FILE NAME: Philip Carey (PC)

DATE: 1957-1962

DOC#: PC028

DOCUMENT DESCRIPTION: Death Claims Paid with Cover Letter from 1963 Apr 16

METROPOLITAN LIFE INSURANCE COMPANY

J. R. LYNCH
SUPERVISOR
J. M MEEHAN
SERVICE SUPERVISOR
GROUP DIVISION

1915 CAREW TOWER
CINCINNATI 2, OHIO
TELEPHONE, 721-0280

April 16, 1963



Mr. Karl Krieg, Employee Relations Manager
The Philip Carey Manufacturing Company
320 South Wayne Avenue
Cincinnati 15, Ohio

Dear Mr. Krieg:

Supplementing our letter of April 6, attached is a listing received from the Home Office of death claims that were paid between 1957 and 1962 due to respiratory causes.

We hope that this information will be of some use to you.

Very truly yours,

J. R. LYNCH
Group Supervisor

jrl/ds
enclosure
cc: Mr. E. J. Fasold, Secretary

Death claims during the period 1957 to 1962 inclusive have been reviewed in order to assemble data to comply with this policyholder's request. The identifying information is shown below separated by general cause of death.

Malignant neoplasm (cancer) of the respiratory disease:

Name	Age
Haynie, Jos.	44
Miller, Geo.	54
Ashbridge, Alfred	66
Ellis, Benjamin	73
Lessard, Wm.	77
Martin, Edward	67
Betancourt, Rufino	43
Santel, Harry	65
Stall, Arthur	56
Scott, Young	58
Enizewski, Wincenty	77
Whitley, Doney	58
Woods, Alonzo	56
Sarisky, Stephen	47

Diseases of the Respiratory System:

Vance, Howard	76
Jackson, Essie	62
Hulette, Clarence	64
Gooch, Herbert	63
Early, Richard	57
Patterson, Wm.	70
Raymond, Lewis	54
Mcardle, Chas.	71

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dist. No. 3101 — Primary Reg. Dist. No. — State File No. 087535 — Registrar's No. [redacted]

1. PLACE OF DEATH
a. COUNTY: Hamilton
b. CITY, VILLAGE, OR LOCATION: Cincinnati
c. LENGTH OF STAY IN (b): —
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Christ Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Ohio
b. COUNTY: Hamilton
c. CITY, VILLAGE, OR LOCATION: Wyoming
d. STREET ADDRESS: 624 Vine Street
e. IS RESIDENCE INSIDE CITY LIMITS? YES [ ] NO [X]
f. IS RESIDENCE ON A FAR YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): First Herbert — Middle Lewis — Last Gooch
4. DATE OF DEATH: Month Aug, Day 15, Year 1960
5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2/28/1897
9. AGE (In years last birthday): 63
If Under 1 Year: Months | Days | If Under 24 h: Hours | Mi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Phillip Carey Co (Roofing & Insulation)
11. BIRTHPLACE (State or foreign country): Turnersville Ky
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Alex Gooch
14. MOTHER'S MAIDEN NAME: Susie ~~Gooch~~ Lee
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown): Yes (Yes, No, or dates of service): W.W.One
16. SOCIAL SECURITY NO.: 270-05-1023
17. INFORMANT'S SIGNATURE: Birdie M. Gooch — Address:

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): —
INTERVAL BETWEEN ONSET AND DEATH: (a) 2 wks (b) 4 Yrs (c) —
PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): None
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

MEDICAL CERTIFICATION

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED: Worked in asbestos for 20 years
20c. TIME OF INJURY: Hour — Month, Day, Year — a. m. / p. m.
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, VILLAGE, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 7-7-51 to 8-15-60 and last saw him alive on 8-14-60
Death occurred at 8:30 a.m. on the date stated in 4; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): [illegible] M.D.
22b. ADDRESS: 421 Sherman Ave Wyoming O
22c. DATE SIGNED: 8-17-60

23a. BURIAL, CREMATION, (Specify): Burial
23b. DATE: 8/19/1960
23c. NAME OF CEMETERY OR CREMATORY: Family Cemetery
23d. LOCATION (City, town, or county) (State): Turnersville, Ky.
24. NAME OF EMBALMER: Oscar S. Lee — LIC. NO.: 3966A
25. FUNERAL DIRECTOR'S SIGNATURE: Oscar S. Lee — LIC. NO.: 2809
26. FUNERAL FIRM AND ADDRESS (STREET NO.) (CITY) (STATE): Oscar S. Lee & Son, 400 N. Wayne Avenue, Lockland (Cincinnati 15), Ohio
27. DATE REC'D BY LOCAL REG.: AUG 17 1960
28. REGISTRAR'S SIGNATURE: [illegible]
29. SUB-REGISTRAR'S SIGNATURE:

V.S. 11

USE ONLY

Reg. Dist. No. 3101 — OHIO DEPARTMENT OF HEALTH — State File No. 050502
Primary Reg. Dist. No. — DIVISION OF VITAL STATISTICS — Registrar's No.
CERTIFICATE OF DEATH

1. PLACE OF DEATH
a. COUNTY: Hamilton
b. CITY, VILLAGE, OR LOCATION: Cincinnati
c. LENGTH OF STAY IN (b): 2 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Jewish Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ohio
b. COUNTY: Hamilton
c. CITY, VILLAGE, OR LOCATION: Lockland
d. STREET ADDRESS: 500 Wyoming Avenue
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): First: Clarence; Middle: ; Last: Hulette

4. DATE OF DEATH: Month: July; Day: 8; Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 7-7-1896

9. AGE (In years last birthday): 64
If Under 1 Year: Months: ; Days:
If Under 24 Hrs.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: (Roofing & Insulation) Philip Carey Company

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Isaac Hulette

14. MOTHER'S MAIDEN NAME: Luella Lamb

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 270-05-6880

17. INFORMANT'S SIGNATURE: Lloyd Hulette
Address: 9515 Crestbrook, Cincinnati 31, O.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Severe emphysema pulmonary.
Conditions, if any which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pulmonary fibrosis
DUE TO (c): Asbestosis, pulmonary
INTERVAL BETWEEN ONSET AND DEATH: (a) undetermined; (b) undetermined; (c) undetermined

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Cor Pulmonale.

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

MEDICAL CERTIFICATION

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour: ; a. m. / p. m.: ; Month, Day, Year:

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

20f. CITY, VILLAGE, OR LOCATION COUNTY STATE:

21. I attended the deceased from 6-12-59 to 7-8-60. Last saw alive on 6-12-60.
Death occurred at 11:00 A.M. on the date stated in 4; and to the best of my knowledge, from the cause stated.

22a. SIGNATURE (Degree or title): by Ralph B. Cunningham M.D. for F. J. Cash, MD

22b. ADDRESS: 317 W. Benton Street, Building (City) Ohio

22c. DATE SIGNED: 7/13/60

23a. BURIAL, CREMATION. (Specify): Burial

23b. DATE: July 12, 1960

23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State): Glendale Ohio

24. NAME OF EMBALMER: Thomas P. Watson
(LIC. NO.): 5779A

25. FUNERAL DIRECTOR'S SIGNATURE: T. F. Vorhis
(LIC. NO.): 4225

26. FUNERAL FIRM AND ADDRESS: Vorhis Funeral Homes, Inc. (STREET NO.): 310 Dunn St. (CITY): Lockland (STATE): Ohio

27. DATE RECD BY LOCAL REG.: JUL 13 1960

28. REGISTRAR'S SIGNATURE: R.E. Wehr, MD

29. SUB-REGISTRAR'S SIGNATURE:

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Division of Vital Statistics in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953

(Fee for this certificate, $3.00)

Charles Hardester
Charles Hardester
State Registrar

WARNING: It is illegal to duplicate this copy by photostat or photograph.

NOV 13 1981
Date

60151
No.

HVS-20143—525M—9-55 -10

CORRECTED CERTIFICATE
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

File No. 15680

Primary Dist. No. 462-430

CERTIFICATE OF DEATH

Registered No. 58

1. PLACE OF DEATH
a. County: Montgomery
b. City, Borough or Township: Norristown
c. Length of stay in 1b.: 6 Hrs. 45 Mins.
d. FULL NAME (If NOT in hospital, give street address) of HOSPITAL or INSTITUTION: Sacred Heart Hospital
e. Is Place of Death Inside Municipality Limits? Yes ☒ No ☐ 34

2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission)
a. State: Pa. b. County:
c. City, Borough or Township: Norristown
d. Street Address or Location: Main & Barbadoes
e. Is Residence Inside Municipality Limits? Yes ☒ No ☐
f. Is Residence on a Farm? Yes ☐ No ☐

X

3. NAME OF DECEASED (Type or print): a. (First) Raymond b. (Middle) c. (Last) Lewis
4. DATE OF DEATH: (Month) 1 (Day) 23 (Year) 57
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: July 11, 1903
9. AGE (in years last birthday): 53
If under 1 year: Months / Days
If under 24 hr.: Hours / Min.
10. FULL NAME OF SPOUSE:
11. BIRTHPLACE (Also give state or foreign country): Honeybrook Twp., Pa.
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: George Lewis
14. MOTHER'S MAIDEN NAME: Edith Brooks
15. USUAL OCCUPATION (even if retired): Shipping clerk
16. Social Security No.:
17. INFORMANT: Mary Thompson ADDRESS: 134 Washington Ave. Downingtown, Pa.

Philip Carey Magnesia Co.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)]
PART I. Death was caused by:
IMMEDIATE CAUSE (a): Asbestosis, generalized, pulmonary
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b): Cor Pulmonale
DUE TO (c): Duodenal Ulcer with Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS [contributing to death but not related to the terminal disease given in Part I (a)]
19. WAS AUTOPSY PERFORMED? Yes ☒ No ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED.
20c. Time of Injury (Hour, m. E.S.T., Month, Day, Ye
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)
20f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

21. *I hereby certify that I attended the deceased from* 1/23/57 ..., 19...., *to* 1/23/57 ..., 19...., *that I last saw the deceased alive on* 1/23/57 ..., 19...., *and that death occurred at* 5:50 P.M. *E.S.T., from the causes and on the date stated above.*

22a. SIGNATURE Joseph Pofelanchi M.D. or D.O.
22b. ADDRESS 1039 DeKalb St. Norristown, Penna.
22c. DATE SIGNED 1/29/57

23a. BURIAL ☒ CREMATION ☐ REMOVAL ☐
23b. DATE Jan. 26, 1957
23c. NAME OF CEMETERY OR CREMATORY Honeybrook Methodist
23d. LOCATION (City, Boro., Twp. & County) (State) Honeybrook, Chester County, Pa

24. DATE REC'D BY REG. 1-25-57
25. REGISTRAR'S SIGNATURE Julia M. Kennedy
26. SIGNATURE OF FUNERAL DIRECTOR ADDRESS D. Rae Boyd, Norristown, Pa.

8-10-61

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dist. No. 3101 — State File No. 056522
Primary Reg. Dist. No. — Registrar's No. [redacted]006

1. PLACE OF DEATH
a. COUNTY: Hamilton.
b. CITY, VILLAGE, OR LOCATION: CINCINNATI
c. LENGTH OF STAY IN 1b: 40
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): RESIDENCE
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☑ NO ☐ 3425 BEVIS AVENUE *

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE: Ohio.
b. COUNTY: Hamilton.
c. CITY, VILLAGE, OR LOCATION: Cincinnati
d. STREET ADDRESS: 3425 3426 Bevis Ave.
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☑ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): First: Essie — Middle: — Last: Jackson.
4. DATE OF DEATH: Month: 8/ Day: 8/ Year: 1961 *
5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10; 2;99.
9. AGE (In years last birthday): 61.
If Under 1 Year: Months: — Days: 10 6 — If Under 24 Hrs: Hours: — Min: —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: PHILIP CAREY MFG. Phillip Carey Co. (Roofing or Insulation)
11. BIRTHPLACE (State or foreign country): Evergreen, Ala.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Cyrus Jackson.
14. MOTHER'S MAIDEN NAME: Amanda ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.I.
16. SOCIAL SECURITY NO.: 470.05.1440.
17. INFORMANT'S SIGNATURE: Dora Jackson. Address: 3426 Bevis Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): COR PULMONALE
Conditions, if any which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ASBESTOSIS, OCCUPATIONAL.
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN ON PART I(a)

19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)
20c. TIME OF INJURY: Hour: a. m. p. m. — Month, Day, Year:
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, VILLAGE, OR LOCATION — COUNTY — STATE

STATISTICAL USE ONLY

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated in 4; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Herbert P. Lyle .. M. D. CORONER, HAMILTON CO. OHIO
22b. ADDRESS
22c. DATE SIGNED: 8-17-61

23a. BURIAL, CREMATION, (Specify): Burial
23b. DATE: 8; 12;;61.
23c. NAME OF CEMETERY OR CREMATORY: Colored American
23d. LOCATION (City, town, or county) (State): CINCINNATI, OHIO Oakley Ohio.

24. NAME OF EMBALMER: E.P. Stegall (LIC. NO.): 5151a
25. FUNERAL DIRECTOR'S SIGNATURE: Elizabeth P. Stegall (LIC. NO.): 3283
26. FUNERAL FIRM AND ADDRESS (STREET NO.) (CITY) (STATE): Pierce & People's Funeral Home 1504 Conn St Cincinnati, Ohio.

27. DATE REC'D BY LOCAL REG.: 8-17-61
28. REGISTRAR'S SIGNATURE: Mary Lou Greene
29. SUB-REGISTRAR'S SIGNATURE