NO. ________ Ford Motor Company 1631 (PLANT & LOCATION)

☐ Pol. 18GCC 27500/01
☐ FOLIP

NAME OF INSURED [illegible] Green

SOC. SEC. NO. 362-40-1843

Spouse ☐ Child ☐

DEPENDENT'S NAME

Date of Birth

Date of Birth 4/17/41

Date of Death 2/18/79

NAME OF SPOUSE [illegible] (SUPPLY BIRTH AND MARRIAGE CERTIFICATE)

Birthdate of Spouse

Address of spouse [illegible]

Date of Marriage

City, State, Zip [illegible]

Enrolled Part B Medicare (If spouse over age 65) ☐ Yes ☐ No

Dept. No. 1-7131-1 Job Classification [illegible]

Date of last reinstatement:

Date of hire 9/6/66 If rehired, date

If retired, give date and type of retirement

☐ Dis. ☐ Sp. Early
☐ Early ☐ Normal

NAME	J. W. GREEN
SSN	362-40-1843 04 41
DATE OF DEATH	02-79
AUTOPSY	N
DATE RETIRE	00 00
DATE CF HIRE	09-66
PAYROLL LOCATION	1631
STATE OF	MI
RACE SEX	1
SALARY HOURLY	H
	N
CAUSE OF DEATH 1	~~1990~~ 162.9
2	
3	
OTHER SIGNIFICANT CONDITION	

DEATH CERTIFICATE ABSTRACT

Comp claim by surviving spouse
DAVE KAMINSKI Legal Staff,
Ren Cen 5684482

Box B339 Ren Cen

Records rel 6/94

REMIP deductions $

Survivor benefit elected

Eligible for Company Paid

Eligible to continue 23 months

Eligible to continue to age 62

Eligible to continue for life

Date Reported

By Whom

Address

Phone No.

Plan Code

DTKR 0000351
Produced Subject Protective Order by Ford Motor Company

FORM 10GF (FORD) 5M - 3-78

DECEDENT

1. DECEDENT NAME: Johnie

4. RACE: White | 5a. AGE: 38 | 5b. UNDER 1 YEAR | 5c. UNDER 1 DAY | 6. DATE OF BIRTH (Mo., Day, Yr.): Apr. 17, 1941 | 7a. COUNTY OF DEATH: Lenawee

7b. LOCATION OF DEATH: Inside city limits of Adrian, Mich | 7c. HOSPITAL OR OTHER INSTITUTION: Emma L. Bixby Hospital

8. STATE OF BIRTH: Ala. | 9. CITIZEN OF WHAT COUNTRY: USA | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married | 11. SURVIVING SPOUSE: Sylvia Smith | 12. WAS DECEDENT EVER IN U.S. ARMED FORCES?: no

13. SOCIAL SECURITY NUMBER: 362-40-1843 | 14a. USUAL OCCUPATION: Set-Up-Man | 14b. KIND OF BUSINESS OR INDUSTRY: Ford Motor Co.

15a. CURRENT RESIDENCE-STATE: Mich | 15b. COUNTY: Lenawee | 15c. LOCALITY: Inside city limits of Adrian, Mi | 15d. STREET AND NUMBER: 165 N. McKenziee

PARENTS

16. FATHER-NAME: Gordon A. Green | 17. MOTHER-MAIDEN NAME: Ileatha Brumley

18a. INFORMANT (Signature): Sylvia Green | 18b. MAILING ADDRESS: 165 N. McKenzie, Adrian, Mich 49221

CAUSE OF DEATH

19. PART I IMMEDIATE CAUSE
(a) PNEUMONIA — 2 wks
DUE TO, OR AS A CONSEQUENCE OF:
(b) MESOTHELIOMA RT. LUNG — 3-4 MONTHS
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II OTHER SIGNIFICANT CONDITIONS

20. AUTOPSY: no | 21. WAS CASE REFERRED TO MEDICAL EXAMINER?: no

22a. PLACE OF DEATH: Hospital | 22b. IF HOSP. OR INST.: inpatient

CERTIFIER

23a. (Signature and Title) [signature] MD
23b. DATE SIGNED (Mo., Day, Yr.): 2-19-79 | 23c. HOUR OF DEATH: 12:48 P M
23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:

24a. MEDICAL EXAMINER (Signature and Title) | 24b. DATE SIGNED | 24c. HOUR OF DEATH | 24d. PRONOUNCED DEAD ON | 24e. PRONOUNCED DEAD AT

25. NAME AND ADDRESS OF CERTIFIER: X. Skufis, M.D. 123 Chestnut St., Adrian, Michigan 49221

26a. ACC., SUICIDE, HOM., NATURAL OR PENDING INVEST. | 26b. DATE OF INJURY | 26c. HOUR OF INJURY | 26d. DESCRIBE HOW INJURY OCCURRED
26e. INJURY AT WORK | 26f. PLACE OF INJURY | 26g. LOCATION

DISPOSITION

27a. BURIAL, CREMATION, REMOVAL, OTHER: Burial | 27b. CEMETERY OR CREMATORY-NAME: Lenawee Hills Memo. Gds | 27c. LOCATION: Tecumseh Twp. Mi.

27d. DATE: Feb. 21, 1979 | 28a. NAME OF FACILITY: Braun Bros. Funeral Home | 28b. ADDRESS OF FACILITY: 1501 W. Maumee, Adrian, Mi

28c. FUNERAL SERVICE LICENSEE (Signature): [signature] | 29a. REGISTRAR (Signature): Sally Jennings | 29b. DATE RECEIVED BY REGISTRAR: Feb. 20, 1979

B-38a (4/78)

DTKR 0000352
Produced Subject Protective
Order by Ford Motor Company

I, Patricia J. Johnston, Clerk of the County of Lenawee, do hereby certify that the above is an exact copy of the record which is on file in the office of the Lenawee County Clerk, State of Michigan, Adrian, Michigan.

IN TESTIMONY THEREOF, I have hereunto set my hand and affixed the seal of said County Clerk this 20th day of Feb., 1979 A.D.

[signature]
Patricia J. Johnston, County Clerk

[signature]
Deputy Clerk

	1 Social Security No.	2 Source	3 Maint Cd	4 Employe Name	F I	M I	5 Birth Date Y	M	D	6 Ford Service Date Y	M	D	7 Home Address (Zip)	8 Sex/Race	9 Plant Snrty Date Y	M	D	10 Plant Code	11 Effective Date Y	M	D	12 Shift	13 M/S Cd
1	362401843			GREEN	J	W	41	04	17	66	09	06	49221	1	66	09	06	1631	66	09	06		H
2																			66	10	18		
3																			67	04	10		
4	(Pre employment			Inf attached)															67	06	26		
5																			67	07	31		
6																			67	12	25		
7																			68	04	29		
8																			68	05	06		
9																			68	05	06		
0																			68	05	27		
1																			68	06	26		
2																			68	08	26		
3																			69	12	01		
4																			70	01	19		
5																			70	07	13		
6																			78	06	12		
7																			78	06	19		
8																			78	11	29		
9																			79	02	19		
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6																							
7																							
8																							
9																							
0																							

PROBLEM _____ PROGRAMMER _____ DATE _____

LIST LAST EMPLOYERS STARTING WITH PRESENT JOB.

NAME AND ADDRESS OF COMPANY	FROM MO.	FROM YR.	TO MO.	TO YR.	OCCUPATION	REASON FOR LEAVING	LEAVE BLANK RECORD CHK.
PEERLESS GEAR + MACH CLINTON	2	5[illegible]			GRINDER		
BUDD WHEEL-CLINTON	8	51	2	66	LIFT TRUCK	LAID OFF	
TECUMSEH PRODUCTS	12	65	2	66	LATHE OPER.	LAID OFF	
C. J. ROGERS CONST DETROIT	7	65	12	65	LABORER	LAID OFF	
M.P.I. INDUSTRIES JACKSON, MISS.	12	62	7	65	ASSEMBLER	MOVED	

IF EVER HIRED BY FORD OR SUBSIDIARIES GIVE NAME OF PLANT AND DATES

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I CERTIFY THAT SUCH STATEMENTS ARE TRUE AND UNDERSTAND THAT MISREPRESENTATION MAY BE CAUSE FOR SEPARATION.

APPLICANT'S SIGNATURE X Johnie W. [illegible]

APPLICANT - DO NOT COMPLETE BELOW THIS LINE

UNION CODE	UNION INIT. FEE	UNION DED. AMT.	SUPP.	EXEMPTIONS FEDERAL	ST. CODE	ST. EXEM.	CITY CODE	CITY EXEMP.	BONDS AMOUNT	BONDS CODE	UNITED FUND	JOHN HANCOCK	MED. INS.
52	15.00	05.00	—	0-1	48	000	00	000	00.00	0	025	04	176

PLANT UNIT	PLANT SENIORITY DATE	BASIC UNIT	FORD SENIORITY DATE	MEDICAL CODE	DATE OF ENTRY	TRANS. CODE	DATE OF ACTION	DATE RATE EFFECTIVE	PLANT LOCATION
137	09-06-66					10			1631

AREA CODE	RATE	OCCUPATION CODE	SKILL GROUP	GROUP NO.	SPREAD RATE	OCCUPATION TITLE
3-2642-1	2.855	01-0-116	—	0	NO	ASSEMBLY

HIRE ☑ RE-HIRE ☐ REIN-STATE ☐ | MEDICAL EXAMINATION: A | PLT. PHYSICIAN: [illegible signature] | REASON FOR HIRING | PLACEMENT UNIT

I PT ______
PART I ______
PART 2 ______

MINIMUM AGE CHK'D.

INTERVIEWER'S COMMENTS AND SIGNATURE: BC

HOURLY EMPLOYMENT APPLICATION
(PRINT ALL ENTRIES)

JOB APPL. FOR → 1 | YRS. EXP. | 2 | YRS. EXP.

SOCIAL SECURITY NO.	NAME (LAST, FIRST, MIDDLE INITIAL OR MAIDEN NAME)	HEIGHT	WEIGHT	WILLING TO WORK ANY SHIFT & TO CHANGE SHIFTS AS REQ. BY COMPANY	CURRENT DATE
362-40-8743	GREEN JOHNIE W	5'11"	150	YES ☑ NO ☐	

ADDRESS (NUMBER, STREET, CITY, STATE)	(ZIP CODE)	TELEPHONE NO.
1760 BENI OAK RD. ADRIAN, MICH.		263-2456

SEX	BIRTH DATE	UNITED STATES CITIZEN	MARITAL STATUS	NO. OF DEPEN.	HOW LONG IN CITY?
☐ FEMALE	11-17-41	YES ☑ NO ☐	SINGLE ☐ MARR'D ☑ DIV'D ☐ WDW(ER) ☐ SEPAR'D ☐	3	

U.S. MILITARY SERVICE →	DATES OF U.S. MILI. SERVICE	BRANCH: ARMY ☐ NAVY ☐ AIR FCE ☐ USMC ☐ CST GD ☐	DUTY, ARM, OR SERVICE	MOST RECENT GRADE	SELEC SERVICE CLASSIFICATION
					3A

EDUCATION →	CIRCLE THE HIGHEST EDUCATION LEVEL COMPLETED →	YRS.	GRADE SCHOOL 8 OR LESS	HIGH SCHOOL 1 2 3 4	COLLEGE 1 2 3 4	BACH. DEG.	CIRCLE ANY ADDITIONAL EDUCATION → YOU HAVE HAD	APPRENTICE TRAINING	APPRENTICE GRADUATE	OTHER (E.G. BUSINESS, TRADE OR VOCATIONAL SCHOOL):
		10	A	B C D	E F G	H		1	2	3

	YES	NO	
HAVE YOU EVER BEEN ARRESTED (OTHER THAN MINOR TRAFFIC VIOLATIONS?)	☐	☑	IF YES, GIVE DATE, PLACE, AND REASON:
HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN?	☐	☑	IF YES, STATE CONDITIONS:
DO YOU HAVE ANY RELATIVES WORKING FOR FORD MOTOR COMPANY?	☐	☑	IF YES, GIVE NAME, WORK LOCATION, AND RELATIONSHIP:
HAVE YOU EVER BEEN SERIOUSLY ILL OR INJURED?	☐	☑	IF YES, STATE CIRCUMSTANCES AND DATES INVOLVED:
HAVE YOU HAD A PREVIOUS PHYSICAL EXAMINATION BY FORD MOTOR COMPANY?	☐	☑	IF YES, STATE WHERE AND WHEN:
DO YOU HAVE ANY PHYSICAL DEFECTS?	☐	☑	IF YES, EXPLAIN:

GIVE NAME, ADDRESS, PHONE NO. OF PERSON WE SHOULD CONTACT IN EMERGENCY:

SYLVIA S. GREEN 2160 BENI OAK RD. ADRIAN MICH.

Ford IND REL JUN 68 46 (Previous Editions may NOT be used) An Equal Opportunity Employer (OVER)

DTKR 0000355
Produced Subject Protective Order by Ford Motor Company

Attending Physician's Report

Date 1/25/79

To the attending Physician:

The bearer, an active or former employe, reports that his absence from work is due to illness. We would greatly appreciate your cooperation in furnishing the information requested below. This is important in protecting his length of service with the Company and will assist in placing the employe on work suitable to his physical condition. Failure to complete this form will delay action on the sick leave.

ANTHONY PACEK, M.D.
7700 E. Michigan Ave.
Saline, Michigan 48176
(Plant Physician)

Plant location Saline Plant

Mailing address

1. Patient James W Green (First, middle initial, last) S.S. No. 362-40-1843 Hourly ☐ Salaried ☐
2. Nature of present disability (diagnosis) Mesothelioma
3. Diagnosis based on: (Please check) Patient's history ☐. Clinical findings only ☐. X-ray ☒. Laboratory findings ☐, or Additional findings: Proven by open thoracotomy + biopsy
4. On what date did patient first consult you due to present illness or injury? 12/22/78
5. If surgery has been performed, date and nature of operation 12/20/78 open thoracotomy + decortication
6. If patient was hospitalized, indicate duration 12/11/78 — 1/15/79, re-admit 1/23/79 pres
7. Is patient totally disabled at the present time? Yes ☒ No ☐ How long has patient been totally disabled by this injury or illness so that he was prevented from working? From November 30 19 78 to and including present 19 ___.
8. If disabled, what is estimated length of future disability? 6 MOS.
9. Is disability due to his occupation? Yes ☐ No ☒
10. Remarks or recommended work restrictions:

In addition to the above information, list dates of ALL other visits by patient due to present illness or injury and detail treatment given or prescribed. (Use back of form).

Signed Andrew C. Eisenberg MD
(Attending Physician)
Address Charles F. Gehrke, M.D., [illegible] 3810
Telephone No. [illegible] Date

5166

DTKR 0000367
Produced Subject Protective Order by Ford Motor Company

Attending Physician's Report

Date 12-28-78

To the attending Physician:

The bearer, an active or former employe, reports that his absence from work is due to illness. We would greatly appreciate your cooperation in furnishing the information requested below. This is important in protecting his length of service with the Company and will assist in placing the employe on work suitable to his physical condition. Failure to complete this form will delay action on the sick leave.

ANTHONY PACEK, M.D.
7700 E. Michigan Ave.
Saline, Michigan 48176
(Plant Physician)

Plant location Saline Plant

Mailing address

1. Patient GREEN, JOHN W. (First, middle initial, last) S.S. No. 362 40 1843 Hourly ☑ Salaried ☐
2. Nature of present disability (diagnosis)) RIGHT PLEURAL MESOTHELIOMA
3. Diagnosis based on: (Please check) Patient's history ☑. Clinical findings only ☐. X-ray ☑. Laboratory findings ☑. or Additional findings: PLEURAL BIOPSY, SURGICAL SPECIMEN FROM THORACOTOMY
4. On what date did patient first consult you due to present illness or injury? 12-11-78
5. If surgery has been performed, date and nature of operation THORACOTOMY 12-21-78
6. If patient was hospitalized, indicate duration 12/1 → 12/11/78, 12/11/78 → (at St. Joseph Mercy Hospital)
7. Is patient totally disabled at the present time? Yes ☒ No ☐ How long has patient been totally disabled by this injury or illness so that he was prevented from working? From 12-1-78 19 to and including present 19
8. If disabled, what is estimated length of future disability? Indefinite, perhaps permanent
9. Is disability due to his occupation? Yes ☐ No ☒
10. Remarks or recommended work restrictions:

In addition to the above information, list dates of ALL other visits by patient due to present illness or injury and detail treatment given or prescribed. (Use back of form).

Signed C. M. Wahlstrand (Attending Physician)
Address P.O. Box 994, Professional Office Bldg Suite 2835, Ann Arbor Mich. 48106
Telephone No. 434 6444 Date 12-28-78

5166

Attending Physician's Report

Date November December 5, 1978

To the attending Physician:

The bearer, an active or former employe, reports that his absence from work is due to illness: We would greatly appreciate your cooperation in furnishing the information requested below. This is important in protecting his length of service with the Company and will assist in placing the employe on work suitable to his physical condition. Failure to complete this form will delay action on the sick leave.

ANTHONY PACEK, M.D.
7700 E. Michigan Ave.
Saline, Michigan 48176
(Plant Physician)

Plant location Saline Plant

Mailing address

1. Patient Johnie W. Green (First, middle initial, last) S.S. No. 362-40-1843 Hourly ☒ Salaried ☐
2. Nature of present disability (diagnosis)) Pneumonia and pleurisey
3. Diagnosis based on: (Please check) Patient's history ☒. Clinical findings only ☐. X-ray ☒. Laboratory findings ☐. or Additional findings:
4. On what date did patient first consult you due to present illness or injury? 11-22-78
5. If surgery has been performed, date and nature of operation
6. If patient was hospitalized, indicate duration hospitalized 12-1-78
   Emma L. Bixby Hospital, Adrian, Michigan -
7. Is patient totally disabled at the present time? Yes ☒ No ☐ How long has patient been totally disabled by this injury or illness so that he was prevented from working? From 11-22-78 19 to and including still hospitalized 19 .
8. If disabled, what is estimated length of future disability? cannot say
9. Is disability due to his occupation? Yes ☐ No ☒
0. Remarks or recommended work restrictions:

In addition to the above information, list dates of ALL other visits by patient due to present illness or injury and detail treatment given or prescribed. (Use back of form).

Signed X. Skufis, M.D. (Attending Physician)
Address 123 Chestnut St., Adrian, Mich. 49221
Telephone No. 263-3131 Date 12-5-78

Form 72 5166