

STATE OF OHIO
BUREAU OF WORKMEN'S COMPENSATION

Record of Proceedings 80

Henry N. Hoerst Claim No. O. D. 107910
No. 10109 Wayne Ave., Woodlawn Date of Disability Nov. 15, 1960
Cincinnati 15, Ohio Manual No. 4233
(State)

The Philip Caray Mfg. Co. Risk No. 1684
No. Wayne Ave., Lockland
Cincinnati 15, Ohio
(State)

VIOUS AWARDS FOR COMPENSATION, MEDICAL, NURSING AND HOSPITAL SERVICES

Total to Amount \$
Partial to Amount \$
Partial for loss of Amount \$
Total from Amount \$
d Services to date Amount \$ 50.00

FINDINGS OF FACTS AND MINUTES

day this claim was before the Bureau. Findings and orders were made for the payment of the items listed
auditor was instructed to issue such warrants as are necessary to pay such items.

MEDICAL SERVICES

Name	Address	Amount	Warrant No.
.00 Medical service previously charged to this Fund now be credited and charged to this 1684.			
Dr. Eli Rubenstein	3131 Highland Ave Cincinnati, 19, Ohio	15 00	new PT 12-9-60 12-PT

COMPENSATION Weeks at Rate of \$ 49.00

Period	Amount	Warrant No.
11-16-60		

Editor - In absence of another name, Claimant is Payee.

Claimant Clt., G. Stebbins & Present for Employer Mr. Obenshain
Mr. Brady

The Application for Reconsideration is granted, and the order
r 14, 1960 is vacated. The date of disability is fixed as
15, 1960, the date claimant quit work on account of this
y. The Claim is allowed for asbestosis. The Administrator
t claimant is permanently and totally disabled by reason of
ility in and by itself. The Administrator recognizes, however,
nant has other disabilities which have been effected by this
seebing asbestosis; that permanent and total disability compen-
granted from November 15, 1960 and shall continue without
on unless future facts and circumstances warrant a change; that
nding or order written hereon supersedes any printed matter in conflict therewith.
ills for such disability are approved.

2, 1960 eec

s have right of appeal,
1 P of Review, within
Receipt of this

By

Administrative
George T. Thompson
Deputy Administrator