FILE NAME: Philip Carey (PC)

DATE: 1943-1971

DOC#: PC009

DOCUMENT DESCRIPTION: Worker's Comp Claims

NAME Winn, John Harvey

EMPLOYER: Philip Carey Mfg. Co.

AGE 61 SEX M CLAIM NO. OD-40667

DATE OF INJ. QUIT 11/8/43 CITY Lockland CORRES. P. P. DIS.

HOUR RETURNED

NATURE OF INJ. Pulmonary emphysema due to inhaling asbestos dust.

RISK: 1684 MANUAL 1852 FORM OD-4 DATE REC'D.

DR. EST. S. S. NO.

MEDICAL

DATE	AMOUNT	DR OR HOSPITAL

COMPENSATION

DATE	PERIOD	AMOUNT	RATE	KIND
3/13/45	Declared by Dr to Bd			
3/20/45	Off for review Board			
3/29/45	Off for review Board			
4/10/45	Case to Ind. Board Ltd			
11/1/45	" " " Closed			
12/12/45	Letter for further examination of Dr			
7/9/46	A. & S.	$60.00		

RESERVES 68 - 3 - 2400

REMARKS Unable to Work Awaiting C-P Phthisis Claim

NAME Hulette, Clarence A. AGE 49 SEX M CLAIM NO. OD-47978

EMPLOYER: Philip Carey Mfg. Co. CITY Lockland CORRES. ✓ P. P. DIS.

DATE OF INJ. 1/11/46 QUIT NTL HOUR RETURNED

NATURE OF INJ. Asbestosis; inhaled dust from asbestos.

RISK: 1684 MANUAL 4233 FORM OD-4 DATE REC'D.

DR. H. J. Jacobs EST. S S. NO. 270-05-6880

NATURE OF INJURY

MEDICAL

DATE	AMOUNT	DR OR HOSPITAL

COMPENSATION

DATE	PERIOD	AMOUNT	RATE	KIND
	2-1-47			
4/29/47	Disallowed			

RESERVES

REMARKS

MANUAL 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

YEARS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

QUARTERS (1) 1 2 3 4

TRIP 1 2 3 4

ALLOWANCE (NAVY) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

EMPLOYER Philip [illegible]ey Co. CITY Lockland [illegible] C.P. DIS

DATE OF INJ. 1958? QUIT 4/13/59 HOUR RETURNED Died 2 PM, 7/8/60

NATURE OF INJ. Asbestosis - lungs and throat. Exposed to dust in beater room caused by asbestos which was put in beaters.

RISK. 1684 MANUAL 4233 FORM OD-4 DATE REC'D. 7/8/58

DR. JACOBS EST. S S NO 270-05-6880

NATURE OF INJURY

MEDICAL

DATE	AMOUNT	DR OR HOSPITAL
	1-1-59	
4/10/59	21 32	Cl't Ref
	15 00	Fletcher + Ft
5/25/59	15 00	Cl't ref
6/19/59	10 00	Dr. J. J. Mohr
	10 00	" " "
7/15/59	10 25	Hourigan + Phy.
8/3/59	11 05	" "
10/13/59	11 65	Hourigan Phy
12/2/59	9 70	Hourigan Phy.
		1-1-60 11 M. F/7

COMPENSATION

DATE	PERIOD	AMOUNT	RATE	KIND
		1-1-59		
4/10/59	allow PT asbestosis			
	PT begins 4/14/59		40 25	PT
	1-1-60			
9/ /60	OD-2 filed			
8/ /1960	Cl'd. PT [illegible] 6/22/60.			
	Cert rec'd 2/8/60			
	1-1-61			
2/10/61	2 Mos. until claim			
	7/1/60 - 10/11/66	16000 00	4400	Dead

RESERVES
V.O.C. Orig 24826 (Cincy)
61-C 1732 M 252 11/14/60
62-C 1759 M 219 1-7-62 1852-3
63-C 2289 2-19-63 - accepted
64-C 1759 M 904-

REMARKS
Wages 6/16/57 - 6/15/58
Janitor Dr C-134 ltd 6/61 - i.j. 11/12/59
Also has claim #OD-47978
PT paid 2317.25

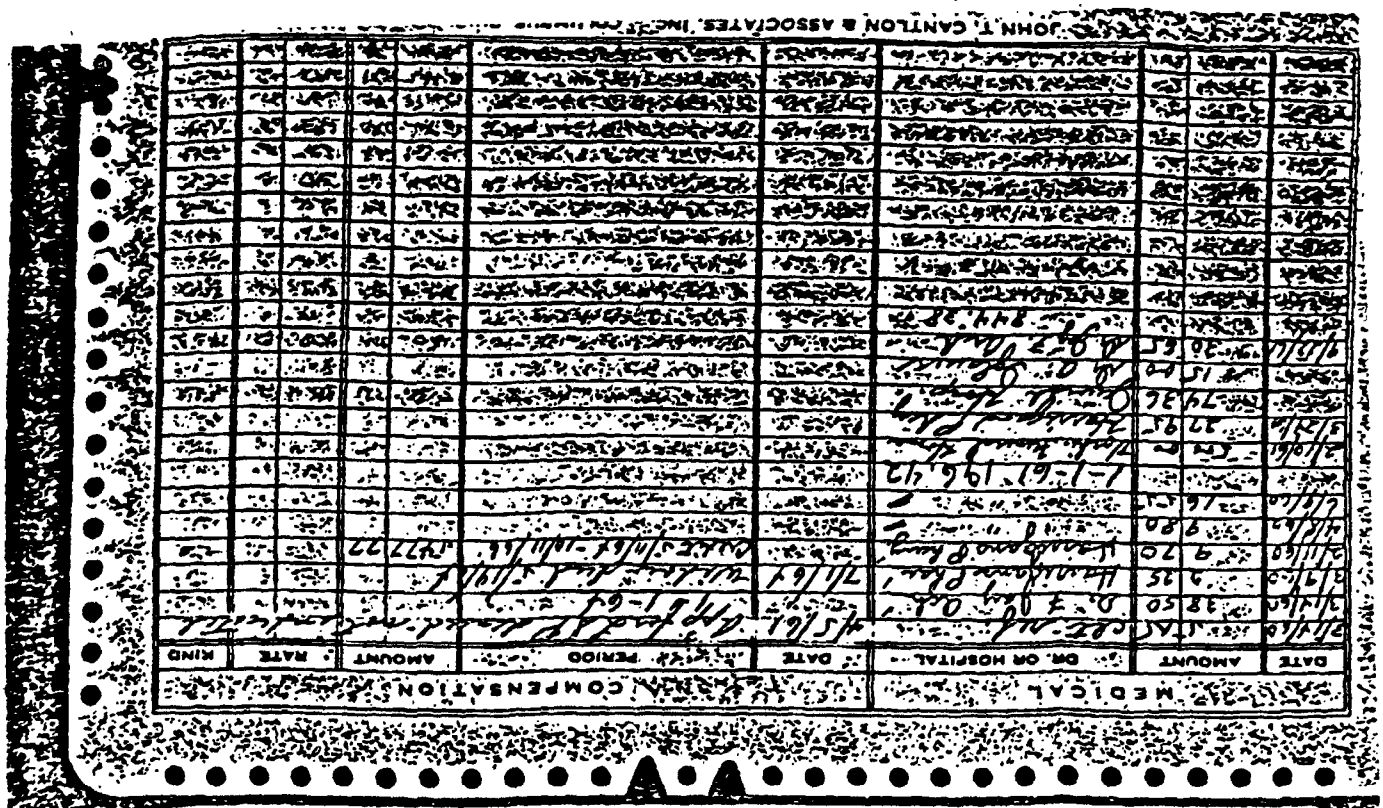
ALPHABETICAL (NAME) UNITS TENS QUARTERS (Q) YEARS MANUAL

EMPLOYMENT RECORD

Name: Hulette, Clarence A. S S. No. 270-05-6880 Corres.

Employer. The Philip Carey Mfg. Co. City Lockland B. U. C. No.

Quarter	Earnings	Wks. Worked	Date Hired	Termination Date	Reason for Separation	B U C. Form	Earned Cal Wk	Rec'd	Ret'd Work
			6/12/28		Silicosis and asbestosis				
Total									
Total									
Total									
Total									



EMPLOYMENT RECORD

Name: Hulette, Clarence A. S. S. No. 270-05-6880 Correct

Employer: The Philip Carey Mfg. Co. City Lockland B. U. C. No.

Quarter	Earnings	Wks. Worked	Date Hired	Termination Date	Reason for Separation	B U C Form	Earned Cal. Wk.	Rec'd	Re Wk
			6/12/28		Silicosis and asbestosis				
Total									
Total									
Total									
Total									

NAME Neal, Robert L. AGE 61 SEX M CLAIM NO. OD 145 972

EMPLOYER Philip Carey Corporation CITY Cincinnati CORRES. P. P. DIS.

DATE OF INJ. (1947) 1969 QUIT 1-5-69 - Died 1/14/72 RETURNED

NATURE OF INJ. Operating card machine making asbestos rope and wick - operated asbestos scrap grinder. Shortness of breath - Emphysema asbestosis

RISK. 1684 MANUAL 1852 FORM OD - 4 DATE REC'D. 3-20-69

DR. Thomas Todd EST S. S. NO. 270-05-3320

NATURE OF INJURY

MEDICAL

DATE	AMOUNT	DR OR HOSPITAL

COMPENSATION

DATE	PERIOD	AMOUNT	RATE	KIND
12/8/69	CR denied			

RESERVES

REMARKS

Dry Houseman

ALPHABETICAL (NAME)

DIAGNOSIS

YEARS

MANUAL

NAME Johnson, Albert S.-- Dec'd. AGE 56 SEX M CLAIM NO. OD 6855

EMPLOYER Philip Carey Mfg. Co. CITY Lockland CORRES. ✓ P. P. DIS.

~~XXXXXXX~~ Died 3/24/9 QUIT 2/1/49 HOUR RETURNED

NATURE OF INJ. **Asbestosis and heart failure due to it.**

Worked as Utility Man in Insulation Division and also as helper on No. 3 Corrugator Machine used to make corrugated paper.

RISK: 1684 MANUAL 1852 FORM OD -2 DATE REC'D. 7/1/49

DR. Alfred Lustberg EST. S S NO. 270-05-2552

NATURE OF INJURY

MEDICAL

DATE	AMOUNT	DR OR HOSPITAL
9/2	1-1-50	
9/28/50	50 00	Dr. A. J. Vernold
"	77 50	Cert refused
"	250 00	" "
	50 00	Med Bd.
	1-1-52	
2/8/52	3 50	Cert refused.
		11.85

COMPENSATION

DATE	PERIOD	AMOUNT	RATE	KIND
	1-1-50			
9/28/50	Death Claim allowed	7500 00	25 00	Death
	1-1-52			
10/31/52	Disallowed for appeal			
	to Hill			

RESERVES

REMARKS Utility man

ALTERNATE (MANN) DAYS TIMES 1 2 3 4 5 6 7 QUARTERS (D) 1 2 3 4 YEARS 1 2 3 4 5 6 7 8 9 MANUAL 1 2 3 4 AMT. PAID AMT. DUE AMT. CONS. EX. PREM. 0

Peerst, Henry N. AGE 59 SEX M CLAIM NO. OD 107910

Employer Philip Carey Mfg Co. Lockland CORRES. P. DIS.

DATE 6/12/57 HOUR Died 6/17/63 RETURNED 10/28/57

NATURE OF INJURY Asbestosis Dumping asbestos fiber onto conveyor from burlap bags & worked in asbestos heater room from 6/1936 until 2/10/58

RISK 1631 MANUAL 1233 FORM OD-5 DATE REC'D 12/21/58

DR. T. R. V. Duffner EST. Change Occupa S. S. NO. 270-07-0405

MEDICAL				COMPENSATION				
DATE	AMOUNT	DR. OR HOSPITAL	DATE	PERIOD	AMOUNT	RATE	KIND
		[illegible]					
11/11/60	50 00	Dr Ralph Scott	1/13/59	Disall'd (not filed			
12/6/60	22 [illegible]	Pueblo Lumber		Det. of dis 1/55			
12/3/60	[illegible]	Scott Drug Co		Disability 6/6/55			
1/27/61	3 4 70	det 2/7 5 4 70	2/2/59	app Rem of Ut #2			
		2-1-61		Rep to move on Dept of Occupation			
2/9/61	4 70	Stmt of	3/14/59	Dft filed 12/26/59 Disall			
5/16/61	12 50	Dr R J Duffner		Change of occupation Disall			
5/12/61	21 [illegible]	Galen Pharm	7/6/59	Assigned Dayton Bd #1			
9/19/61	16 20	Dr R J Duffner	6/4/59	claim refused to Liberal Refused Lay			
12/5/61	96 25	Dr R J Duffner		Examined for Dft Ltd Dept			

RESERVES
60-no chg
61-C 24950 M 50 25000
62 C 17400 M 139 OK

REMARKS
See File for further information.
On A-134 dated 9/61 - exp 11/15/60
63 not listed
64 not listed

ALPHABETICAL (NAME) QUARTERS MANUAL

Peerst, Henry N. OD 107910
1960 Philip Carey Mfg. Co.

MEDICAL				COMPENSATION				
DATE	AMOUNT	DR. OR HOSPITAL	DATE	PERIOD	AMOUNT	RATE	KIND
6/13/64	500 00	Widow Wyl funeral					
	29 70	Irwin D Albert					
	65 00	R J Duffner					
	1064 03	Good Sam H.					
	45 34	Galen Pharm					
	10 00	Eastwood Rubs					
	1-1-65	2173.83					
9/23/65	2035 70	Chas E Albert					
	29 70	Irwin D Albert					
	94 00	R J Duffner					

MEDICAL				COMPENSATION				
DATE	AMOUNT	DR. OR HOSPITAL	DATE	PERIOD	AMOUNT	RATE	KIND
1/12/62	32 60	Ogden Phys		1-1-60			
3/19/62	4 20	Roland Butler	11/5/60	Vacation 8/15/59 - 8/14/60			
3/20/62	11 45	Ogden Physician	4/14/60	Pay 60 owed from [illegible]			
4/21/62	14 00	R. J. Duffner		Thought for Attorney			
4/24/62	11 95	Ogden Physician	5/24/60	Att - appeal filed 8/16/60 - [illegible]			
8/31/62	23 90			award not signed			
9/18/62	4 70	Ogden Phys	10/14/60	Brief showing requirements			
9/17/62	4 70			Att Att is PT in [illegible]			
9/18/62	8 00			Att still getting [illegible]			
9/18/62	11 45			to pay [illegible]			
10/9/62	6 35			denied			
12/6/62	6 35	"	12/2/60	C-18 granted - award [illegible]			
12/4/62	20 00	R. J. Duffner		Date of disability [illegible]			
11/9/62	13 75	Ogden Phys		allow [illegible]			
12/3/62	15 00	R. E. Rubenstein		PT beg 11/16/60	PT	44 00	PT
		1-1-63 3586.95		1-1-61			
2/2/63	11 45	Ogden Phys	3/31/61	CHPA [illegible] 4/25/61	denied		
1/18/63	13 95	"		1-1-64			
2/25/63	17 50	Christ Hosp	5/8/64	allow dental claim			
2/9/63	7 65	Ogden Phys		10/16/63 - 10/20/70	1600 00	40 00	Perm
1/14/63	41 40	Albert Erwin D.					
1/14/63	24 40	John Phys					
	1-1-64		458.75				

JOHN T. CANTLON & ASSOCIATES, INC. COLUMBUS, OHIO

Peerst, Henry N.
1960

Philip Carey Mfg. Co. OD 107910

MEDICAL				COMPENSATION				
DATE	AMOUNT	DR. OR HOSPITAL	DATE	PERIOD	AMOUNT	RATE	KIND
6/19/64	500 00	wife - Prof Services					
	19 70	Quinn D. Court					
	65 00	R J Duffner					
	1064 03	General Hosp.					
	45 35	Ogden Phys					
	10 00	Brentwood Labs					
	1-1-65	2173.83					
9/23/65	2035 70	Christ Hosp					
	39 70	Quinn D. Court					
	94 00	R J Duffner					

JOHN T. CANTLON & ASSOCIATES, INC. COLUMBUS, OHIO

PLAINTIFF'S EXHIBIT 7302

13

NAME Griffith, Robert AGE SEX 913

EMPLOYER Philip Carey CITY Lockland F.P. DIS.

DATE OF INJ. July, 1961 QUIT HOUR

NATURE OF INJ. * - asbestosis

RISK 1684 MANUAL 4745 FORM DATE REC'D. Filed direct

DR. EST. S.S. NO.

NATURE OF INJURY

MEDICAL			COMPENSATION				
DATE	AMOUNT	DR. OR HOSPITAL	DATE	PERIOD	AMOUNT	RATE	KIND
		2-1-62		2-1-62			
3/16/62	20 00	Kettering Lab	3/29/62	disallowed - clt not			
	80 00	Dr. A. Ploeger		found to have any			
Hospitalization to be paid from				pulmonary or other			
Surplus Fund	100 00			disability from			
				asbestosis or			
				pneumoconiosis			
				as a result of			
				exposure to dusts			

RESERVES 62-4-5800 (Clt. filed form direct. Co. had clt. examined by Dr. Ruehlmann, who stated clt. had pulmonary emphysema with early silicosis probable. Clt's physician diagnosed it as pneumonoconiosis

REMARKS * Clt. filed form direct. Co. had clt. examined by Dr. Ruehlmann, who stated clt. had pulmonary emphysema with early silicosis probable. Clt's physician diagnosed it as pneumonoconiosis

Sec. 35 H 700246 Eng. 11/15/61

ALPHABETICAL (NAME) — QUARTERS — YEARS — MANUAL

NAME Gross, Roosevelt AGE 58 SEX M CLAIM NO. 0817005

EMPLOYER: Philip Carey Mfg Co CITY Cincinnati CORRES. P. P. DIS.

DATE OF INJ. 1946 (3-20-61) QUIT 11/6/61 HOUR RETURNED 9/27/61

NATURE OF INJ. Inhalation over period of time, of asbestos dust. Asbestosis. Chronic cough, exertional dyspnea. Has fine rales all over chest, grade 2 systolic murmur, blood pressure 150-80 right arm. X-rays show patchy infiltrate throughout.

RISK: 1684 MANUAL 1852 FORM OD-3 DATE REC'D 9-6-61

DR. W. Jay Ach EST. 22 50 S.S. NO.

NATURE OF INJURY

MEDICAL 2-1-62

DATE	AMOUNT	DR. OR HOSPITAL
11/6/62	40 00	A. Divin & Allen
"	50 00	Hamburger Mort
"	15 00	U.C. Laboratories
"	14 00	Schwallie Pharm
12/6/62	35 00	W. Jay Ach
"	1-1-63	124 00
11/16/63	81 00	Schwallie Pharm
11/15/62	2 00	" "
11/17/62	9 00	" "
5/14/63	7 80	" "
11/14/63	17 00	" "

COMPENSATION

DATE	PERIOD	AMOUNT	RATE	KIND
10/5/62	allow asbestosis			
	PT beginning 6/13/62	5 PT	44 00	PT

RESERVES
62 - Not listed - Mullett 5800
63 - Nursing C2x82 C M184
64 - 1 0 C17400, M173
65 - Code 10 C17400 M366
66 - COM 558 Code 120500

REMARKS
*compatable with asbestosis
On A-134 dated 2/8-- 6/22/62
67 - Not Listed OK

ALPHABETICAL (NAME) — QUARTERS — YEARS — MANUAL

NAME HAMLIN, Willard AGE 46 SEX M CLAIM NO. OD-155211

EMPLOYER: Panacon Corporation CITY Cincinnati, O. CORRES. X P. P. DIS.

DATE OF INJ. Sept., 1971 DUTY 9/9/71 HOUR RETURNED

NATURE OF INJ. Asbestosis of lungs. Working in areas where asbestos was in the air as a result of mixing and machining operations. Dust comes from the mixers and other machines. I worked around them constantly in cleaning

RISK: 1684 MANUAL 1852 FORM OD-4 DATE REC'D. 3/20/72 (3/21/72)

DR. Elmer R. Maurer EST. S. S. NO. 407-20-5993

NATURE OF INJURY

MEDICAL			COMPENSATION				
DATE	AMOUNT	DR. OR HOSPITAL	DATE	PERIOD	AMOUNT	RATE	KIND

RESERVES

REMARKS: Utility Man - Laborer

ALPHABETICAL (NAME) | QUARTERS | YEARS | MANUAL

NAME Swikard, John (Died 9/22/71) AGE 65 SEX M CLAIM NO. OD-153749

EMPLOYER: Panacon Corporation CITY Cincinnati O CORRES. P. P. DIS.

DATE OF INJ. 12/70 QUIT 5/71 HOUR RETURNED

NATURE OF INJ. Asbestosis. I was exposed to asbestos dust on a daily basis ever since starting to work there in 1952.

RISK: 1684 MANUAL 6233 FORM OD-6 DATE REC'D. 6/28/71 (6/28/71)

DR. Sanford Blank EST. S. S. NO. 335-01-6822

NATURE OF INJURY

MEDICAL

DATE	AMOUNT	DR. OR HOSPITAL
		7-71
4/14/72	325 00	Est. Smith Clinic
	40 00	Sanford Blank M.D.
	25 00	Hettiger Lab
	495 00	Est. Smith Clinic
	1039 45	Deaconess Hosp
	255 00	Drake Inn Hosp
8/6/72	2059 13	Baptist Hosp
6/21/72	170 00	Dr. W. H. Mock
	671 40	Dr. A. Cohn

COMPENSATION

DATE	PERIOD	AMOUNT	RATE	KIND
	7-72			
4/14/72	Death Claim allowed Widow only			

RESERVES

REMARKS

Engineer

ALPHABETICAL (NAME)

QUARTERS

YEARS

MANUAL

NAME Jackson, Essie Died. AGE SEX F CLAIM NO. OD-118382

EMPLOYER: F. Carey Mfg. Co. CITY Lockland CORRES. P. P. DIS.

DATE OF INJ. (9/5) 1960 QUIT 9/6/60 HOUR RETURNED Died 1/1961

NATURE OF INJ. Asbestosis

RISK: 1684 MANUAL 155 FORM DATE REC'D. Copied (See Note)

DR. EST. S. S. NO.

NATURE OF INJURY

MEDICAL

DATE	AMOUNT	DR. OR HOSPITAL
2/25/62	35 00	Vir Blessinger
	100 00	Leon Gallagher
	237 50	Dr F. L. Ash
	90 00	Albert B. Jones
	1408 53	Jewish Hosp.
	115 20	Harrigan's Bk
	1500 00	Wid Bd.
	2626 23	
9/16/63	2626 23	Chg to SF
	0.00	

RESERVES
61- Not listed - OK $ 2626.23
62- Settled 61- No Further
Settlement 8-15000
63- Reopened 11-2626
64- 8-0 C 6000 MO
65- 8-0 C 6000 MO

REMARKS
NOTE: The Co. had no knowledge of this until it rec'd claim no. card-See corres.
See MH-358328 MH-488204+175999

COMPENSATION

DATE	PERIOD	AMOUNT	RATE	KIND
7/29/62	Lump Sum Settlement	16000 00		
	Attorney's Fee	4000 00		
	Balance Due Claimant	12000 00		
7/4/62	Additional payment	600 00		
	Essie Jackson died			
	9/6/61 - 11/11/67	16000 00	40 00	Death
9/16/63	Receipt Declared	16000 00		
	155	12000 00		
	Change to SF	600 00		

ALPHABETICAL (NAME) — QUARTERS — YEARS — MONTHS

NAME Stegall, Theodore AGE 64 SEX M CLAIM NO. OD 153013 (OD 152966)

EMPLOYER: Panacon Corporation CITY Cincinnati, O CORRES. ✓ F. F. DIS.

DATE OF INJ. 9/70 QUIT HOUR RETURNED

NATURE OF INJ. Asbestosis. Working with cement-asbestos for 13 years.

RISK: 1684 MANUAL 1852 FORM OD-4 DATE REC'D. 6/25/71 (7/15/71)

DR. Sanford Blank EST. S. S. NO. 705-12-7936

MEDICAL			COMPENSATION				
DATE	AMOUNT	DR. OR HOSPITAL	DATE	PERIOD	AMOUNT	RATE	KIND

NATURE OF INJURY

CLAIM SET FOR HEARING

DATE: 8/30/72

NAME Williams, Harlan AGE 61 SEX M CLAIM NO. OD-137349

EMPLOYER The Philip Carey Mfg. Co. CITY Cincinnati CORRES. P. P. DIS.

DATE OF INJ. 8/31/66 QUIT 8/31/66 RETURNED

NATURE OF INJ. Worked in asbestos Beater room and fiber (asbestos storage area where there was dust from the asbestos fiber and other material Silicosis - (Asbestos

RISK 1684 MANUAL 1852 FORM OD-4 DATE REC'D. 11/2/66

DR. Wyoming Medical Center EST. S.S. NO. 268-03-9900

NATURE OF INJURY

MEDICAL				COMPENSATION				
DATE	AMOUNT	DR. OR HOSPITAL	DATE	PERIOD	AMOUNT	RATE	KIND
10/26/67	725 00	Dr. Jacques A. Stiel	12/14/67	Allowed for Surgery	PT		PT
11/2/67	890 00	Dr. Stiel	12/1/67	OT from 11/14/67		39 00	
	21 00	Wyoming Med Ctr	11/6/67	5 hrs	9 00	45 00	PT
12/1/67	5 00	Dr. Pfeninger					
4/11/67	12 00	Dr. Pfeninger					
	1209	566.00		1-1-71			
1/23/67	15 00	CT mil	1/21/71	OD-2 filed			
9/26/68	885 45	Board Remainder	2/21/71	Death Claim allowed			
	1-1 70	1,414.45		10/15/70 - 1/16/77	16000	49	
4/16/70	300 00	Dr. Pfeninger					
6/25/70	190 —	P. Pfeninger					
		1954.45 DMC					

RESERVES
67-A-5800
69 C 23200 M 316 Cole 1-D-
69-1-0 C-23565D-M-1214
70-1-C 23200 M 1231
71-1-0 C 23200 M 1711

REMARKS
Lead Beaterman - Asbestos Mill
PT awarded 1% date of death
Appr'd 10,500.

ALPHABETICAL (NAMES) QUARTERS YEARS MANUAL

NAME YOUNG, Sam AGE SEX M CLAIM NO. OD-155917

EMPLOYER: Panacon Corporation CITY Cincinnati CORRES. X P. P. DIS.

DATE OF INJ. QUIT 11/22/71 HOUR RETURNED

NATURE OF INJ. Asbestosis of Lungs.

RISK: 1584 MANUAL 1852 FORM C-1 DATE REC'D. 3/29/72 (3/29/72)

DR. EST. S. S. NO.

MEDICAL

DATE	AMOUNT	DR. OR HOSPITAL

COMPENSATION

DATE	PERIOD	AMOUNT	RATE	KIND

NATURE OF INJURY

RESERVES

REMARKS

ALPHABETICAL (NAME) — UNITS — TENS — QUARTERS — YEARS — MANUAL