

STATE OF OHIO
BUREAU OF WORKMEN'S COMPENSATION

DUPLICATE
Record of Proceedings
FIRST HEARING

Employee: Clarence A. Hulette Claim No. O.D. 106226
Street and No. 712 Wyoming Avenue Date of Disability Apr. 13, 1959
City Lockland, Cincinnati, Ohio Manual No. 4233
(State)
Employer: The Philip Carey Mfg. Co. Risk No. 1684
Street and No. Wayne Avenue
City Lockland, Cincinnati, Ohio
(State)

PLAINTIFF'S
EXHIBIT
W123 d

FINDINGS OF FACTS AND MINUTES

On this day this claim was before the Bureau and findings and orders were made as follows:

That the above named employee was disabled because of the contraction, in the course of his employment, of any occupational disease as described in R. C. §123.68, at the time and in the manner alleged in the application.
That said employee's employer was, at the time of the contraction of said occupational disease, a subscriber to the State Occupational Disease Fund;
That said employee at the time of entering into the employment from which said occupational disease resulted did not wilfully and falsely represent himself as not having previously suffered from such disease;
That application for compensation was filed with this Bureau within the time provided by statute.
The claim, therefore, was allowed in accordance with the facts shown below, and order and authority granted to the Auditor for issuing warrants in payment of the same according to the rules of the Bureau.

MEDICAL SERVICES

Item	Name*	Address	Amount	Warrant No.
Employer waives appeal in this claim and comp. be mailed forthwith.				
Travel Exp. Ctl. Refund			21.32	
X-ray	Drs. Fletcher & Fox	81 S. 5th St. Columbus, Ohio	15.00	
1st 7 day				

COMPENSATION Weeks at Rate of \$ 48.25

Type	Period	Amount	Warrant No.
PT	Apr. 14-59 to Apr. 20-59 Apr. 21-59	40.25	

* Note to Auditor - In absence of another name, claimant's name is to be used.
Present for Claimant Claimant and Richard Brady Present for Employer Jno. Wirthlin for Jno. T. Cantlon & Associates

It is the finding of the Administrator that statutory requirements are satisfied herein for jurisdiction as to a disease of the respiratory tract due to injurious exposure to dusts and that claimant contracted the disease of asbestosis as the result of his occupational ~~dusts~~ exposures with subject employer; and further, that claimant is permanently and totally disabled due to asbestosis.
It is therefore ordered that the claim be allowed and compensation be granted for permanent total disability from 4-13-59 and continue without suspension unless future facts warrant the stopping of payment.
That necessary medical care be authorized and bills for same be paid per fee schedule; that there also be paid as a cost of the claim the expense of the Silicosis Referees, \$15.00 to Drs. Fletcher and Fox, and \$21.32 as a travel expense refund to claimant.
That any special finding of order which is in conflict with the printed matter in conflict therewith.

BUREAU OF
WORKMEN'S COMPENSATION
APPROVED CLAIM
James L. Young
Administrator
Date 4-10-59 AJS/cs
NO. 3

JAMES L. YOUNG
Deputy Claims Administrator
Richard Brady