STATE OF OHIO

BUREAU OF WORKMEN'S COMPENSATION

Duplicate - Record of Proceedings

Employe Henry N. Hoerst Claim No 107910 OD

Street and No. 10109 Wayne Ave., Woodlawn Date of Injury 6-12-57

City Cincinnati 15, Ohio (State) Manual No. 4233

Employer The Philip Carey Mfg. Co. Risk No. 1684

Street and No. Wayne Ave. - Lockland

City Cincinnati 15, Ohio (State)

Total Med. $50.00

FINDINGS OF FACTS AND MINUTES

Present for Claimant Claimant and Mr. Brady for AFL-CIO. (Address)

Present for Employer L. A. Obenshain and L. A. Peckstein. (Address)

ID:AMC On this day the above numbered claim, together with the proof on file, was presented to the Bureau, considered and a finding was made as follows:

It is the finding of the Administrator that proof of record shows that statutory requirements are satisfied herein for jurisdiction of this claim involving asbestosis; and further, that claimant is medically permanently and totally disabled because of said disease.

However, therecord shows that claimant is still gainfully employed and there is therefore no basis in law for payment of compensation and benefits because of total disability due to disease of the respiratory tract contracted because of injurious exposure to dusts.

It is therefore ordered that the claimant's application filed June 10,1960 for compensation and benefits because of total disability due to asbestosis, be denied.

PLAINTIFF'S EXHIBIT 12A 113 K

OD 107910-H

#1-INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Deliver ONLY to addressee ☐ Show address where delivered

(Additional charges required for these services)

RETURN RECEIPT

Received the numbered article described on other side.

SIGNATURE OR NAME OF ADDRESSEE (must always be filled in)

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 10-27-60

ADDRESS WHERE DELIVERED (only if requested in item #1)

Date Oct. 14, 1960

James T. Brown
Administrator

By _____
Deputy Claims Administrator