 1591 Indus Street Santa Ana, California	9/30/49	Unknown
HALL INSULATION CO. 2633 E. 3rd Street Tucson, Arizona	3/31/50	Unknown
KIRCHER, ASBESTOS & RUBBER CO. Inc. Box 6652 Phoenix, Arizona	12/31/50, 3/31/51 6/30/51, 9/30/51 3/31/52, 6/30/52 9/30/52, 3/31/53 6/30/53, 9/30/53 3/31/54, 6/30/64 3/31/55, 6/30/55 9/30/55, 3/31/56 6/30/56, 9/30/56, 6/30/57, 9/30/57 3/31/60, 6/30/60	STATE OF ARIZONA
BARRETT & HOMES 6033 N. 10th Street Phoenix, Arizona	12/31/50	STATE OF ARIZONA
ARMSTRONG CORK CO. Liberty and Charlotte Streets Lancaster, Pa.	9/30/51, 12/31/56	STANDARD ACC. INS. CO. RELIANCE INS. CO. THE TRAVELERS INS. CO.
REECE INSULATION CO. 4563 Valley Boulevard Los Angeles, California	9/30/56, 12/31/56	Unknown (moved no address)
ACCURATE INSULATION CO. 900 S. Cypress La Habra, California	9/30/56, 12/31/60 3/31/63, 6/30/63	CASUALTY INSURANCE CO. OF CALIFORNIA, INC. & STATE COMPENSATION INS. FUND
JOHNS MANVILLE SALES CORP. 22 E. 40th Street New York, N.Y.	12/31/56, 9/30/57 12/31/57, 9/30/58	SELF -INSURED
COAST INSULATING PRODUCTS 2684 Lacey Street Los Angeles, California	12/31/56, 9/30/59, 12/31/60	ARGONAUT INSURANCE CO. STATE OF ARIZONA
OWENS CORNING FIBERGLAS CORP. P.O. Box 901 Toledo, Ohio	3/31/57, 12/31/57 9/30/59, 3/31/60 9/30/60, 12/31/60 12/31/61, 3/31/62 6/30/62, 9/30/62 3/31/63, 9/30/63 3/31/64, 6/30/64 9/30/64, 12/31/64	THE AETNA CAS. & SURETY Ins Co. & THE TRAVELERS INS. CO.
KANSAS CITY INSULATION CO., INC.	9/30/49	Unknown

ATTACHED SHEET PAGE FOUR

JAMAR OLMEN CONSTRUCTION c/o P.O. Box 14322 Houston, Texas	9/30/57, 9/30/58	Unknown
ORIN A. WILLIAMS & JOHN S. GREEN 3775 N. 36th Avenue Box 11098 Glendale, Arizona	12/31/57	STATE OF ARIZONA
INSULATION & SPECIALTIES INC. Box 3428, Sta. A El Paso, Texas	12/31/57	Unknown
METAL CLAD INSULATION CO. Box 178 Torrance, California	3/31/58, 6/30/58	AETNA CASUALTY & SURETY INS. CO.
BOB GRIFFIN ROOFING & INSULATION CO., INC. 151 E. 24th Street Yuma, Arizona	3/31/58	STATE OF ARIZONA
FIBREBOARD PAPER PRODUCTS CORP. 1789 Montgomery Street San Francisco, California	6/30/58, 9/30/58 12/31/58	SELF INSURED
WESTERN ASBESTOS CO. Box 3784 Rincon Annex San Francisco, California	3/31/59, 6/30/59	STATE COMPENSATION INSURANCE FUND
PLANT ASBESTOS CO. 1300 64th Street Emeryville, California	9/30/59, 9/30/60 3/31/61, 6/30/61	INDUSTRIAL INDEMNITY CO.
R.T. DINWIDDIE, INC. 8627 S. Atlantic South Gate, California	6/30/59, 9/30/59	Unknown
INSULATION SERVICE INC. Box 4695 Tulsa, Oklahoma	12/31/59, 6/30/59	Unknown
LOS ANGELES CORK CO. 4180 E. Washington Los Angeles, California	12/31/60, 9/30/64	ZURICH INSURANCE CO. FIREMAN'S FUND INS. CO.
ARMSTRONG CONTRACTING & SUPPLY CORP. 120 N. Lime Street Lancaster, Pa.	6/30/61, 6/30/65 9/30/65, 12/31/65	THE TRAVELERS INS. CO.
UNAFRAX CONSTRUCTION CO. 1242 Abbot Dr. Pittsburgh, Pa.	9/30/61	LIBERTY MUTUAL INS. CO.

ATTACHED SHEET PAGE FIVE

UNAFRAX CONSTRUCTION CO. 1242 Abbot Dr. Pittsburgh, Pa.	9/30/61	LIBERTY MUTUAL INS. CO.
INDUSTRIAL SERVICE & ENGINEERING CO. OF CALIFORNIA Box 16138 Long Beach, California	3/31/63	LIBERTY MUTUAL INS. CO.
KITZMANS PLUMBING & HEATING 6940 Alvarado Rd. Lamesa, California	6/30/63	INS. CO. OF NO. AMERICA
THE ISOTHERM CO. 605 Williams Bakersfield, California	6/30/64, 12/31/64	SENTRY INS. CO., a Corp.
THERMAL ENGINEERING INC. Hoffman & So. 10th Street Richmond, California	12/31/65	Unknown
BALDWIN, EHRET, HILL, INC. 500 Brevnig Avenue Trenton, New Jersey	12/31/65, 1/1966	LIBERTY MUTUAL INS. CO. & INS. CO. OF NO. AMERICA

GOOD CAUSE APPEARING:

The application herein
is taken off calendar.

REFERENCE, WCLAB

DATE

Department of Industrial Relations
Division of Industrial Accidents
Workmen's Compensation Appeals Board
State of California

APPLICATION FOR ADJUDICATION OF CLAIM
(Death Case)

AMENDED APPLICATION

CASE NO. 66 LA 292-043

Please file signed original and six copies
and print or type names and addresses

Mr. Mrs. Miss Maurine Clark (widow)
(APPLICANT)
Dean Clark (Deceased)

13331 Lakewood Boulevard, B+10
(APPLICANT'S ADDRESS)
Downey, California

Dean Clark (Dec.) SS# 327-07-9443
(DECEASED EMPLOYEE'S NAME AND SOCIAL SECURITY NUMBER)

VS. See attached sheet

See attached sheet

(EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR PERMISSIBLY UNINSURED)

(ADDRESS OF INSURANCE CARRIER, IF ANY)

IT IS CLAIMED THAT:

1. Deceased employee born 12/2/1907, while employed as a Asbestos Worker
(DATE OF BIRTH) (OCCUPATION AT TIME OF INJURY)
on 1940-1966, at Various places, by the employer sustained injury arising out
(DATE OF INJURY) (CITY) (STATE)
of and in the course of employment to lung
(STATE WHAT PARTS OF BODY WERE INJURED)

2. The injury occurred as follows: Inhalation of asbestos and other foreign substances
(EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED)
resulting in death on Mar. 4, 1966
(DATE OF DEATH)

3. Actual earnings at time of injury were: _____
(GIVE WEEKLY OR MONTHLY SALARY OR HOURLY RATE AND NUMBER OF HOURS WORKED PER WEEK)

4. The injury caused disability as follows: _____
(SPECIFY LAST DAY OFF WORK DUE TO THIS INJURY AND BEGINNING AND ENDING DATES OF ALL PERIODS OFF DUE TO THIS INJURY)

5. Compensation was paid no \$ _____ \$ _____
(YES) (NO) (TOTAL PAID) (WEEKLY RATE) (DATE OF LAST PAYMENT)

6. Medical treatment was received yes All treatment was furnished by the employer or insurance
(YES) (NO) (DATE OF LAST TREATMENT)
company _____ other treatment was provided or paid for by _____
(YES) (NO)

Doctors not provided or paid for by employer or insurance company, who treated or examined for this injury are: _____

St. Francis Hospital, 3630 Imperial Highway, Lynwood, California
(STATE NAMES AND ADDRESSES OF SUCH DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)

7. Defendants have paid burial expense. _____ TOTAL PAID _____
(YES) (NO)

8. The employee left surviving him the following dependents:

NAME	DATE OF BIRTH (if under 21)	RELATIONSHIP TO THE EMPLOYEE	ADDRESS
None			

WHEREFORE, applicant requests a hearing and an award of: Death benefit ☒ Burial expense ☒ Compensation accrued
and unpaid ☒ Unpaid Medical bills ☒ Other _____ Specify: _____
and all other appropriate benefits provided by law.

Hearing requested at Los Angeles, Dated at Los Angeles, California, June 25, 1968
(CITY) (CITY) (DATE)

Number of witnesses _____ Pre-trial wanted _____
(YES) (NO)

Estimated time of trial _____

Set now _____; Set later on written request _____

Maurine Clark By Steven Rosenman
LAW OFFICES OF STEVEN ROSENMAN 381-3811

1543 W. Olympic Boulevard
Los Angeles, California
(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)

APPLICATION
(Death Case)

FILE SIGNED ORIGINAL AND SIX COPIES
(PLEASE PRINT OR TYPE NAMES AND ADDRESSES)

MAURINE CLARK (Wid.)

DEAN CLARK (Deceased)

BALDWIN EHRET-HILL, INC.

INSURANCE CO. OF NO. AMERICA

EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR PERMISSIBLY UNINSURED

CASE No.

13331 Lakewood Boulevard, B-10

Downey, California

Dean Clark (Dec.) ### 327-07-9443

DECEASED EMPLOYEE'S NAME AND SOCIAL SECURITY NUMBER

Contracting Division, Post Office
Box number 34126

San Francisco, California

621 South Virgil Avenue

Los Angeles, California

1. It is alleged that Dean Clark (Deceased), 12/2/1907, while employed as a
Asbestos Worker on 1940 to... 1966, at various places California,
by Baldwin-Ehret-Hill, Inc. sustained injury arising out of and in the course of employment
to LUNG, as follows: INHALATION OF ASBESTOS AND OTHER
FOREIGN SUBSTANCES resulting in death on March 4, 1966

2. Employee's actual earnings at time of injury \$ 2 at WEEK OR MONTH. The basis of pay was

3. Was compensation paid? NO \$ TOTAL PAID \$ WEEKLY RATE DATE OF LAST PAYMENT

4. Was medical treatment received? YES DATE LAST RECEIVED

Was all medical treatment provided by employer or insurance company? YES NO

If no, state who provided it. Lynwood

ST. FRANCIS HOSPITAL, 3630 Imperial Highway, Downey California

ALSO STATE NAMES AND ADDRESSES OF ALL DOCTORS WHO TREATED OR EXAMINED FOR THIS INJURY

5. Has burial expense been paid? YES NO \$ Who paid it?

6. This application is filed for:

Death benefit X Burial expense Compensation accrued and unpaid

Other Specify:

7. The employee left surviving him the following dependents:

NAME	AGE (IF UNDER 21)	RELATIONSHIP TO THE EMPLOYEE	ADDRESS
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>

IMPORTANT—If any applicant is under 21 years of age, it will be necessary to file Petition for Appointment of Guardian ad Litem. Forms for this purpose may be obtained at the office of the Industrial Accident Commission.

WHEREFORE, applicant requests a hearing and an award for all appropriate benefits he is entitled to by law.

Dated at Los Angeles, California, March 22, 1966

Hearing requested at Los Angeles

Estimated time of trial

Please set now; set later on written request

LAW OFFICES OF STEVEN ROSEMAN

1621 W. 9th St., (Du 5-3071)

APPLICATION

FILE SIGNED ORIGINAL AND SIX COPIES
(PLEASE PRINT OR TYPE NAMES AND ADDRESSES)

66LA 292043

CASE No.

Dean Clark
APPLICANT

Social Security No. 327-07-9443

Baldwin - Ehret Hill, Inc.
EMPLOYER

Unknown
EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR PERMISSIBLY UNINSURED

13331 Lakewood Boulevard
APPLICANT'S ADDRESS

Downey, California

Telephone No. _____

Contracting Div., P.O. Box 34126
EMPLOYER'S ADDRESS

San Francisco, California

INSURANCE CARRIER'S ADDRESS

1. It is alleged that Dean Clark, 12/2/1907, while employed on 1940-1966 19____
NAME OF EMPLOYEE DATE OF BIRTH DATE OF INJURY
as a asbestos Worker at various places, including San, California,
OCCUPATION AT TIME OF INJURY CITY, TOWN OR PLACE WHERE INJURY OCCURRED Francisco
by Baldwin-Ehret Hill, Inc., sustained injury arising out of and occurring in the course of the
NAME OF EMPLOYER employment.
Lung
STATE WHAT PARTS OF BODY WERE INJURED AND SUBSEQUENT RESULTS

Inhalation of asbestos and other foreign substances
EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED

2. Actual earnings at time of injury \$ _____ per _____ The basis of pay was: _____
WEEK OR MONTH STATE PAY PERIOD
OR HOURLY RATE, HOURS A DAY AND DAYS A WEEK

3. Periods disabled for work: Intermittently and since January, 1966
SPECIFY BEGINNING AND ENDING DATES OF ALL PERIODS OF WORK DUE TO THIS INJURY
Date returned to work _____

4. Was compensation paid? No \$ _____ \$ _____
YES NO TOTAL PAID WEEKLY RATE DATE OF LAST PAYMENT
Have you received unemployment or unemployment compensation disability benefits since the date of injury? YES NO

5. Was medical treatment received? Yes State date last received: currently
YES NO

Was all treatment provided by the employer or insurance company? no
YES NO

If not, state who provided it. _____

Also state names and addresses of all doctors who treated or examined for this injury. St. Francis Hospital

6. This application is filed because of disagreement regarding liability for:
Temporary disability yes Permanent disability yes Proper Compensation Rate yes
Self-procured medical costs yes Litigation costs yes Medical treatment yes
Other yes Specify: immediate medical treatment and surgery
7. Have you ever had a case for another injury before the California Commission? _____

WHEREFORE, applicant requests a hearing and award for all appropriate benefits provided by law.

Hearing requested at Los Angeles
CITY

Estimated time of trial _____
Please set now _____; set later on written request _____

Dated at Los Angeles, California, February 15, 19
CITY DATE

Steven Roseman
APPLICANT'S SIGNATURE

LAW OFFICES OF STEVEN ROSEMAN
APPLICANT'S ATTORNEY OR REPRESENTATIVE

1621 1/2 9th St., Los Angeles, California
ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR REPRESENTATIVE

Insurance Carriers

1951 STANDARD ACCIDENT INS. Co. - AZ 118480 (ALL STATES)
POLICY

1956 TRAVELERS INS. Co. CALIF. POLICY RUB-4991518

Dear Clark (327-07-9443)

Los Angeles - 3-31-61 - 6-21-61 - B

San Francisco 5-10-65 - 10-27-65 - A

net ACC index

Agitation

February 23, 1967

AIR MAIL

Law Offices
Steven Roseman
1621 West Ninth Street
Los Angeles, California 90015

Gentlemen:

Subject: Dean Clark (Decedent)
 Maurine Clark (Widow)
 Case 66 LA 292-043

In reply to your letters of February 16 addressed to us and our subsidiary,
Armstrong Contracting and Supply Corporation, we wish to advise that our
workmen's compensation insurance carrier was Standard Accident Insurance
Company in 1951 and The Travelers Insurance Company in 1956 and 1961.

Very truly yours,

Wallace B. Hofferth
Insurance Manager

DHB

WRS

Law Offices
STEVEN ROSEMAN

ATTORNEYS AND COUNSELORS AT LAW
1621 WEST NINTH STREET • LOS ANGELES 90015

STEVEN ROSEMAN
ANTHONY J. BRADISSE
HERMAN FEUERSTEIN
JAMES J. WALSH

TELEPHONE:
DUNKIRK 5-3071

February 16, 1967

Armstrong Contracting & Supply Corporation
120 North Lime Street
Lancaster, Pennsylvania

Re: Dean Clark (Decedent); Maurine Clark (Widow)
66 LA 292-043

Gentlemen:

2/23/67
WRS

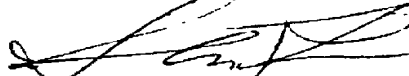
We are the attorneys for the widow of Dean Clark. We are representing Mrs. Clark before the Workmen's Compensation Appeals Board in connection with a claim which alleges exposure to foreign substances, such as asbestos, during the period of 1940 through 1965. Social Security records indicate that Mr. Dean Clark was employed by your company during the following period or periods:

The second quarter of 1961.

Would you kindly furnish us with the name of your Workmen's Compensation insurance carrier for the above-noted period or periods?

Thank you.

Very truly yours,


STEVEN ROSEMAN

SR:lm

WJF

Law Offices
STEVEN ROSEMAN

ATTORNEYS AND COUNSELORS AT LAW
1621 WEST NINTH STREET • LOS ANGELES 90015

STEVEN ROSEMAN
ANTHONY J. BRADISSE
HERMAN FEUERSTEIN
JAMES J. WALSH

TELEPHONE
DUNKIRK 5-3071

February 16, 1967

Armstrong Cork Company
Liberty and Charlotte Streets
Lancaster, Pennsylvania

Re: Dean Clark (Decedent); Maurine Clark (Widow)
66 LA 292-043

Gentlemen:

*2/22/67
WJF*

We are the attorneys for the widow of Dean Clark. We are representing Mrs. Clark before the Workmen's Compensation Appeals Board in connection with a claim which alleges exposure to foreign substances, such as asbestos, during the period of 1940 through 1965. Social Security records indicate that Mr. Dean Clark was employed by your company during the following period or periods:

The second and third quarters of 1951, the last quarter of 1956.

Would you kindly furnish us with the name of your Workmen's Compensation insurance carrier for the above-noted period or periods?

Thank you.

Very truly yours,


STEVEN ROSEMAN

SR:lm

REC 21 1967