



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. Petition to the Gen.	☐
4. Rehabilitation.	☐

BEASLEY, DORIS, widow of
EMPLOYEE BEASLEY, THOMAS H. 12094 Heyden Detroit
Last First MI Street Address City

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

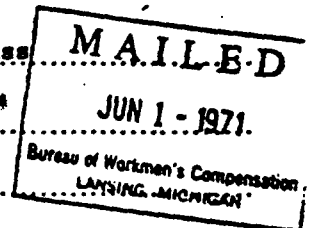
INSURANCE COMPANY (not agent)
(Do not fill in unless insured)

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 WAYNE MICHIGAN and in the following
City County State
manner Exposure over many years to asbestos and fiberglass
(Give details)



4-24-70 \$300
Last day worked Daily Wage at time of injury or disablement 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

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

NO 2 5909

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, Lansing, Michigan should keep one copy.

Signed *Thomas H. Beasley*
(Applicant must sign here)

364-14-3544
Social Security # T.H. Beasley - 4 314-61-6724

Address 12094 Heyden, Detroit

RECEIVED
DEPT. OF LABOR
LANSING, MICH.
MAY 24 9 33 AM '71

02 209 0609

VITAL STATISTICS DIVISION

4313

CERTIFICATE OF DEATH

Michigan Department of Public Health

STATE THE COUNTY

DECLASED— 2705	NAME Thomas H	SURNAME Bansley	SEX Male	DATE OF DEATH—MONTH, DAY, YEAR March 24, 1971
RACE—WHITE, NEGRO, AMERICAN INDIAN, ETC. White	AGE—LAST BIRTHDAY (MONTH, DAY, YEAR) 54	DATE OF BIRTH—MONTH, DAY, YEAR Nov. 1, 1916	COUNTY OF DEATH Wayne	
CITY, VILLAGE, OR TOWNSHIP OF DEATH Detroit	HOUSE CITY (SPECIFY YES OR NO) Yes	HOSPITAL OR OTHER INSTITUTION—NAME IF NOT IN STREET, GIVE STREET AND NUMBER 12094 Heydon		
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, SEPARATED Married	SURVIVING SPOUSE—NAME, DATE MARRIED Doris Coats	
SOCIAL SECURITY NUMBER 374-02-6524	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Owen Corning Fiber Glass	KIND OF BUSINESS OR INDUSTRY Asbestos Worker		
RESIDENCE—CITY, VILLAGE, OR TOWNSHIP Detroit	COUNTY Wayne	CITY, VILLAGE OR TOWNSHIP Detroit	HOUSE CITY (SPECIFY YES OR NO) Yes	STREET AND NUMBER 12094 Heydon
FATHER—NAME Thomas	MOTHER—NAME Bertha Thompson			
MARRIAGE ADDRESS Mrs Doris Bansley		STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP 12094 Heydon Detroit, Michigan 48228		
PART I. DEATH WAS CAUSED BY: (a) <i>Coronary artery disease</i> (b) <i>Myocardial infarction</i> (c) <i>Heart failure</i>				
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAUSING IT <i>CHLORIDE SODIUM</i>				
ACCIDENT—NATURE, HOME, WORK, OR OTHER <i>Automobile</i>	DATE OF INJURY—MONTH, DAY, YEAR <i>March 24, 1971</i>	HOW INJURY OCCURRED <i>While driving</i>	ENTER NATURE OF INJURY IN PART I OR PART II, IF APPROPRIATE	
PLACE OF INJURY—NAME, STREET, FACTORY, OFFICE, ETC. (SPECIFY) <i>Home</i>	LOCATION <i>12094 Heydon</i>	MAP 2 A 107		
CERTIFICATION—PHYSICIAN I attended the deceased from <i>March 1, 1971</i> to <i>March 24, 1971</i> I am satisfied that the death occurred on the date and at the place stated above. I am satisfied that the death was caused by the conditions stated in Part I and Part II.	SIGNATURE <i>[Signature]</i>	DEGREE OR TITLE <i>MD</i>	DATE SIGNED <i>March 25, 1971</i>	
PLACING ADDRESS—CITY, VILLAGE, OR TOWNSHIP <i>Detroit</i>	COUNTY <i>Wayne</i>	STATE <i>Michigan</i>		
EMERAL, CREMATION, REMOVAL, ETC. <i>Burial</i>	NAME OF CEMETERY <i>Wood Lawn Cemetery</i>	LOCATION—CITY, VILLAGE, TWP. OR COUNTY, STATE <i>Detroit, Michigan</i>		
DATE <i>March 27, 1971</i>	FUNERAL HOME—NAME AND ADDRESS <i>Ross B. Northman & Son P.H. 22401 Grand River Detroit, Mich</i>	DATE RECEIVED BY <i>March 25, 1971</i>		

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 Detroit.

[Signature]

IRINE RENDZ
Division Head, Vital Statistics

Dated JUL 30 1971

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