PLAINTIFF'S EXHIBIT

MON-2706

RECEIVED
APR 29 1983
MONSANTO CO.
LOSS PREVENTION DEPT.

MONSANTO COMPANY
SICKNESS & MEDICAL BENEFITS PLAN

ATTENDING PHYSICIAN'S SUPPLEMENTARY STATEMENT

(This Plan is supplemented by a Group Policy between MONSANTO COMPANY and METROPOLITAN LIFE INSURANCE COMPANY.)

RECEIVED
APR 28 1983
SECTION

TO BE COMPLETED BY THE EMPLOYE

Employe's name *(Print)* Mr. ~~Mrs.~~ ~~Miss~~ Donald E. Garretson Age 60

Present address 1633 Webster Road Box 115 League City, Texas 77573
(Number) (Street) (City) (Postal Zone) (State)

Employed by Monsanto Company, P. O. Box 1311, Texas City, Texas 77590
(Name of employing firm or company at time of last illness) (Branch)

TO BE COMPLETED BY THE ATTENDING PHYSICIAN

Patient's name Donald E. Garretson Age 60

Nature of sickness or injury (Describe complications, if any) Pulmonary fibrosis

Date of first treatment 3/8 19 83

Date of most recent treatment 4/6 19 83

Frequency of treatments As needed

The patient has been continuously disabled (unable to work) from 3/8/83 19__ through _____ 19__

If still disabled, when should patient be able to return to work? Unknown 19__

Remarks:

Signed C. H. Heider, M. D.
(Attending Physician)

Address 9935 Bessemer
Houston, Texas 77034

Date 4/26 19 83

SC 11040

G 408

LAM012260

Notice of Injury or Occupational Disease and Claim for Compensation
Texas Workers' Compensation Law

BOARD NUMBER
(Numero En La Junta)

THIS CLAIM MUST BE FILED WITHIN SIX MONTHS FROM DATE OF INJURY

My Full Name Is Donald (FIRST) E. (MIDDLE) Garretson (LAST) Social Security No 453-16-9498 Date of Birth 4/16/22

My Employer Was Monsanto Company (NAME) Texas City, Texas (ADDRESS)

Were You Hired Or Recruited In Texas? Yes (YES OR NO) If Accident Occurred Out Of Texas Give The Place (COUNTY, STATE, COUNTRY) If Injury Occurred Out Of Texas On What Date Did You Leave Texas? (MONTH DAY YEAR)

I Was Injured On (MONTH DAY YEAR) In (CITY COUNTY STATE)

Date of First Knowledge Disease Was Work Related Apprx. 1-15-83 (MONTH DAY YEAR) In Texas City, Galveston, Texas (CITY COUNTY STATE)

Date Last Exposed To Cause Of Disease 3 (MONTH) 7 (DAY) 83 (YEAR) In Texas City, Galveston, Texas (CITY COUNTY STATE)

How Long Had You Been Working For This Employer? 35 years Were You Paid Wages For Date Of Injury Yes I Started Losing Time On 3 (MONTH) 7 (DAY) 83 (YEAR)

Have You Returned To Work? No If So, On What Date? (MONTH DAY YEAR) At What Wage? (PER HR-DAY-WEEK-MONTH)

I Was Working 8 Hours Per Day 5 Day Per Week At $ 15.00 Per Hour (HR-DAY-WEEK-MONTH)

My Average Weekly Wage Was $ 561.30 Are You Now Receiving Compensation? No Have You Been Paid Compensation? No If So, How Much Per Week?

For How Many Weeks Have You Been Paid Compensation?

Describe Accident Or Occupational Disease And Your Injury, Give Part(s) of Body Affected

Because of exposure to various chemicals and toxic substances, I have sustained sever upper respiratory disease.

Was Any Part Of Your Body Amputated? No If So, Name Member And Give Point of Amputation

LAM012261

Were You Sent To A Doctor Or Hospital By Your Employer Or His Insurance Company? No

Name and Address Of Doctor Dr. C. H. Heider, 9935 Bessemer, Houston, Texas 77034

Name and Address Of Hospital Southeast Memorial Hospital, 7655 Bellfort, Houston, Texas 77061

I Was Hospitalized From March 8, 1983 To March 15, 1983

I Hereby Give Notice Of Injury And File Claim For Compensation Due Me Under Workers Compensation Law Of Texas

COMPLETE ALL BLANKS BELOW

Name And Address Of Nearest Relative Don A. Garretson, 221 W. Saunders, League City, Texas

SIGNATURE OF INJURED EMPLOYEE → Howard E Garretson

Date Signed 4-22-83

554-7787 (AREA CODE AND TELEPHONE NO)

1633 Webster Road (STREET ADDRESS OR P.O. BOX)

Box 115, League City, Texas 77573 (CITY STATE ZIP CODE)

WITNESS TO SIGNATURE (ONLY WHEN SIGNED BY AN X)

RETURN THIS COPY PROMPTLY TO INDUSTRIAL ACCIDENT BOARD

TEXAS INDUSTRIAL ACCIDENT BOARD, P.O. BOX 12757, CAPITOL STATION, AUSTIN, TEXAS 78711

IAB-2 (REV 8-79)

WCPC1 7 Reorder from WCPCI, Dept. F, P.O. Box 12926, Austin, Texas 78711

11041

SC