FILE NAME: Metalclad (METC)

DATE: 1968

DOC#: METC005

DOCUMENT DESCRIPTION: WC Claim - Clark

ATTACHED SHEET PAGE ONE

EMPLOYER	QUARTER PERIOD OF EMPLOYMENT	INSURANCE CARRIER
DEPENDON ROOFING CO. 3521 N. Cicero Avenue Chicago, Illinois	3/31/40, 6/30/40 9/30/40, 12/31/40	Unknown
THERM-O-PROOF INSULATION CO. 4730 Armitage Avenue Chicago, Illinois	12/31/40	Unknown
DEL E. WEBB CONSTRUCTION CO. & WHITE & MILLER CONTRS., INC. Fort Huachuca, Arizona	3/31/41, 6/30/41	STATE OF ARIZONA
O'MALLEY PLASTICS, INC. P.O. Box 3558 Phoenix, Arizona	3/31/41, 6/30/41	STATE OF ARIZONA
A.N. BORGQUIST P.O. Box 6134 Phoenix,Arizona	6/30/41, 9/30/41, 12/31/41	STATE OF ARIZONA
STANDARD ROOFING & SUPPLY CO. P.O. Box 2204 Phoenix, Arizona	6/30/41, 9/30/41 12/31/41	STATE OF ARIZONA
DEL E. WEBB P.O. Box 7588 Phoenix, Arizona	6/30/41	STATE OF ARIZONA
A.O. MILLER CO., INC. 220 Nordina Street Redlands, California	6/30/ 41	STATE OF ARIZONA
C.C. MOORE & CO. Engineers Unit X-1 450 Mission Street San Francisco, California	9/30/41	Unknown
MC CONKEY, DOCKER & CO., INC. 130-32 W. Madison Street Phoenix, Arizona	9/30/ 41, 12/31/41	STATE OF ARIZONA
W.A. BECHTEL CO. 155 Sansome Street San Francisco, California	12/31/41, 3/31/41, 6/30/42	PACIFIC EMPLOYERS INS. CO INDUSTRIAL INDEMNITY CO.
CONSOLIDATED ROOFING & SUPPLY CO. P.O. Box 614 Phoenix, Arizona	12/31/41	STATE OF ARIZONA
MARINE ENGINEERING & SUPPLY 941 E. 2nd Street Los Angeles, California	12/31/41, 3/31/46, 6/30/46, 3/31/47	PACIFIC EMPLOYERS INS. C

J.T. THORPE, INC. 948 E. 2nd Street Los Angeles, California	12/31/41, 6/30/45, 9/30/45, 12/31/45 3/31/46, 12/31/46 3/31/49, 12/31/58 3/31/59	PACIFIC EMPLOYERS INS. C & AMERICAN MOTORISTS INS. COMPANY
MUNDET CORK CORPORATION 7101 Tonnelle Avenue North Bergen, New Jersey	6/30/42, 9/30/44 12/31/44, 3/31/45 6/30/45, 6/30/46 9/30/46, 12/31/46 6/30/47, 9/30/47 6/30/48, 3/31/48 9/30/60, 12/31/47 12/31/60	AETNA CASUALTY & SURETY INSURANCE COMPANY & PACIFIC EMPLOYERS INS. C
THE ASBESTOS & MAGNESIA MATERIALS CO. 119-127 N. Peoria Street Chicago, Illinois	6/30/42, 9/30/42	Unknown
SLATTERY & COMPANY 1726 Market Street Denver, Colorado	12/31/42	Unknown
FULLER-THOMAS CO. 118 S. 5th Avenue Tucson, Arizona	3/31/42, 12/31/42 3/31/47, 6/30/47 12/31/48, 12/31/49	STATE OF ARIZONA
YOUNGS SALES CORP. 1054 Central Industrial Avenue St. Louis, Missouri	9/30/45	Unknown
UNITED CORK COMPANIES CORP. Ft. Central Avenue Kearny, New Jersey	3/31/46, 12/31/51 3/31/52	LIBERTY MUTUAL INS. CO.
PLANT RUBBER & ASBESTOS WKS. 537 Brannon Street San Francisco, California	3/31/46, 12/31/46	SELF INSURED
WARREN & BAILEY CO. 3528 S. Garfield Avenue Los Angeles, California	12/31/46, 3/31/47 9/30/49	Unknown
TECHNICAL SERVICE COMPANY 423 N. 1st Street Albuquerque, New Mexico	6/30/47	Unknown
LEROW COMPANY 5510 Sheridan Road Chicago, Illinois	6/30/48, 9/30/48 12/31/48	Unknown
ASBESTOS ENGINEERING & SUPPLY CO. 1880 W. Fillmore Phoenix, Arizona	12/31/48, 3/31/49 6/30/49, 12/31/49	STATE OF ARIZONA
REFINERY MAINTENANCE CO., INC. 2500 N. Alameda Street Compton, California	3/31/49	Unknown
STEARNS ROGER CORP. 660 Bannock Street	6/30/49	STANDARD ACC. INS. CO.

THORPE INSULATION CO. 2741 S. Yates Avenue Los Angeles, California	9/30/49, 12/31/49 6/30/59, 3/31/63 6/30/63, 9/30/63 12/31/63, 6/30/64 9/30/64	PACIFIC EMPLOYERS INS. CO & FIREMAN'S FUND INS. CO.
THOMAS H. HOGAN CO. 1591 Indus Street Santa Ana, California	9/30/49	Unknown
HALL INSULATION CO. 2633 E. 3rd Street Tucson, Arizona	3/31/50	Unknown
KIRCHER, ASBESTOS & RUBBER CO. Inc. Box 6652 Phoenix, Arizona	12/31/50, 3/31/51 6/30/51, 9/30/51 3/31/52, 6/30/52 9/30/52, 3/31/53 6/30/53, 9/30/53 3/31/54, 6/30/64 3/31/55, 6/30/55 9/30/55, 3/31/56 6/30/56, 9/30/56, 6/30/57, 9/30/57 3/31/60, 6/30/60	STATE OF ARIZONA
BARRETT & HOMES 6033 N. 10th Street Phoenix, Arizona	12/31/50	STATE OF ARIZONA
ARMSTRONG CORK CO. Liberty and Charlotte Streets Lancaster, Pa.	9/30/51, 12/31/56	STANDARD ACC. INS. CO. RELIANCE INS. CO. THE TRAVELERS INS. CO.
REECE INSULATION CO. 4563 Valley Boulevard Los Angeles, California	9/30/56, 12/31/56	Unknown (moved no address)
ACCURATE INSULATION CO. 900 S. Cypress La Habra, California	9/30/56, 12/31/60 3/31/63, 6/30/63	CASUALTY INSURANCE CO. OF CALIFORNIA, INC. & STATE COMPENSATION INS. FUND
JOHNS MANVILLE SALES CORP. 22 E. 40th Street New York, N.Y.	12/31/56, 9/30/57 12/31/57, 9/30/58	SELF -INSURED
COAST INSULATING PRODUCTS 2684 Lacey Street Los Angeles, California	12/31/56, 9/30/59, 12/31/60	ARGONAUT INSURANCE CO. STATE OF ARIZONA
OWENS CORNING FIBERGLAS CORP. P.O. Box 901 Toledo, Ohio	3/31/57, 12/31/57 9/30/59, 3/31/60 9/30/60, 12/31/60 12/31/61, 3/31/62 6/30/62, 9/30/62 3/31/63, 9/30/63 3/31/64, 6/30/64 9/30/64, 12/31/64	THE AETNA CAS. & SURETY Ins Co. & THE TRAVELERS INS. CO.

JAMAR OLMEN CONSTRUCTION c/o P.O. Box 14322 Houston, Texas	9/30/57, 9/30/58	Unknown
ORIN A. WILLIAMS & JOHN S. GREEN 3775 N. 36th Avenue Box 11098 Glendale, Arizona	12/31/57	STATE OF ARIZONA
INSULATION & SPECIALTIES INC. Box 3428, Sta. A El Paso, Texas	12/31/57	Unknown
METAL CLAD INSULATION CO. Box 178 Torrance, California	3/31/58, 6/30/58	AETNA CASUALTY & SURETY INS. CO.
BOB GRIFFIN ROOFING & INSULATION CO., INC. 151 E. 24th Street Yuma, Arizona	3/31/58	STATE OF ARIZONA
FIBREBOARD PAPER PRODUCTS CORP. 1789 Montgomery Street San Francisco, California	6/30/58, 9/30/58 12/31/58	SELF INSURED
WESTERN ASBESTOS CO. Box 3784 Rincon Annex San Francisco, California	3/31/59, 6/30/59	STATE COMPENSATION INSURANCE FUND
PLANT ASBESTOS CO. 1300 64th Street Emeryville, California	9/30/59, 9/30/60 3/31/61, 6/30/61	INDUSTRIAL INDEMNITY CO.
R.T. DINWIDDIE, INC. 8627 S. Atlantic South Gate, California	6/30/59, 9/30/59	Unknown
INSULATION SERVICE INC. Box 4695 Tulsa, Oklahoma	12/31/59, 6/30/59	Unknown
LOS ANGELES CORK CO. 4180 E. Washington Los Angeles, California	12/31/60, 9/30/64	ZURICH INSURANCE CO. FIREMAN'S FUND INS. CO.
ARMSTRONG CONTRACTING & SUPPLY CORP. 120 N. Lime Street Lancaster, Pa.	6/30/61, 6/30/65 9/30/65, 12/31/65	THE TRAVELERS INS. CO.
UNAFRAX CONSTRUCTION CO. 1242 Abbot Dr. Pittsburgh, Pa.	9/30/61	LIBERTY MUTUAL INS. CO.

ATTACHED SHEET PAGE FIVE

UNAFRAX CONSTRUCTION CO. 1242 Abbot Dr. Pittsburgh, Pa.	9/30/61	LIBERTY MUTUAL INS. CO.
INDUSTRIAL SERVICE & ENGINEERING CO. OF CALIFORNIA Box 16138 Long Beach, California	3/31/63	LIBERTY MUTUAL INS. CO.
KITZMANS PLUMBING & HEATING 6940 Alvarado Rd. Lamesa,California	6/30/63	INS. CO. OF NO. AMERICA
THE ISOTHERM CO. 605 Williams Bakersfield, California	6/30/64, 12/31/64	SENTRY INS. CO., a Corp.
THERMAL ENGINEERING INC. Hoffman & So. 10th Street Richmond, California	12/31/65	Unknown
BALDWIN, EHRET, HILL, INC. 500 Brevnig Avenue Trenton, New Jersey	12/31/65, 1/1966	LIBERTY MUTUAL INS. CO. & INS. CO. OF NO. AMERICA

GOOD CAUSE APPEARING:
The application herein is taken off calendar.

REFEREE, WCAB DATE

Department of Industrial Relations
Division of Industrial Accidents
Workmen's Compensation Appeals Board
State of California

RECEIVED
INDUSTRIAL
ANGELES

APPLICATION FOR ADJUDICATION OF CLAIM
(Death Case)

AMENDED APPLICATION

CASE NO. 66 LA 292-043

Please file signed original and six copies and print or type names and addresses

Mr. Mrs. Miss/// Maurine Clark (widow)
(APPLICANT)
Dean Clark (Deceased)

13331 Lakewood Boulevard, B-10
(APPLICANT'S ADDRESS)
Downey, California

Dean Clark (Dec.) SS# 327-07-9443
(DECEASED EMPLOYEE'S NAME AND SOCIAL SECURITY NUMBER)

VS.
See attached sheet
(EMPLOYER)

(EMPLOYER'S ADDRESS)

See attached sheet
(EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR PERMISSIBLY UNINSURED)

(ADDRESS OF INSURANCE CARRIER, IF ANY)

IT IS CLAIMED THAT:

1. Deceased employee born 12/2/1907 (DATE OF BIRTH), while employed as a Asbestos Worker (OCCUPATION AT TIME OF INJURY)
on 1940-1966 (DATE OF INJURY), at Various places (CITY), _____ (STATE), by the employer sustained injury arising out of and in the course of employment to lung (STATE WHAT PARTS OF BODY WERE INJURED)

2. The injury occurred as follows: Inhalation of asbestos and other foreign substances (EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED)
_____ resulting in death on Mar. 4, 1966. (DATE OF DEATH)

3. Actual earnings at time of injury were: _____ (GIVE WEEKLY OR MONTHLY SALARY OR HOURLY RATE AND NUMBER OF HOURS WORKED PER WEEK)

4. The injury caused disability as follows: _____ (SPECIFY LAST DAY OFF WORK DUE TO THIS INJURY AND BEGINNING AND ENDING DATES OF ALL PERIODS OFF DUE TO THIS INJURY)

5. Compensation was paid ____ (YES) no (NO) $_____ (TOTAL PAID) $_____ (WEEKLY RATE) _____ (DATE OF LAST PAYMENT)

6. Medical treatment was received yes (YES) _____ (NO) (DATE OF LAST TREATMENT). All treatment was furnished by the employer or insurance company ____ (YES) ____ (NO) other treatment was provided or paid for by _____

Doctors not provided or paid for by employer or insurance company, who treated or examined for this injury are: _____
St. Francis Hospital, 3630 Imperial Highway, Lynwood, California
(STATE NAMES AND ADDRESSES OF SUCH DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)

7. Defendants have paid burial expense. ____ (YES) ____ (NO) TOTAL PAID _____

8. The employee left surviving him the following dependents:

NAME	DATE OF BIRTH (if under 21)	RELATIONSHIP TO THE EMPLOYEE	ADDRESS
None			

WHEREFORE, applicant requests a hearing and an award of: Death benefit X Burial expense X Compensation accrued and unpaid X Unpaid Medical bills X Other ____ Specify: _____ and all other appropriate benefits provided by law.

Hearing requested at Los Angeles (CITY), Dated at Los Angeles (CITY), California, June 25, 1968 (DATE)

Number of witnesses ____ Pre-trial wanted ____ (YES) ____ (NO)

Estimated time of trial _____

Set now ____; Set later on written request ____

Maurine Clark By Steven Rosenman
(APPLICANT'S SIGNATURE)
LAW OFFICES OF STEVEN ROSENMAN 381-3811
1543 W. Olympic Boulevard
Los Angeles, California
(APPLICANT'S ATTORNEY)
(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)

APPLICATION
(Death Case)

FILE SIGNED ORIGINAL AND SIX COPIES
(PLEASE PRINT OR TYPE NAMES AND ADDRESSES)

CASE No. 12-47-

MAURINE CLARK (Wid.)
APPLICANT

13331 Lakewood Boulevard, B-10
APPLICANT'S ADDRESS

DEAN CLARK (Deceased)

Downey, California

Dean Clark (Dec.) SS# 327-07-9443
DECEASED EMPLOYEE'S NAME AND SOCIAL SECURITY NUMBER

BALDWIN EHRET-HILL, INC.
EMPLOYER

Contracting Division, Post Office Box number 34126
EMPLOYER'S ADDRESS

San Francisco, California

INSURANCE CO. OF NO. AMERICA
EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR PERMISSIBLY UNINSURED

621 South Virgil Avenue
INSURANCE CARRIER'S ADDRESS

Los Angeles, California

1. It is alleged that Dean Clark (Deceased) (NAME OF EMPLOYEE), 12/2/1907 (DATE OF BIRTH), while employed as a Asbestos Worker (OCCUPATION AT TIME OF INJURY) on 1940 to ... 1966 (DATE OF INJURY), at various places (CITY), California, by Baldwin-Ehret-Hill, Inc. (NAME OF EMPLOYER) sustained injury arising out of and in the course of employment to LUNG (PARTS OF BODY), as follows: INHALATION OF ASBESTOS AND OTHER FOREIGN SUBSTANCES (EXPLAIN HOW INJURY WAS RECEIVED) resulting in death on March 4, 1966 (DATE OF DEATH).

2. Employee's actual earnings at time of injury $? at _____ (WEEK OR MONTH). The basis of pay was _____

3. Was compensation paid? _____ (YES) NO (NO). $_____ (TOTAL PAID) $_____ (WEEKLY RATE) _____ (DATE OF LAST PAYMENT).

4. Was medical treatment received? YES (YES) _____ (NO) _____ (DATE LAST RECEIVED)

Was all medical treatment provided by employer or insurance company? _____ (YES) _____ (NO)

If no, state who provided it. _____

ST. FRANCIS HOSPITAL, 3630 Imperial Highway, ~~Downey~~ / Lynwood California
ALSO STATE NAMES AND ADDRESSES OF ALL DOCTORS WHO TREATED OR EXAMINED FOR THIS INJURY

5. Has burial expense been paid? _____ (YES) _____ (NO). $_____. Who paid it? _____

6. This application is filed for:

Death benefit X Burial expense _____ Compensation accrued and unpaid _____

Other _____ Specify: _____

7. The employee left surviving him the following dependents:

NAME	AGE (If Under 21)	RELATIONSHIP TO THE EMPLOYEE	ADDRESS
NONE		NONE	-

IMPORTANT—If any applicant is under 21 years of age, it will be necessary to file Petition for Appointment of Guardian ad Litem. Forms for this purpose may be obtained at the office of the Industrial Accident Commission.

WHEREFORE, *applicant requests a hearing and an award for all appropriate benefits he is entitled to by law.*

Dated at Los Angeles (CITY), California, March 22, 1966 (DATE)

Hearing requested at Los Angeles (CITY).

Estimated time of trial _____

Please set now _____; set later on written request _____.

Maurine Clark
APPLICANT'S SIGNATURE

LAW OFFICES OF STEVEN ROSEMAN
APPLICANT'S ATTORNEY OR REPRESENTATIVE

1621 W. 9th St., (Du 5-3071)
ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR REPRESENTATIVE

APPLICATION

61LA 292043

FILE SIGNED ORIGINAL AND SIX COPIES
(PLEASE PRINT OR TYPE NAMES AND ADDRESSES)

CASE No.

Dean Clark
APPLICANT

13331 Lakewood Boulevard
APPLICANT'S ADDRESS

Social Security No. 327-07-9443

Downey, California

Telephone No.

Baldwin -Ehret Hill, Inc.
EMPLOYER

Contracting Div., P.O. Box 34126
EMPLOYER'S ADDRESS

San Francisco, California

Unknown
EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR PERMISSIBLY UNINSURED

INSURANCE CARRIER'S ADDRESS

1. It is alleged that Dean Clark (NAME OF EMPLOYEE) 12/2/1907 (DATE OF BIRTH), while employed on 1940-1966 (DATE OF INJURY) 19___

as a asbestos Worker (OCCUPATION AT TIME OF INJURY) at various places, including San Francisco (CITY, TOWN OR PLACE WHERE INJURY OCCURRED), California,

by Baldwin-Ehret Hill, Inc. (NAME OF EMPLOYER) sustained injury arising out of and occurring in the course of the employment.

Lung
STATE WHAT PARTS OF BODY WERE INJURED AND SUBSEQUENT RESULTS

Inhalation of asbestos and other foreign substances
EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED

2. Actual earnings at time of injury $_____ per _____ (WEEK OR MONTH). The basis of pay was: _____ (STATE PAY PERIOD)

_____
OR HOURLY RATE, HOURS A DAY AND DAYS A WEEK

3. Periods disabled for work: Intermittently and since January, 1966
SPECIFY BEGINNING AND ENDING DATES OF ALL PERIODS OFF WORK DUE TO THIS INJURY

_____. Date returned to work _____

4. Was compensation paid? ___ (YES) No (NO) $_____ (TOTAL PAID) $_____ (WEEKLY RATE) _____ (DATE OF LAST PAYMENT)

Have you received unemployment or unemployment compensation disability benefits since the date of injury? _____ (YES) _____ (NO)

5. Was medical treatment received? Yes (YES) _____ (NO). State date last received: currently

Was all treatment provided by the employer or insurance company? ___ (YES) no (NO)

If not, state who provided it. _____

Also state names and addresses of all doctors who treated or examined for this injury. St. Francis Hospital

6. This application is filed because of disagreement regarding liability for:
Temporary disability yes Permanent disability yes Proper Compensation Rate yes
Self-procured medical costs yes Litigation costs yes Medical treatment yes
Other yes Specify: immediate medical treatment and surgery

7. Have you ever had a case for another injury before the California Commission? _____

WHEREFORE, applicant requests a hearing and award for all appropriate benefits provided by law.

Dated at Los Angeles (CITY), California, February 15, 19 (DATE)

Hearing requested at Los Angeles (CITY)

_____
APPLICANT'S SIGNATURE

Estimated time of trial _____

Please set now ____; set later on written request ____.

LAW OFFICES OF STEVEN ROSEMAN
APPLICANT'S ATTORNEY OR REPRESENTATIVE

1621 E. 9th St., Los Angeles, California
ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR REPRESENTATIVE

Claimant	State
Dean Clark	California

Initial Claim	Date
Baldwin - Ehret Hill	2/15/66
Mundet Cork	"
Armstrong Cork	"
Johns Manville	"
Owens Corning	"
Fibreboard Paper Products	"
Plant Asbestos	"

Settled

WORKMEN'S COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

CASE NO. 66 L.A. 292-043

MAURINE CLARK (Widow), DEAN CLARK (Deceased), Applicant, VS. BALDWIN EHRET-HILL, INC., et al, Defendants.	ORDER APPROVING COMPROMISE AND RELEASE

The parties to the above-entitled action having filed a Compromise and Release herein, on June 13, 1969, settling this case for $5,410.50 in addition to all sums which may have been paid previously, and requesting that it be approved; and this Board having considered the entire record, including said Compromise and Release, now finds that it should be approved; and

IT IS ORDERED that said Compromise and Release is approved.

AWARD IS MADE in favor of: MAURINE CLARK

AGAINST: HARDWARE MUTUAL CASUALTY COMPANY; INDUSTRIAL INDEMNITY EXCHANGE; INDUSTRIAL INDEMNITY COMPANY; INSURANCE COMPANY OF NORTH AMERICA; PACIFIC EMPLOYERS INSURANCE COMPANY; RELIANCE INSURANCE COMPANY; THE TRAVELERS INSURANCE COMPANY; FIBREBOARD CORPORATION AND PLANT RUBBER ASBESTOS WORKS; FIREMAN'S FUND INSURANCE COMPANY; ARGONAUT INSURANCE COMPANY; ZURICH INSURANCE COMPANY; CASUALTY INSURANCE COMPANY OF CALIFORNIA; AMERICAN MOTORISTS INSURANCE COMPANY; STATE COMPENSATION INSURANCE FUND; LIBERTY MUTUAL INSURANCE COMPANY.

PAYABLE AS FOLLOWS:

By: FIREMAN'S FUND INSURANCE COMPANY

To:	Applicant	$ 48.53
	Dr. John Field	200.00
	Attorney Steven Roseman, for costs	86.47
	Attorney Steven Roseman, for fees	700.00
		$1,035.00
	HARDWARE MUTUAL CASUALTY COMPANY	235.00
	INDUSTRIAL INDEMNITY EXCHANGE	333.00
	INDUSTRIAL INDEMNITY COMPANY	414.00
	INSURANCE COMPANY OF NORTH AMERICA	180.00
	PACIFIC EMPLOYERS INSURANCE COMPANY	846.00
	RELIANCE INSURANCE COMPANY	67.50
	THE TRAVELERS INSURANCE COMPANY	621.00
	FIBREBOARD CORPORATION AND PLANT RUBBER ASBESTOS WORKS	180.00
	CASUALTY INSURANCE COMPANY OF CALIFORNIA	39.00
	ARGONAUT INSURANCE COMPANY	65.00
	ZURICH INSURANCE COMPANY	90.00
	AMERICAN MOTORISTS INSURANCE COMPANY	450.00
	STATE COMPENSATION INSURANCE FUND	585.00
	LIBERTY MUTUAL INSURANCE COMPANY	270.00
	TOTAL	$5,410.50

Referee
WORKMEN'S COMPENSATION APPEALS BOARD

SEAL

DATED AT LOS ANGELES, CALIFORNIA

August 28, 1969.

All parties served by mail as shown on Official Address Record.

M. Bailey 8/28/69

66 LA 292-043

WORKMEN'S COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

CASE NO. 66 L.A. 292-043

MAURINE CLARK (Widow), DEAN CLARK (Deceased),

Applicant,

VS.

BALDWIN EHRET-HILL, INC., et al,

Defendants.

ORDER APPROVING COMPROMISE AND RELEASE

The parties to the above-entitled action having filed a Compromise and Release herein, on June 13, 1969, settling this case for $5,410.50 in addition to all sums which may have been paid previously, and requesting that it be approved; and this Board having considered the entire record, including said Compromise and Release, now finds that it should be approved; and

IT IS ORDERED that said Compromise and Release is approved.

AWARD IS MADE in favor of: MAURINE CLARK

AGAINST: HARDWARE MUTUAL CASUALTY COMPANY; INDUSTRIAL INDEMNITY EXCHANGE; INDUSTRIAL INDEMNITY COMPANY; INSURANCE COMPANY OF NORTH AMERICA; PACIFIC EMPLOYERS INSURANCE COMPANY; RELIANCE INSURANCE COMPANY; THE TRAVELERS INSURANCE COMPANY; FIBREBOARD CORPORATION AND PLANT RUBBER ASBESTOS WORKS; FIREMAN'S FUND INSURANCE COMPANY; ARGONAUT INSURANCE COMPANY; ZURICH INSURANCE COMPANY; CASUALTY INSURANCE COMPANY OF CALIFORNIA; AMERICA MOTORISTS INSURANCE COMPANY; STATE COMPENSATION INSURANCE FUND; LIBERTY MUTUAL INSURANCE COMPANY.

PAYABLE AS FOLLOWS:

By: FIREMAN'S FUND INSURANCE COMPANY

To: Applicant	$ 48.53
Dr. John Field	200.00
Attorney Steven Roseman, for costs	86.47
Attorney Steven Roseman, for fees	700.00
	$1,035.00
HARDWARE MUTUAL CASUALTY COMPANY	235.00
INDUSTRIAL INDEMNITY EXCHANGE	333.00
INDUSTRIAL INDEMNITY COMPANY	414.00
INSURANCE COMPANY OF NORTH AMERICA	180.00
PACIFIC EMPLOYERS INSURANCE COMPANY	846.00
RELIANCE INSURANCE COMPANY	67.50
THE TRAVELERS INSURANCE COMPANY	621.00
FIBREBOARD CORPORATION AND PLANT RUBBER ASBESTOS WORKS	180.00
CASUALTY INSURANCE COMPANY OF CALIFORNIA	39.00
ARGONAUT INSURANCE COMPANY	65.00
ZURICH INSURANCE COMPANY	90.00
AMERICAN MOTORISTS INSURANCE COMPANY	450.00
STATE COMPENSATION INSURANCE FUND	585.00
LIBERTY MUTUAL INSURANCE COMPANY	270.00
TOTAL	$5,410.50

Referee
WORKMEN'S COMPENSATION APPEALS BOARD

WORKMEN'S COMPENSATION APPEALS BOARD EUREKA

SIGNED AT LOS ANGELES, CALIFORNIA

August 28, 1969.

All parties served by mail as shown on Official Address Record.

M. Sadler 8/28/69

66 LA 292-043

DEPARTMENT OF INDUSTRIAL RELATIONS

DIVISION OF INDUSTRIAL ACCIDENTS

WORKMEN'S COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

MAURINE CLARK (WIDOW)

DEAN CLARK (DECEASED)

Applicant

vs.

BALDWIN EHRET-HILL, INC.; et al

Defendant s

Case No. 66LA 292 043

Notice of Time and Place of Further Hearing

ALL ISSUES

NOTICE TO ALL PARTIES

You are hereby notified that further hearing will be held in the above-entitled action at

4107 LOS ANGELES STATE OFFICE BUILDING, 107 SOUTH BROADWAY
LOS ANGELES, CALIFORNIA

August 27, 1969 9 A.M. ALL DAY

WORKMEN'S COMPENSATION APPEALS BOARD

By

REFEREE

Dated at: Los Angeles, California

NOTE: CONTINUANCES AND FURTHER HEARINGS ARE NOT FAVORED.

SERVED BY MAIL ON PERSONS SHOWN
ON THE OFFICIAL ADDRESS RECORD
Date: By:

Copy of application filed 3/23/66 & 7/26/68 served Parker, McGee, Peckham & Roberts and Baldwin, Thomas & Baker.

DIA WCAB FORM 23 LA (REV 12 66)
(FORMERLY FORM 400 L)

Asbestosis MCB

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL ACCIDENTS
WORKMEN'S COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

MAURINE CLARK (WIDOW)

DEAN CLARK (DECEASED)

Applicant....

vs.

BALDWIN EHRET-HILL, INC.; AND OTHER DEFENDANTS AS SET FORTH ON PAGES 1, 2, 3, 4 AND 5 OF ATTACHED AMENDED APPLICATION

INSURANCE COMPANY OF NORTH AMERICA, a corporation; AND OTHER DEFENDANTS AS SET FORTH ON PAGES 1, 2, 3, 4 AND 5 OF ATTACHED AMENDED APPLICATION

Defendants

Case No. 66LA 292 043

NOTICE OF HEARING

12/18/68 WCB

You are hereby notified that an application for compensation has been filed with the Workmen's Compensation Appeals Board of the State of California. You are further notified that said application has been set for hearing at

4107 LOS ANGELES STATE OFFICE BUILDING, 107 SOUTH BROADWAY
LOS ANGELES, CALIFORNIA

January 22 & 23, 1969 9:00 A.M. 2 days

and that at said time and place the Workmen's Compensation Appeals Board will proceed to hear and dispose of the said application in the manner prescribed by law.

WORKMEN'S COMPENSATION APPEALS BOARD

By [illegible]
REFEREE

Dated at: Los Angeles, California

NOTE: The parties are expected to submit all disputed issues for decision at this hearing. All witnesses, evidence, medical reports, payrolls and other proof must be available at the hearing. CONTINUANCES WILL BE GRANTED *ONLY* UPON A CLEAR SHOWING OF GOOD CAUSE. Requests for continuances are to be made within 5 days of the date of this notice.

NOTE TO INSURED EMPLOYERS: Your attendance at this hearing may not be necessary. Ask your insurance company.

SERVED BY MAIL ON PERSONS SHOWN
ON THE OFFICIAL ADDRESS RECORD
Date: 12/4/68 By:

Copy of application filed 2/17/66, amended applications filed 3/23/66, 6/26/68 and 9/4/68 served all parties.

GOOD CAUSE APPEARING:
The application herein is taken off calendar.

REFEREE, WCAB DATE

Department of Industrial Relations
Division of Industrial Accidents
Workmen's Compensation Appeals Board
State of California

APPLICATION FOR ADJUDICATION OF CLAIM
(Death Case)

SEP 4 1968

AMENDED APPLICATION
66 LA 292-043
CASE NO.

Please file signed original and six copies and print or type names and addresses

~~Mr.~~ Mrs. ~~Mr.~~ Maurine Clark (Widow)
(APPLICANT)

13331 ~~Lakewood Boulevard, B-10~~
(APPLICANT'S ADDRESS)

~~Downey, California~~

~~Dean Clark (Dec.) 327-07-9443~~
(DECEASED EMPLOYEE'S NAME AND SOCIAL SECURITY NUMBER)

VS.

~~Baldwin Ehret-Hill, Inc.~~
(EMPLOYER)

(SEE ATTACHED SHEET FOR ADDITIONAL EMPLOYERS)
(EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR PERMISSIBLY UNINSURED)

(SEE ATTACHED SHEET FOR ADDITIONAL CARRIERS)

~~P.O. Box 34126~~
(EMPLOYER'S ADDRESS)

~~San Francisco, California~~

(ADDRESS OF INSURANCE CARRIER, IF ANY)

IT IS CLAIMED THAT:

1. Deceased employee born 12/2/1907 (DATE OF BIRTH), while employed as a Asbestos Worker (OCCUPATION AT TIME OF INJURY)
1940 to 1966 (DATE OF INJURY), at various places (CITY), _____ (STATE), by the employer sustained injury arising out of and in the course of employment to Lung (STATE WHAT PARTS OF BODY WERE INJURED)

2. The injury occurred as follows: ~~Inhalation of Asbestos and other foreign substances~~ (EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED)
_____ resulting in death on ~~Mar/ 4/ 1966~~ (DATE OF DEATH)

3. Actual earnings at time of injury were: _____ (GIVE WEEKLY OR MONTHLY SALARY OR HOURLY RATE AND NUMBER OF HOURS WORKED PER WEEK)

4. The injury caused disability as follows: _____ (SPECIFY LAST DAY OFF WORK DUE TO THIS INJURY AND BEGINNING AND ENDING DATES OF ALL PERIODS OFF DUE TO THIS INJURY)

5. Compensation was paid ____ (YES) ~~no~~ (NO) $_____ (TOTAL PAID) $_____ (WEEKLY RATE) _____ (DATE OF LAST PAYMENT)

6. Medical treatment was received ~~yes~~ (YES) ____ (NO) _____ (DATE OF LAST TREATMENT). All treatment was furnished by the employer or insurance company ____ (YES) ____ (NO) other treatment was provided or paid for by _____

Doctors not provided or paid for by employer or insurance company, who treated or examined for this injury are: _____

~~St. Francis Hospital, 3630 Imperial Highway, Lynwood, California~~ (GIVE NAMES AND ADDRESSES OF SUCH DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)

7. Defendants have paid burial expense. ____ ____ TOTAL PAID _____

WHEREFORE, applicant requests a hearing and an award of: Death benefit X Burial expense X Compensation accrued and unpaid X Unpaid Medical bills X Other X Specify: all benefits _____ and all other appropriate benefits provided by law.

Hearing requested at Los Angeles (CITY), Dated at Los Angeles (CITY), California, Aug. 26, 1968 (DATE)

Number of witnesses ____ Pre-trial wanted ____ (YES) ____ (NO)

Estimated time of trial one full day

_____ (APPLICANT'S SIGNATURE)

Set now XX; Set later on written request ____

LAW OFFICES OF STEVEN ROSEMAN 381-3811
(APPLICANT'S ATTORNEY)

1543 W. Olympic Boulevard, Los Angeles, California (ADDRESS AND TELEPHONE NUMBER OF ATTORNEY) 90015

ATTACHED SHEET PAGE ONE

EMPLOYER	QUARTER PERIOD OF EMPLOYMENT	INSURANCE CARRIER
DEPENDON ROOFING CO. 3521 N. Cicero Avenue Chicago, Illinois	3/31/40, 6/30/40 9/30/40, 12/31/40	Unknown
THERM-O-PROOF INSULATION CO. 4730 Armitage Avenue Chicago, Illinois	12/31/40	Unknown
DEL E. WEBB CONSTRUCTION CO. & WHITE & MILLER CONTRS., INC. Fort Huachuca, Arizona	3/31/41, 6/30/41	STATE OF ARIZONA
O'MALLEY PLASTICS, INC. P.O. Box 3558 Phoenix, Arizona	3/31/41, 6/30/41	STATE OF ARIZONA
A.N. BORGQUIST P.O. Box 6134 Phoenix,Arizona	6/30/41, 9/30/41, 12/31/41	STATE OF ARIZONA
STANDARD ROOFING & SUPPLY CO. P.O. Box 2204 Phoenix, Arizona	6/30/41, 9/30/41 12/31/41	STATE OF ARIZONA
DEL E. WEBB P.O. Box 7588 Phoenix, Arizona	6/30/41	STATE OF ARIZONA
A.O. MILLER CO., INC. 220 Nordina Street Redlands, California	6/30/ 41	STATE OF ARIZONA
C.C. MOORE & CO. Engineers Unit X-1 450 Mission Street San Francisco, California	9/30/41	Unknown
MC CONKEY, DOCKER & CO., INC. 130-32 W. Madison Street Phoenix, Arizona	9/30/ 41, 12/31/41	STATE OF ARIZONA
W.A. BECHTEL CO. 155 Sansome Street San Francisco, California	12/31/41, 3/31/41, 6/30/42	PACIFIC EMPLOYERS INS. CO INDUSTRIAL INDEMNITY CO.
CONSOLIDATED ROOFING & SUPPLY CO. P.O. Box 614 Phoenix, Arizona	12/31/41	STATE OF ARIZONA
MARINE ENGINEERING & SUPPLY 941 E. 2nd Street Los Angeles, California	12/31/41, 3/31/46, 6/30/46, 3/31/47	PACIFIC EMPLOYERS INS. CO

J.T. THORPE, INC. 948 E. 2nd Street Los Angeles, California	12/31/41, 6/30/45, 9/30/45, 12/31/45 3/31/46, 12/31/46 3/31/49, 12/31/58 3/31/59	PACIFIC EMPLOYERS INS. CO & AMERICAN MOTORISTS INS. COMPANY
MUNDET CORK CORPORATION 7101 Tonnelle Avenue North Bergen, New Jersey	6/30/42, 9/30/44 12/31/44, 3/31/45 6/30/45, 6/30/46 9/30/46, 12/31/46 6/30/47, 9/30/47 6/30/48, 3/31/48 9/30/60, 12/31/47 12/31/60	AETNA CASUALTY & SURETY INSURANCE COMPANY & PACIFIC EMPLOYERS INS. CO
THE ASBESTOS & MAGNESIA MATERIALS CO. 119-127 N. Peoria Street Chicago, Illinois	6/30/42, 9/30/42	Unknown
SLATTERY & COMPANY 1726 Market Street Denver, Colorado	12/31/42	Unknown
FULLER-THOMAS CO. 118 S. 5th Avenue Tucson, Arizona	3/31/42, 12/31/42 3/31/47, 6/30/47 12/31/48, 12/31/49	STATE OF ARIZONA
YOUNGS SALES CORP. 1054 Central Industrial Avenue St. Louis, Missouri	9/30/45	Unknown
UNITED CORK COMPANIES CORP. Ft. Central Avenue Kearny, New Jersey	3/31/46, 12/31/51 3/31/52	LIBERTY MUTUAL INS. CO.
PLANT RUBBER & ASBESTOS WKS. 537 Brannon Street San Francisco, California	3/31/46, 12/31/46	SELF INSURED
WARREN & BAILEY CO. 3528 S. Garfield Avenue Los Angeles, California	12/31/46, 3/31/47 9/30/49	Unknown
TECHNICAL SERVICE COMPANY 423 N. 1st Street Albuquerque, New Mexico	6/30/47	Unknown
LEROW COMPANY 5510 Sheridan Road Chicago, Illinois	6/30/48, 9/30/48 12/31/48	Unknown
ASBESTOS ENGINEERING & SUPPLY CO. 1880 W. Fillmore Phoenix, Arizona	12/31/48, 3/31/49 6/30/49, 12/31/49	STATE OF ARIZONA
REFINERY MAINTENANCE CO., INC. 2500 N. Alameda Street Compton, California	3/31/49	Unknown
STEARNS ROGER CORP. 660 Bannock Street Denver, Colorado	6/30/49	STANDARD ACC. INS. CO. RELIANCE INS. CO.

THORPE INSULATION CO. 2741 S. Yates Avenue Los Angeles, California	9/30/49, 12/31/49 6/30/59, 3/31/63 6/30/63, 9/30/63 12/31/63, 6/30/64 9/30/64	PACIFIC EMPLOYERS INS. CO & FIREMAN'S FUND INS. CO.
THOMAS H. HOGAN CO. 1591 Indus Street Santa Ana, California	9/30/49	Unknown
HALL INSULATION CO. 2633 E. 3rd Street Tucson, Arizona	3/31/50	Unknown
KIRCHER, ASBESTOS & RUBBER CO. Inc. Box 6652 Phoenix, Arizona	12/31/50, 3/31/51 6/30/51, 9/30/51 3/31/52, 6/30/52 9/30/52, 3/31/53 6/30/53, 9/30/53 3/31/54, 6/30/64 3/31/55, 6/30/55 9/30/55, 3/31/56 6/30/56, 9/30/56, 6/30/57, 9/30/57 3/31/60, 6/30/60	STATE OF ARIZONA
BARRETT & HOMES 6033 N. 10th Street Phoenix, Arizona	12/31/50	STATE OF ARIZONA
ARMSTRONG CORK CO. Liberty and Charlotte Streets Lancaster, Pa.	9/30/51, 12/31/56	STANDARD ACC. INS. CO. RELIANCE INS. CO. THE TRAVELERS INS. CO.
REECE INSULATION CO. 4563 Valley Boulevard Los Angeles, California	9/30/56, 12/31/56	Unknown (moved no address)
ACCURATE INSULATION CO. 900 S. Cypress La Habra, California	9/30/56, 12/31/60 3/31/63, 6/30/63	CASUALTY INSURANCE CO. OF CALIFORNIA, INC. & STATE COMPENSATION INS. FUND
JOHNS MANVILLE SALES CORP. 22 E. 40th Street New York, N.Y.	12/31/56, 9/30/57 12/31/57, 9/30/58	SELF -INSURED
COAST INSULATING PRODUCTS 2684 Lacey Street Los Angeles, California	12/31/56, 9/30/59, 12/31/60	ARGONAUT INSURANCE CO. STATE OF ARIZONA
OWENS CORNING FIBERGLAS CORP. P.O. Box 901 Toledo, Ohio	3/31/57, 12/31/57 9/30/59, 3/31/60 9/30/60, 12/31/60 12/31/61, 3/31/62 6/30/62, 9/30/62 3/31/63, 9/30/63 3/31/64, 6/30/64 9/30/64, 12/31/64	THE AETNA CAS. & SURETY Ins Co. & THE TRAVELERS INS. CO.
KANSAS CITY INSULATION CO., INC. 9/30/49		Unknown

JAMAR OLMEN CONSTRUCTION c/o P.O. Box 14322 Houston, Texas	9/30/57, 9/30/58	Unknown
ORIN A. WILLIAMS & JOHN S. GREEN 3775 N. 36th Avenue Box 11098 Glendale, Arizona	12/31/57	STATE OF ARIZONA
INSULATION & SPECIALTIES INC. Box 3428, Sta. A El Paso, Texas	12/31/57	Unknown
METAL CLAD INSULATION CO. Box 178 Torrance, California	3/31/58, 6/30/58	AETNA CASUALTY & SURETY INS. CO.
BOB GRIFFIN ROOFING & INSULATION CO., INC. 151 E. 24th Street Yuma, Arizona	3/31/58	STATE OF ARIZONA
FIBREBOARD PAPER PRODUCTS CORP. 1789 Montgomery Street San Francisco, California	6/30/58, 9/30/58 12/31/58	SELF INSURED
WESTERN ASBESTOS CO. Box 3784 Rincon Annex San Francisco, California	3/31/59, 6/30/59	STATE COMPENSATION INSURANCE FUND
PLANT ASBESTOS CO. 1300 64th Street Emeryville, California	9/30/59, 9/30/60 3/31/61, 6/30/61	INDUSTRIAL INDEMNITY CO.
R.T. DINWIDDIE, INC. 8627 S. Atlantic South Gate, California	6/30/59, 9/30/59	Unknown
INSULATION SERVICE INC. Box 4695 Tulsa, Oklahoma	12/31/59, 6/30/59	Unknown
LOS ANGELES CORK CO. 4180 E. Washington Los Angeles, California	12/31/60, 9/30/64	ZURICH INSURANCE CO. FIREMAN'S FUND INS. CO.
ARMSTRONG CONTRACTING & SUPPLY CORP. 120 N. Lime Street Lancaster, Pa.	6/30/61, 6/30/65 9/30/65, 12/31/65	THE TRAVELERS INS. CO.
UNAFRAX CONSTRUCTION CO. 1242 Abbot Dr. Pittsburgh, Pa.	9/30/61	LIBERTY MUTUAL INS. CO.

ATTACHED SHEET PAGE FIVE

UNAFRAX CONSTRUCTION CO. 1242 Abbot Dr. Pittsburgh, Pa.	9/30/61	LIBERTY MUTUAL INS. CO.
INDUSTRIAL SERVICE & ENGINEERING CO. OF CALIFORNIA Box 16138 Long Beach, California	3/31/63	LIBERTY MUTUAL INS. CO.
KITZMANS PLUMBING & HEATING 6940 Alvarado Rd. Lamesa,California	6/30/63	INS. CO. OF NO. AMERICA
THE ISOTHERM CO. 605 Williams Bakersfield, California	6/30/64, 12/31/64	SENTRY INS. CO., a Corp.
THERMAL ENGINEERING INC. Hoffman & So. 10th Street Richmond, California	12/31/65	Unknown
BALDWIN, EHRET, HILL, INC. 500 Brevnig Avenue Trenton, New Jersey	12/31/65, 1/1966	LIBERTY MUTUAL INS. CO. & INS. CO. OF NO. AMERICA

GOOD CAUSE APPEARING:
The application herein is taken off calendar.

REFEREE, WCAB DATE

Department of Industrial Relations
Division of Industrial Accidents
Workmen's Compensation Appeals Board
State of California

RECEIVED INDUSTRIAL ANGELES 1968 JUL 26 AM 9 11

APPLICATION FOR ADJUDICATION OF CLAIM
(Death Case)

AMENDED APPLICATION

CASE NO. 66 LA 292-043

Please file signed original and six copies and print or type names and addresses

Mr. Mrs. Miss/// Maurine Clark (widow) (APPLICANT)
Dean Clark (Deceased)

13331 Lakewood Boulevard, B-10 (APPLICANT'S ADDRESS)
Downey, California

Dean Clark (Dec.) SS# 327-07-9443 (DECEASED EMPLOYEE'S NAME AND SOCIAL SECURITY NUMBER)

VS.
See attached sheet (EMPLOYER)

(EMPLOYER'S ADDRESS)

See attached sheet (EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR PERMISSIBLY UNINSURED)

(ADDRESS OF INSURANCE CARRIER, IF ANY)

IT IS CLAIMED THAT:

1. Deceased employee born 12/2/1907 (DATE OF BIRTH), while employed as a Asbestos Worker (OCCUPATION AT TIME OF INJURY)
on 1940-1966 (DATE OF INJURY), at Various places (CITY), _____ (STATE), by the employer sustained injury arising out of and in the course of employment to lung (STATE WHAT PARTS OF BODY WERE INJURED)

2. The injury occurred as follows: Inhalation of asbestos and other foreign substances (EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED)
_____ resulting in death on Mar. 4, 1966. (DATE OF DEATH)

3. Actual earnings at time of injury were: _____ (GIVE WEEKLY OR MONTHLY SALARY OR HOURLY RATE AND NUMBER OF HOURS WORKED PER WEEK)

4. The injury caused disability as follows: _____ (SPECIFY LAST DAY OFF WORK DUE TO THIS INJURY AND BEGINNING AND ENDING DATES OF ALL PERIODS OFF DUE TO THIS INJURY)

5. Compensation was paid ____ (YES) no (NO) $_____ (TOTAL PAID) $_____ (WEEKLY RATE) _____ (DATE OF LAST PAYMENT)

6. Medical treatment was received ___yes___ (YES) ____ (NO) _____ (DATE OF LAST TREATMENT). All treatment was furnished by the employer or insurance company ____ (YES) ____ (NO) other treatment was provided or paid for by _____

Doctors not provided or paid for by employer or insurance company, who treated or examined for this injury are: _____

St. Francis Hospital, 3630 Imperial Highway, Lynwood, California (STATE NAMES AND ADDRESSES OF SUCH DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)

7. Defendants have paid burial expense. ____ (YES) ____ (NO) TOTAL PAID _____

8. The employee left surviving him the following dependents:

NAME	DATE OF BIRTH (if under 21)	RELATIONSHIP TO THE EMPLOYEE	ADDRESS
None			

WHEREFORE, applicant requests a hearing and an award of: Death benefit X Burial expense X Compensation accrued and unpaid X Unpaid Medical bills X Other ____ Specify: _____ and all other appropriate benefits provided by law.

Hearing requested at Los Angeles (CITY), Dated at Los Angeles (CITY), California, June 25, 1968 (DATE)

Number of witnesses ____ Pre-trial wanted ____ (YES) ____ (NO)

Estimated time of trial _____

Set now ____; Set later on written request ____

Maurine Clark By Steven Roseman (APPLICANT'S SIGNATURE)

LAW OFFICES OF STEVEN ROSEMAN 381-3811 (APPLICANT'S ATTORNEY)

1543 W. Olympic Boulevard
Los Angeles, California (ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)

APPLICATION
(Death Case)

FILE SIGNED ORIGINAL AND SIX COPIES
(PLEASE PRINT OR TYPE NAMES AND ADDRESSES)

CASE No. 272-043

MAURINE CLARK (Wid.)
APPLICANT

13331 Lakewood Boulevard, B-10
APPLICANT'S ADDRESS

DEAN CLARK (Deceased)

Downey, California

Dean Clark (Dec.) SS# 327-07-9443
DECEASED EMPLOYEE'S NAME AND SOCIAL SECURITY NUMBER

BALDWIN EHRET-HILL, INC.
EMPLOYER

Contracting Division, Post Office Box number 34126
EMPLOYER'S ADDRESS

San Francisco, California

INSURANCE CO. OF NO. AMERICA
EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR PERMISSIBLY UNINSURED

621 South Virgil Avenue
INSURANCE CARRIER'S ADDRESS

Los Angeles, California

1. It is alleged that Dean Clark (Deceased) (NAME OF EMPLOYEE), 12/2/1907 (DATE OF BIRTH), while employed as a Asbestos Worker (OCCUPATION AT TIME OF INJURY) on 1940 to... 1966 (DATE OF INJURY), at various places (CITY) California, by Baldwin-Ehret-Hill, Inc. (NAME OF EMPLOYER) sustained injury arising out of and in the course of employment to LUNG (PARTS OF BODY), as follows: INHALATION OF ASBESTOS AND OTHER FOREIGN SUBSTANCES (EXPLAIN HOW INJURY WAS RECEIVED) resulting in death on March 4, 1966 (DATE OF DEATH).

2. Employee's actual earnings at time of injury $? at _____ (WEEK OR MONTH). The basis of pay was _____

3. Was compensation paid? _____ (YES) NO (NO) $_____ (TOTAL PAID) $_____ (WEEKLY RATE) _____ (DATE OF LAST PAYMENT)

4. Was medical treatment received? YES (YES) _____ (NO) _____ (DATE LAST RECEIVED)

Was all medical treatment provided by employer or insurance company? _____ (YES) _____ (NO)

If no, state who provided it. _____

ST. FRANCIS HOSPITAL, 3630 Imperial Highway, ~~Downey~~ / Lynwood California
ALSO STATE NAMES AND ADDRESSES OF ALL DOCTORS WHO TREATED OR EXAMINED FOR THIS INJURY

5. Has burial expense been paid? _____ (YES) _____ (NO) $_____. Who paid it? _____

6. This application is filed for:

Death benefit X Burial expense _____ Compensation accrued and unpaid _____

Other _____ Specify: _____

7. The employee left surviving him the following dependents:

NAME	AGE (IF UNDER 21)	RELATIONSHIP TO THE EMPLOYEE	ADDRESS
NONE		NONE	

IMPORTANT—If any applicant is under 21 years of age, it will be necessary to file Petition for Appointment of Guardian ad Litem. Forms for this purpose may be obtained at the office of the Industrial Accident Commission.

WHEREFORE, *applicant requests a hearing and an award for all appropriate benefits he is entitled to by law.*

Dated at Los Angeles (CITY), California, March 22, 1966 (DATE)

Hearing requested at Los Angeles (CITY).

Estimated time of trial _____

Please set now _____; set later on written request _____.

Maurine Clark
APPLICANT'S SIGNATURE

By _____
LAW OFFICES OF STEVEN ROSEMAN
APPLICANT'S ATTORNEY OR REPRESENTATIVE

1621 W. 9th St., (Du 5-3071)
ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR REPRESENTATIVE

Industrial Accident Commission

APPLICATION

FILE SIGNED ORIGINAL AND SIX COPIES
(PLEASE PRINT OR TYPE NAMES AND ADDRESSES)

66LA 292043
CASE No.

Dean Clark
APPLICANT

13331 Lakewood Boulevard
APPLICANT'S ADDRESS

Social Security No. 327-07-9443

Downey, California

Telephone No.

Baldwin -Ehret Hill, Inc.
EMPLOYER

Contracting Div., P.O. Box 34126
EMPLOYER'S ADDRESS

San Francisco, California

Unknown
EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR PERMISSIBLY UNINSURED

INSURANCE CARRIER'S ADDRESS

1. It is alleged that Dean Clark (NAME OF EMPLOYEE), 12/2/1907 (DATE OF BIRTH), while employed on 1940-1966 (DATE OF INJURY) 19___ as a asbestos Worker (OCCUPATION AT TIME OF INJURY) at various places, including San Francisco (CITY, TOWN OR PLACE WHERE INJURY OCCURRED), California, by Baldwin-Ehret Hill, Inc. (NAME OF EMPLOYER) sustained injury arising out of and occurring in the course of the employment.

Lung
STATE WHAT PARTS OF BODY WERE INJURED AND SUBSEQUENT RESULTS

Inhalation of asbestos and other foreign substances
EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED

2. Actual earnings at time of injury $_____ per _____ (WEEK OR MONTH). The basis of pay was: _____ (STATE PAY PERIOD)
OR HOURLY RATE. HOURS A DAY AND DAYS A WEEK

3. Periods disabled for work: Intermittently and since January, 1966
SPECIFY BEGINNING AND ENDING DATES OF ALL PERIODS OFF WORK DUE TO THIS INJURY
_____. Date returned to work _____

4. Was compensation paid? ___ (YES) No (NO) $_____ (TOTAL PAID) $_____ (WEEKLY RATE) _____ (DATE OF LAST PAYMENT)
Have you received unemployment or unemployment compensation disability benefits since the date of injury? ___ (YES) ___ (NO)

5. Was medical treatment received? Yes (YES) ___ (NO). State date last received: currently
Was all treatment provided by the employer or insurance company? ___ (YES) no (NO)
If not, state who provided it. _____
Also state names and addresses of all doctors who treated or examined for this injury. St. Francis Hospital

6. This application is filed because of disagreement regarding liability for:
Temporary disability yes Permanent disability yes Proper Compensation Rate yes
Self-procured medical costs yes Litigation costs yes Medical treatment yes
Other yes Specify: immediate medical treatment and surgery

7. Have you ever had a case for another injury before the California Commission? _____

WHEREFORE, applicant requests a hearing and award for all appropriate benefits provided by law.

Hearing requested at Los Angeles (CITY)

Dated at Los Angeles (CITY), California, February 15, 19 (DATE)

J. Dean Clark (APPLICANT'S SIGNATURE)

Estimated time of trial _____
Please set now ___; set later on written request ___.

LAW OFFICES OF STEVEN ROSEMAN
APPLICANT'S ATTORNEY OR REPRESENTATIVE

1621 E. 9th St., Los Angeles, California
ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR REPRESENTATIVE

Insurance Carriers

1951 Standard Accident Ins. Co. - AZ 718480 (All States Policy)

1956 Travelers Ins. Co. Calif. Policy RUB-4991518

Dean Clark (327-07-9443)

Los Angeles - 3-31-61 - 6-21-61 - B

San Francisco - 5-10-65 - 10-27-65 - A

1

Pt Acc Blk

February 23, 1967

AIR MAIL

Law Offices
Steven Rosenman
1621 West Ninth Street
Los Angeles, California 90015

Gentlemen:

Subject: Dean Clark (Decedent)
Maurine Clark (Widow)
Case 66 LA 292-043

In reply to your letters of February 16 addressed to us and our subsidiary, Armstrong Contracting and Supply Corporation, we wish to advise that our workmen's compensation insurance carrier was Standard Accident Insurance Company in 1951 and The Travelers Insurance Company in 1956 and 1961.

Very truly yours,

Wallace B. Hofferth
Insurance Manager

DHB

Law Offices

STEVEN ROSEMAN

ATTORNEYS AND COUNSELORS AT LAW

1621 WEST NINTH STREET • LOS ANGELES 90015

STEVEN ROSEMAN
ANTHONY J. BRADISSE
HERMAN FEUERSTEIN
JAMES J .WALSH

TELEPHONE:
DUNKIRK 5-3071

February 16, 1967

Armstrong Contracting & Supply Corporation
120 North Lime Street
Lancaster, Pennsylvania

Re: Dean Clark (Decedent); Maurine Clark (Widow)
66 LA 292-043

Gentlemen:

We are the attorneys for the widow of Dean Clark. We are representing Mrs. Clark before the Workmen's Compensation Appeals Board in connection with a claim which alleges exposure to foreign substances, such as asbestos, during the period of 1940 through 1965. Social Security records indicate that Mr. Dean Clark was employed by your company during the following period or periods:

2/23/67 WSH

The second quarter of 1961.

Would you kindly furnish us with the name of your Workmen's Compensation insurance carrier for the above-noted period or periods?

Thank you.

Very truly yours,

STEVEN ROSEMAN

SR:lm

Law Offices

STEVEN ROSEMAN

ATTORNEYS AND COUNSELORS AT LAW

1621 WEST NINTH STREET • LOS ANGELES 90015

STEVEN ROSEMAN
ANTHONY J. BRADISSE
HERMAN FEUERSTEIN
JAMES J .WALSH

TELEPHONE:
DUNKIRK 5-3071

February 16, 1967

Armstrong Cork Company
Liberty and Charlotte Streets
Lancaster, Pennsylvania

Re: Dean Clark (Decedent); Maurine Clark (Widow)
66 LA 292-043

Gentlemen:

We are the attorneys for the widow of Dean Clark. We are representing Mrs. Clark before the Workmen's Compensation Appeals Board in connection with a claim which alleges exposure to foreign substances, such as asbestos, during the period of 1940 through 1965. Social Security records indicate that Mr. Dean Clark was employed by your company during the following period or periods:

The second and third quarters of 1951, the last quarter of 1956.

Would you kindly furnish us with the name of your Workmen's Compensation insurance carrier for the above-noted period or periods?

Thank you.

Very truly yours,

STEVEN ROSEMAN

SR:lm