PLAINTIFF'S EXHIBIT
K-996

STATE OF MICHIGAN
DEPARTMENT OF LABOR

BUREAU OF WORKMEN'S COMPENSATION

PETITION FOR HEARING

THIS FORM TO BE USED FOR
1. All compensation claims. ☐
2. Petition for change of medical. ☐
3. Petitions to fix fees. ☐
4. Rehabilitation. ☐

BEASLEY, DORIS, widow of
EMPLOYEE BEASLEY, THOMAS H. (Last, First, M.I.) 12094 Heyden (Street Address) Detroit (City)

EMPLOYER Owens Corning Fiberglass Company 15300 W. 8 Mile Oak Park (City)
John Mansville Company 832 Fisher Building, Detroit

INSURANCE COMPANY (not agent) (Do not fill in unless known)

The applicant respectfully shows:

1. That this claim relates to a personal injury which occurred on or about 4-24-70, March, 1971
at various places in Wayne County (Place where injury occurred)
OR to a disablement from occupational disease which occurred on or about 4-24-70, 3-24-71

2. That the injury or disablement occurred at DETROIT (City) WAYNE (County) MICHIGAN (State) and in the following manner Exposure over many years to asbestos and fiberglass (Give details)

MAILED
JUN 1 - 1971
Bureau of Workmen's Compensation
LANSING, MICHIGAN

4-24-70 (Last day worked) (Daily Wage at time of injury or disablement) $300 (Weekly earnings)

3. Nature of disability death, pneumoconiosis, asbestosis, bronchitis, carcinoma (Describe part of body injured. If occupational disease, state specific disease)

Date of recovery .... Date of return to work ....

4. If death resulted, give date of death 3-24-71 Relationship of applicant to deceased Wife

5. Names of persons dependent upon injured employee on date of injury Wife, Doris

6. Has compensation been paid or is compensation being paid for this injury? Yes___ No XX

7. If adjustment of attorney or medical fees or funeral expense is sought, please state which and amount

RECEIVED
DEPT. OF LABOR
MAY 24 9 ... AM '71
LANSING, MICH.

Wherefore applicant requests that he be granted such relief as he is entitled to under the Workmen's Compensation Law of Michigan and that the Bureau set this matter for hearing so that the parties hereto may have a determination of their rights under the Workmen's Compensation Law.

Dated at Detroit this 13 day of April 1971

Name and address of Plaintiff's Attorney (if any)
Dice, Sweeney & Sullivan
BY: Sam W. Thomas
1000 Detroit Bank & Trust Building
Detroit, Michigan 48226
WO 2 5909

Signed (Applicant must sign here) [signature]
364-14-3544
Social Security # T.H.Beasley 314-...-6534

Address 12094 Heyden, Detroit

NOTE:—Either party to a dispute regarding compensation matters may apply to the Bureau ... copies of this application must be mailed to the Bureau of Workmen's Compensation, Lans... should keep one copy.

02 209 0609

VITAL STATISTICS DIVISION

CERTIFICATE OF DEATH

Michigan Department of Public Health

4313

LOCAL FILE NUMBER

DECEASED—NAME: 2705 Thomas H Beasley

SEX: Male

DATE OF DEATH: March 24, 1971

RACE: White

AGE—LAST BIRTHDAY (YEARS): 54

DATE OF BIRTH: Nov. 1, 1916

COUNTY OF DEATH: Wayne

CITY, VILLAGE, OR TOWNSHIP OF DEATH: Detroit

INSIDE CITY LIMITS: Yes

HOSPITAL OR OTHER INSTITUTION: 12094 Heyden

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): London.Ontario

CITIZEN OF WHAT COUNTRY: U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married

SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Doris Coats

SOCIAL SECURITY NUMBER: 374-[illegible]-[illegible]

USUAL OCCUPATION: Owen Corning Fiber Glass

KIND OF BUSINESS OR INDUSTRY: Asbestos Worker

RESIDENCE—STATE: Michigan

COUNTY: Wayne

CITY, VILLAGE OR TOWNSHIP: Detroit

INSIDE CITY LIMITS: Yes

STREET AND NUMBER: 12094 Heyden

FATHER—NAME: Thomas Beasley

MOTHER—MAIDEN NAME: Bertha Thomason

INFORMANT—NAME: Mrs Doris Beasley

MAILING ADDRESS: 12094 Heyden Detroit, Michigan 48228

PART I. DEATH WAS CAUSED BY:

(a) [illegible]

DUE TO, OR AS A CONSEQUENCE OF:

(b)

DUE TO, OR AS A CONSEQUENCE OF:

(c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS

GILBERT E [illegible] M.D.

AUTOPSY (YES OR NO): [illegible]

ACCIDENT, SUICIDE, HOMICIDE: [illegible]

DATE OF INJURY

HOUR

HOW INJURY OCCURRED

INJURY AT WORK

PLACE OF INJURY

LOCATION

MAR 24 1971

CERTIFICATION—PHYSICIAN: [illegible]

CERTIFIER—NAME: [illegible]

SIGNATURE: [illegible]

DATE SIGNED: [illegible]

MAILING ADDRESS—CERTIFIER: [illegible]

BURIAL, CREMATION, REMOVAL: Burial

CEMETERY OR CREMATORY—NAME: Wood Lawn Cemetery

LOCATION: Detroit, Michigan

DATE: March 27 1971

FUNERAL HOME—NAME AND ADDRESS: Ross B. Northrop & Son F.H. 22401 Grand River Detroit, Mi[illegible]

FUNERAL DIRECTOR—SIGNATURE: [illegible]

REGISTRAR—SIGNATURE: [illegible]

DATE RECEIVED BY LOCAL REGISTRAR: MAR 25 1971

I hereby certify that the foregoing is a true copy of the record on file in the Detroit Department of Health; attested by the raised seal of the City of Detro[it]

IRENE RENDZ

Division Head, Vital Statistics

Dated JUL 3 0 1971

02 209 0602