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vol. II

Mrs. Marguerite C. Oswald
vs.
Liberty Insurance Company of Texas
FINAL JUDGMENT

The Court hereby finds that the plaintiff has contracted with his attorney of record to represent him before the Industrial Accident Board and in this court and has agreed to pay said attorney's fee within the limits provided by law.

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26002

The Court is further of the opinion that judgment should be entered herein carrying into effect said compromise settlement agreement.

It is therefore ORDERED, ADJUDGED and DECREED that the plaintiff,

~~John W. [unclear]~~

do have and recover of and

from the defendant,

~~Liberty Insurance Company of Texas~~

the sum of

~~Twenty Seven Thousand Dollars and no/100~~

(~~\$27,000.00~~) Dollars and costs of this suit, and that out of said sum of money there is hereby awarded unto

~~John W. [unclear]~~

attorney for plaintiff, the sum of \$

as attorneys' fees, which the Court hereby finds to be a reasonable and fair fee, and the Court hereby finds that the services rendered by said attorney are reasonably worth the said sum of money herein allowed as such fee, and the said claimant under the compensation law has been benefited to such an extent as to justify the allowance of such fee.

It is hereby further ORDERED, ADJUDGED and DECREED that the award of the Industrial Accident Board heretofore entered in this case be and the same is hereby in all things set aside and nullified.

It is hereby further ORDERED, ADJUDGED and DECREED that all the costs herein be and the same are hereby taxed against the defendant herein.

The Court hereby further finds that contemporaneously with the entry of this judgment the defendant paid the sum of money herein above awarded, as herein directed, and that this judgment has been satisfied in full contemporaneously with its entry.

It is therefore hereby further ORDERED, ADJUDGED and DECREED that no execution issue herein upon this judgment, except for costs.

DEC 21 1947

Vol. 11

The Court hereby finds that all of the jurisdictional facts exist vesting this Court with jurisdiction of this suit and alleged cause of action.

2-16-02

It is so ORDERED this the _____ day of _____, 19__

(Signed) Harris Brewster,
JUDGE PRESIDING

AGREED TO:

T. Maguire Plaintiff

W. W. [unclear]
Attorney for the Plaintiff

[Signature]
Attorney for the Defendant

A CERTIFIED COPY
ATTEST: Dec 18 1917
D. L. [Signature]
Deputy

RESOLVED
DEC 22 1917
THIS COURT

ACKNOWLEDGMENT OF NOTICE OF INTENTION TO APPEAL

EMPLOYEE

Mrs. Marguerite C. Oswald

Messrs. Spurlock, Schattman &
Jacobs, Attorneys
601 Sinclair Building
Fort Worth, Texas

VS
EMPLOYER

King Candy Company

INSURANCE
CARRIER

Liberty Insurance Company of Texas
Box 939
Fort Worth, Texas

CC

LAB 11-53

Mr. M. J. Flahive, Austin, Texas

DATE AWARD ENTERED	DATE NOTICE OF INTENTION TO APPEAL RECEIVED	BOARD NO.
8/6/59	8/21/59	T 10092
INSURANCE CO. NO.		W-11073
NOTICE RECEIVED FROM		
<input checked="" type="checkbox"/> INSURANCE CARRIER	<input type="checkbox"/>	EMPLOYEE

INDUSTRIAL ACCIDENT BOARD
AUSTIN, TEXAS

Receipt of Notice of Intention
to Appeal from award of the
Board as indicated above is
hereby acknowledged.

Joe B. Moor, Jr.
EXECUTIVE DIRECTOR
AND
SECRETARY

WHEN WRITING TO THE BOARD CONCERNING THIS
CLAIM ALWAYS GIVE THE BOARD'S NUMBER AND
STYLE OF THE CASE

Mr. John W. Laird, Attorney

8/21/59 mb

5

Honorable Industrial Accident Board
Walton Building
Austin, Texas

Board No. T 16002
Ins. Co. No. W 11672

RE: 4

Mrs. Marquerite C. Oswald, Employee
King Candy Company, Employer
Liberty Insurance Company of Texas, Insurer

Gentlemen:

You are hereby notified that Liberty Insurance Company of Texas is not willing to, and will not, abide by the final ruling, decision and award made by the Industrial Accident Board of the State of Texas in the above styled and numbered Cause on the 4 day of August, 19 59, and that it will, within twenty days after service of this notice of appeal on the Industrial Accident Board of the State of Texas; bring suit in some court of competent jurisdiction in the county where the injury to the said Mrs. Marquerite C. Oswald, occurred and/or was alleged to have occurred, to have the said Cause tried de novo in said court.

LIBERTY INSURANCE COMPANY OF TEXAS
P.O. BOX 939 - FORT WORTH, TEXAS

By: M. J. Flahive
M. J. Flahive

The Industrial Accident Board of the State of Texas acknowledges receipt of the above notice of appeal on this the 21 day of August, A.D. 19 59.

INDUSTRIAL ACCIDENT BOARD, STATE OF
TEXAS

By: [Signature]



916002
b

INDUSTRIAL ACCIDENT BOARD
AUSTIN, TEXAS

FORT WORTH, TEXAS
August 18th, 1956

GENTLEMEN:

This will advise that a suit was filed in this Court
to set aside the award of the Industrial Accident Board of
Austin, Texas, and styled:

Mrs. Marguerite C. Oswald

VS. NO. 13-67-C

Liberty Ins. Co. of Texas

The Number of the Board is None
The date of the alleged injury was Dec. 1, 1956
The name of the Employer was K&A Candy Co.

Yours very truly,

Gene Smith,
District Clerk,
Tarrant County, Texas
By Gene Smith, Deputy
Gene Smith

RECEIVED
AUG 21 1956

ACKNOWLEDGMENT OF NOTICE OF INTENTION TO APPEAL

EMPLOYEE

Mrs. Marguerite C. Oswald

Messrs. Sourlock, Schattman & Jacobs, Attorneys
601 Melclair Building
Fort Worth, Texas

VS
EMPLOYER

King Candy Company

INSURANCE
CARRIER

Liberty Insurance Company of Texas
Box 939
Fort Worth, Texas

IAB 11-53

Mr. M. J. Clahive, Austin, Texas

5

DATE AWARD ENTERED	DATE NOTICE OF INTENTION TO APPEAL RECEIVED	BOARD NO.
8-4-59	8-7-59	T 16002
INSURANCE CO. NO.	W 11672	

NOTICE RECEIVED FROM

INSURANCE CARRIER EMPLOYEE

INDUSTRIAL ACCIDENT BOARD
AUSTIN, TEXAS

Receipt of Notice of Intention to Appeal from award of the Board as indicated above is hereby acknowledged.

Joe B. Moore, Jr.
EXECUTIVE DIRECTOR
AND
SECRETARY

WHEN WRITING TO THE BOARD CONCERNING THIS CLAIM ALWAYS GIVE THE BOARD'S NUMBER AND STYLE OF THE CASE
Mr. John W. Laird, Attorney

8-10-59 mb

JOS SPURLOCK
DENNING SCHATTMAN
KELLY JACOBS
TOM CAVE

LAW OFFICES OF
SPURLOCK, SCHATTMAN & JACOBS
601 SINCLAIR BUILDING
FORT WORTH 2, TEXAS
August 5, 1959

TELEPHONE
EDISON 5-4547

Industrial Accident Board
Walton Building
Austin, Texas

Re: Board No.: T 16003
Insurance Co. No.: W-11672

Gentlemen:

Mrs. Marguerite C. Oswald, claimant and a party at interest in the cause shown above, respectfully notifies you, and through you all other interested parties, that he is not willing and does not consent to abide by your final ruling and decision made and entered in this cause on the 4th day of August, 1959; and that within 20 days after the filing with you of this notice, and within the time and in the manner required by law, he will bring suit in a court of competent jurisdiction to set aside said final ruling and decision.

Dated at Ft. Worth, Texas, this 5th day of August, 1959.

SPURLOCK, SCHATTMAN & JACOBS

BY: [Signature]
Attorneys for Claimant.

THIS WILL ACKNOWLEDGE RECEIPT IN THIS OFFICE
OF NOTICE OF INTENTION TO APPEAL ON
AUG 7 1959
INDUSTRIAL ACCIDENT BOARD
BY Margaret C. Keys

RECEIVED
AUG 7 1959
TEXAS INDUSTRIAL
ACCIDENT BOARD

AWARD OF BOARD

EMPLOYEE

Mrs. Marguerite C. Oswald
 313 Templeton Drive
 Fort Worth 7, Texas

DATE NOTICE
 MAILED CLAIMANT

W-11672

DATE OF
 HEARING

BOARD
 NUMBER

T 16002
 INSTANT
 CASE NO.

INDUSTRIAL ACCIDENT BOARD
 WALTON BUILDING
 AUSTIN 14, TEXAS

Messrs. Spurlock, Schattman & Jacobs, Attorneys
 601 Sinclair Building
 Fort Worth, Texas

VS
 EMPLOYER

King Candy Company

INSURANCE
 CARRIER

Liberty Insurance Company of Texas
 P.O. Box 939
 Fort Worth, Texas

CC:

mm Mr. M. J. Flahive, Austin, Texas Mr. John W. Laird, Attorney

DATE OF INJURY

12-5-58

NATURE OF INJURY

On date of hearing after due notice to all parties, came the above numbered and described claim for compensation to be considered by the Industrial Accident Board, and the Board finds and orders: (Only Findings Orders, etc. X'd in appropriate spaces below apply.)

1. Finds that on date of injury the employee sustained injury in the course of employment of the employer named above who was a subscriber under the Workmen's Compensation Act, insured with the insurance carrier named above.
2. Finds that employee's average weekly wage before the injury was \$48.65
3. Finds that the compensation rate is \$ 29.19
4. Orders: The carrier to pay employee \$29.19 per week for 32 consecutive weeks for total disability beginning on 12-6-58 for injuries received
5. Orders: The carrier to pay employee \$ per week for consecutive weeks (following payment of compensation, if any, due for total disability) for % permanent loss of
6. Compensation ordered paid under this award which has accrued from date disability began to date this award is entered, less payments already made, shall be paid in a lump sum.
7. Special Findings and Orders:
 - That payments of compensation have matured in the sum of \$934.00.
 - That named employee has no loss in wage earning capacity.

1

8. Orders: The carrier to deduct from this award and to pay to the above named attorney(s) a fee on the unpaid portion of this award in the amount of 15% of the amount ordered paid.

Title to the final award of the Board. Any claim for additional medical, hospital, nursing, etc. charges and medical expenses should be made within 6 months from the date of this award. If you are dissatisfied with this award and desire to appeal it, you must file the Board within 60 days from the date this award is ordered and thereafter file suit to carry within 90 days from the date of order by the Board. This award is based on the 4th August 1958.

THE INDUSTRIAL ACCIDENT BOARD

[Signature]

CHAIRMAN

LAW OFFICES
MAURICE FLAHERTY
ANN HYTE, RECV.

TELEPHONE GR 7-4400
V.F.W. BUILDING
AUSTIN, TEXAS

JULY 27, 1959

HONORABLE INDUSTRIAL ACCIDENT BOARD
WALTON BUILDING
AUSTIN, TEXAS

RE: BOARD No. 11666 - W-11673
EMPLOYEE: MARGURITE OSWALD
EMPLOYER: KING LINDY COMPANY
INSURER: LIBERTY INSURANCE CO. OF TEX.
D/A: 7/14/59

GENTLEMEN:

WE PREVIOUSLY BRIEFED THIS CASE ON HEARING DATE, SHOWING THAT WE HAD PAID A TOTAL OF \$385.00 COMPENSATION PLUS \$365.00 MEDICAL, AND WE SUBMITTED THE REPORT OF DR. SELBERG AND THE REPORT OF DR. HAMILTON, SHOWING NO PERMANENT INJURY WHATSOEVER. HOWEVER, OUR CLAIM DEPARTMENT IN FORT WORTH HAS BEEN IN TOUCH WITH THE ATTORNEY, REPRESENTING THE LADY, AND WE UNDERSTAND THAT HE HAS NOT FILED A MEDICAL YET WITH THE BOARD.

ORIGINALLY, OUR ADJUSTER HAD AN AGREEMENT WITH ATTORNEY JACOBS TO HAVE THIS WOMAN EXAMINED BY DR. HENRY C. GARDINER @ THE MEDICAL ARTS BUILDING, FORT WORTH, TEXAS, BUT THE ATTORNEY ADVISES US THAT HIS CLIENT REFUSES TO SUBMIT TO AN EXAMINATION BY A PSYCHIATRIST. WE FEEL THAT IN ORDER TO GIVE THIS WOMAN THE BENEFIT OF EVERY DOUBT THAT SHE SHOULD BE EXAMINED BY DR. GARDINER AT THE ABOVE ADDRESS BEFORE A FINAL AWARD IS ENTERED. ACTUALLY, OUR POSITION IS THAT THE MEDICAL REPORTS WHICH WE HAVE HITHERTO FILED ARE ADEQUATE FOR OUR DEFENSE AND SHOW A FULL RECOVERY WITH NO PERMANENT INJURY, BUT IN FAIRNESS TO THE CLAIMANT, WE THINK THAT THE BOARD SHOULD ENTER AN ORDER DIRECTING HER TO DR. GARDINER, MEDICAL ARTS BUILDING, FORT WORTH, TEXAS FOR AN UP-TO-DATE PSYCHIATRIC EXAMINATION AT THE REQUEST AND EXPENSE OF THE INSURANCE COMPANY WITH A SIGNED COPY TO GO TO THE ATTORNEY. WE ARE SENDING THE ATTORNEY A COPY OF THIS MEMORANDUM AS A MATTER OF COURTESY BECAUSE IT APPEARS THAT THE ATTORNEY WAS NOT THE PARTY WHO IS REFUSING THIS EXAMINATION. ON THE OTHER HAND, IF THE BOARD ELECTS NOT TO ORDER THIS EXAMINATION, WE AGAIN CONTEND FOR AN AWARD REFUSING FURTHER RECOVERY, BASED ON OUR PRIOR EVIDENCE.



RESPECTFULLY SUBMITTED,

9-96002
0 11

LIBERTY INSURANCE CO. OF TEXAS
P.O. NO. 967
FORT WORTH 1, TEXAS

BY *H. J. Flahive*
H. J. FLAHIVE

NO. 34P

CC - MESSRS. SPURLOCK, SCHATTMAN & JACOBS, ATTORNEYS
601 S. CLAIR BUILDING
FORT WORTH, TEXAS

RECEIVED
JUL 28 1950
TEXAS INDUSTRIAL
ACCIDENT BOARD

7-14
/

TELEPHONE GR 6-2682

JOHN W. LAIRD

ATTORNEY AT LAW
238 PERRY-BROOKS BLDG.
AUSTIN 1, TEXAS

July 22, 1959

Industrial Accident Board
Austin, Texas

12
Re: T-16002
Marguerite Oswald
vs
King Candy Company

Gentlemen:

On December 5, 1958 Mrs. Oswald sustained severe injuries to her face, head and neck when she was struck by some falling objects.

We call your attention to the report of Dr. Lester L. Hamilton which is submitted in support of this claim. This report shows the extent of the injuries sustained and the treatment given. We also submit the completed hearing statement of Mrs. Oswald.

We shall appreciate an award in line with the evidence we have submitted.

RECEIVED
JUL 22 1959
TEXAS INDUSTRIAL
ACCIDENT BOARD

Very truly yours,

John W. Laird
John W. Laird, associated with
Spurlock, Schattman & Jacobs,
attorneys for claimant

JWL:rs
encls: Medical & hearing stmt to IAB

cc: Spurlock, Schattman & Jacobs
601 Sinclair Bldg.
Fort Worth, Texas

LESTER L. HAMILTON, D. O.
PHYSICIAN AND SURGEON

CARL E. EVERETT, D. O.
PHYSICIAN AND SURGEON

HAMILTON-EVERETT CLINIC
8728 CAMP BOWIE BLVD.
DALLAS, TEXAS 75243
FORT WORTH 7, TEXAS

June 8, 1959

Hand file

16002

To Whom It May Concern:

Mrs. Marguerite Oswald came to us February 20, 1959 with history of having been struck in the right side of her face by falling boxes while working at Fair Ridgley in the candy department. She stated that she later had an abscess of the right side of the face which was treated by Dr. J. Robert Harris with ten shots of penicillin. She also stated that she had been given first aid by Dr. Hardwick just after the accident. She stated that she had a heavy feeling in her head, soreness in her neck and her jaw was not working correctly. An examination revealed a partially limited motion of the right temporo-mandibular joint with a popping noise upon movement. There was also considerable tenderness in the neck and a grating sound upon movement. There was also grating sound upon movement of the cervical area. She was given osteopathic manipulation and medecsonalater treatment. (ultra sound and muscle stimulation) She was seen and treated on February 20, 21, 23, 25, 27, 28, March, 2, 4, 6, 9. On March 12, she stated that she had had a sharp shooting pain in right temple area for three days. The treatments were continued on March 12, 16, 18 and 20, with the physiotherapy being used over the temple and face area.

On March 23, we packed and irrigated the sinuses and obtained yellow pus in the washings. Sinus irrigations were given on March 23, 25, 27, 30, April 2, 4, 6, 9, 11.

On April 13 she was referred to Dr. W.W. McKinney and since I had mentioned that I might want her to see an EENT doctor, she also made an appointment for herself and saw Dr. J.C. Baker. Dr. McKinney felt that she had a maxillary sinusitis and suggested continued sinus irrigations. However Dr. Baker felt that the sinuses were clear. Both Doctors mentioned the possibility of the involvement of the maxillary division of the 5th cranial nerve. It was our feeling that she had a neuralgia or neuritis of this nerve and that the sinuses were clear for we had ceased getting pus upon irrigation. We gave her some B/I2 injections and prescribed B/I2 and Decadron orally and continued the Medecsonalater treatments.

On May 9, 1959 we referred her to X-ray department of the Fort Worth Osteopathic Hospital for pan-sinus X-rays since it appeared to us that the right frontal sinus trans illuminated poorly. The X-rays showed a sinus infection.

RECEIVED
JUL 22 1959
TEXAS INDUSTRIAL
ACCIDENT BOARD

LESTER L. HAMILTON, D. O.
PHYSICIAN AND SURGEON

CARL E. EVERETT, D. O.
PHYSICIAN AND SURGEON

HAMILTON-EVERETT CLINIC
5725 CAMP BOWIE BLVD.
FORT WORTH 7, TEXAS

*D-16002
14*

She continued to complain of stiffness and soreness on the right temporal area and we decided to treat her daily for a time. She was seen on May 11, 12, 13, 14, 16, 18, 19, 20, 21, 22, 25. We injected and area above and in front of the right ear with Hydroltrasol and Procaine on May 21. This point seemed to be more sore than any other in the involved area. On May 25 she stated that actual pain was gone but that a sense of stiffness was present involving the temporal area and a part of the right side of the face.

We told her at that time that we felt she should return to work. It was our feeling that she would do better with less time to worry about her problems for we were quite sure there were many psychic problems involved in the case and that actual pain was not sufficient to prevent her pursuing regular employment.

I see no reason why this condition should not completely clear up within the next few weeks leaving no permanent disability.

RECEIVED
JUL 22 1959
TEXAS INDUSTRIAL
ACCIDENT BOARD

Sincerely,

Lester L. Hamilton, D.O.

Lester L. Hamilton D.O.

HAMILTON-EVERETT CLINIC
5725 CAMP BOWIE BLVD
FORT WORTH, TEXAS

EMPLOYEE'S NOTICE OF HEARING AND STATEMENT

EMPLOYEE - Marguerite C. Oswald,
519. Magnolia Drive,
Fort Worth 7, Texas

BY EMPLOYER - Egurock, Schattman & Jacobs, Attys.
601 Sinclair Building,
Fort Worth, Texas

VS EMPLOYER - King Candy Company,
819 E. Ninth St.,
Fort Worth, Texas

INSURANCE CARRIER - Liberty Insurance Company,
Box 939,
Fort Worth, Texas.

DATE NOTICE MAILED CLAIMANT	DATE OF HEARING	BOARD NUMBER
6-11-59	7-14-59	T 16002
INSURANCE CO. NO.	W 11672	

INDUSTRIAL ACCIDENT BOARD
 AUSTIN, TEXAS

The Industrial Accident Board has received your request for compensation or medical expense indicating that you have been unable to secure satisfactory action from the Insurance Company named. The Board will decide all issues incident to your claim on the hearing date indicated above, unless you request otherwise.

You need not appear in person but we will be unable to reach a decision unless you give us the following information by date of hearing. Do you intend to appear personally? Yes No

If you do not wish the Board to hear your claim, advise this office at once.

MEDICAL EVIDENCE MUST BE FILED IN ALL CASES.

CC:

DATE OF INJURY	NATURE OF INJURY	COUNTY WHERE INJURY OCCURRED
12-5-59	Face, neck and head; nerves and organs	Tarrant

In support of my claim, I submit the following information: Age 51 Social Security Number, 435-22-1886

A. EMPLOYMENT

Were you hired in Texas? Yes No
 Were you working in Texas? Yes No
 How many hours worked per day? 8 to 10
 How many days worked per week? 5
 At what wage? \$125.00 per month
Plus commission (per day, wk., mo.)
 Are you working now? Yes No
 When did you return to work? _____ (mo. day yr.)
 At what wage? \$ _____ per _____ (mo. day, wk., mo.)

B. INJURY

Were you injured on the job? Yes No
 On what date were you injured? _____ A.M. _____ P.M.
 Mo. December Day 5 Yr. 1959
 On what date did you report your injury?
 Mo. December Day 5th Yr. 1959
 To whom did you report your injury?
 Name Mr. Richardson
 His Assistant Manager
 Where were you injured?
St. North, Tarrant, Texas
 City County State
 If accident occurred outside of Texas, on what date were you transferred to State in which accident occurred?
 Mo. _____ Day _____ Yr. _____
 What were you doing when injured? Reaching for a carton
 On what date did you start losing time?
 Mo. December Day 5th Yr. 1959

Marguerite C. Oswald
 Signature

C. MEDICAL

Give name and address of doctor or doctors to whom you have been sent by your employer or the Insurance company.

Name Dr. Jack Ruly
 Address Dart North, Texas
 Name _____
 Address _____

Are you willing to accept his opinion of your injury?
 Yes No

Have you been to a doctor of your choice?
 Yes No If so, have him write the Board a letter giving his opinion of your injury.

Give his name and address:

Name Dr. Lester L. Hamilton
 Address 5725 Camp Bowie, Ft. Worth, Tex

If you have not been to a doctor of your choice, and are not willing to accept the insurance company's medical report, do so at your own expense and have him write a letter giving his opinion of your injury, and attach it to this statement.

<p>RECEIVED</p> <p>JUL 22 1959</p> <p>TEXAS INDUSTRIAL ACCIDENT BOARD</p>	<p>furnish you medical treatment and your doctor or hospital bills paid, and attach the bills to this form.</p> <p>If employee has died, give names, ages, and relationships of beneficiaries.</p>
--	--

Kerry Joseph
 Signature

DATE: **ONE COPY OF THIS STATEMENT MUST BE IN THE HANDS OF THE BOARD BY DATE OF HEARING**
 IAB - 8-59

JOHN W. LAIRD

ATTORNEY AT LAW
232 PERRY-BROOKS BLDG.
AUSTIN 1, TEXAS

July 14, 1959

Industrial Accident Board
Austin, Texas

16
Re: T-16002
Mrs. Marguerite C. Oswald
vs
King Candy Company

Gentlemen:

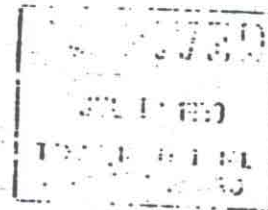
We have been delayed in receiving our medical evidence for submitting in support of the above listed claim. Will you please withhold action on it for a few days pending receipt of same.

Very truly yours

John W. Laird
John W. Laird, associated
with Spurlock, Schattman &
Jacobs, attorneys for claimant

JWL/ml

cc: Spurlock, Schattman & Jacobs
601 Sinclair Bldg.
Fort Worth, Texas



LAW OFFICE
MAURICE FLAHEVE
ANN HETZ, SECY.

TELEPHONE GR 7-4400
V. F. W. BUILDING
AUSTIN, TEXAS



JULY 14, 1959

HONORABLE INDUSTRIA L ACCIDENT BOARD
WALTON BUILDING
AUSTIN, TEXAS

RE: T-16002 - W-11672
EMPLOYEE: MARGUERITE C. OSWALD
EMPLOYER: KING CANDY COMPANY
INSUROR: LIBERTY INSURANCE CO. OF TEXAS
D/H: 7/14/59

GENTLEMEN:

WE PAID 20 WEEKS COMPENSATION FOR A TOTAL OF \$583.80 PLUS \$365.20 MEDICAL. IN SUPPORT OF OUR POSITION THAT THERE IS NO PERMANENT INJURY, WE ATTACH THE REPORT OF DR. MORTON GOLDBERG UNDER DATE OF MAY 28TH AND JANUARY 26, 1959, AND IN ADDITION THERETO, WE ARE ATTACHING THE REPORT OF DR. HAMILTON SHOWING ALSO NO PERMANENT INJURY. WE ARE TAKING THE POSITION THAT WE HAVE DISCHARGED ALL RESPONSIBILITY AND DECLINE FURTHER RECOVERY HEREIN.

RESPECTFULLY SUBMITTED,

LIBERTY INSURANCE COMPANY OF TEXAS
P.O. Box 939, Fort Worth, Texas

By: *M. J. Flaheve*
M. J. FLAHEVE

LESTER L. HAMILTON, D. O.

PHYSICIAN AND SURGEON

CARL E. EVERETT, D. O.

PHYSICIAN AND SURGEON

HAMILTON-EVERETT CLINIC

8725 CAMP BOWIE BLVD.

PLANNING PL 7-114

FORT WORTH 7, TEXAS

May 13, 1959

To Whom it may Concern:

Mrs. Marguerite Oswald came to us February 20, 1959 with history of having been struck in the right side of her face by falling boxes while working at Fair Ridgley in the carpenter's department. She stated that she later had an abscess on the right side of the face which was treated by Dr. J. R. [redacted] with ten shots of penicillin. She also stated that she had been given first aid by Dr. Hardwick just after the accident. She stated that she had a heavy feeling in the head, soreness in her neck, and her jaw was not working correctly. Examination revealed a partially limited motion of the right temporo-mandibular joint with a popping noise upon movement. There was also considerable tenderness in the neck and also a grating sound upon movement of the cervical area. She was given osteopathic manipulation and medco-sonolator treatment (ultra-sound and muscle stimulation). She was seen and treated on Feb. 20, 21, 23, 25, 27, 28, March 2, 4, 6, 9. On March 12, she stated that she had had a sharp shooting pain in right temple area for three days. The treatments were continued on March 12, 16, 18, 20, with the physiotherapy being used over the temple and face area.

On March 23, we packed and irrigated the sinuses and obtained yellow pus in the washings. Sinus irrigations were given on March 23, 25, 27, 30, April, 2, 4, 6, 9, 11.

On April 13 she was referred to Dr. W.W. Mc Kinney and since I had mentioned that I might want her to see an E E T doctor, she also made an appointment for herself and saw Dr. J. C. Baker. Dr. Mc Kinney felt that she had a maxillary sinusitis and suggested continued sinus irrigations. However Dr. Baker felt the sinuses were clear. Both doctors mentioned the possibility of involvement of the maxillary division of the 5th cranial nerve. It was our feeling that she had a neuralgia or neuritis of this nerve and that the sinuses were clear for we had ceased getting pus upon irrigation. We gave her some B/12 injections and prescribed B/12 and Decadron orally and continued the Medco-sonolator treatments.

On May 9, 1959 we referred her to X-ray department of the Fort Worth Osteopathic Hospital for pan-sinus X-rays since it appeared to us that the right frontal sinus trans-illuminated poorly. The X-rays showed no sinus infection.

RECEIVED

LESTER L. HAMILTON, D. O.
PHYSICIAN AND SURGEON

HAMILTON-EVERETT CLINIC
5725 CAMP BOWIE BLVD.
TELEPHONE 2-7142
FORT WORTH 7, TEXAS

CARL E. EVERETT, D. O.
PHYSICIAN AND SURGEON

At present Mrs. Oswald complains of a tightness and sore-
ness of the left side of the face and temple area. We feel she
has a neuralgia or neuritis of this portion of the 5th cranial
nerve which is improving with osteopathic treatment and physio-
therapy as mentioned above.

Today she reports that pain had been relatively absent for
several days but has now recurred. The Modcosonolator relieves
pain for considerable time. We intend to treat her daily for a
time in order to see if we can maintain relief of pain. It is our
opinion that this condition should clear up within the next few
weeks and leave no residual impairment.

Sincerely,



Lester L. Hamilton D.O.

Hamilton- Everett Clinic
5725 Camp Bowie Blvd.
Fort Worth, Texas.



LLH/jm

GOLDBERG CLINIC
PHYSICIANS AND SURGEONS
924-S BURE BURNETT BUILDING
FORT WORTH, TEXAS

A. I. GOLDBERG, B.A., M.D.
MORTON N. GOLDBERG, M.D.
EARLE U. SCHARFF, JR., M.D., F.A.C.S.

May 28, 1959

Liberty Insurance Company of Texas
P. O. Box 939
Ft. Worth, Texas

Re: Marguerite Oswald
Employee, King Candy Co.

Dear Sir:

Mrs. Oswald reported to this office on May 27, 1959 for re-evaluation of her alleged injury on December 5, 1958. Since her last visit on December 29, 1958 she has sought various medical attention including a consultation with Dr. W. McKinney, M.D., and Dr. Hamilton, D. O.

She states that she has had intense periodic pain in the right side of her face, her nose, and right scalp area since her accident. On occasions the right side of her face adjacent to her nose becomes swollen and a white thick discharge drains from her nose.

During the course of this interview she was very verbose and cried intermittently; was disappointed that more could not be done to alleviate her pain and find the reason for her condition. She attempted to correlate her pain with anatomic relations of the area of her injury which were not in accordance with true anatomic position.

Her blood pressure was 120/80. Temperature was normal. Pulse normal. There was no fullness of her nose. Her nose was normal as was the mucous membrane of both nostrils. There was no post-nasal discharge of mucous or pus. Her throat, heart, and lungs were normal. Chest, abdomen and extremities were normal. Her complete blood count and X-rays of all nasal accessory sinuses were normal. X-ray of her nose was normal. X-ray of her cervical spine was normal.

It is my impression that this patient has a tremendous psychic overlay to her entire condition. That a feeling of insecurity about her failure to hold a job or obtain one are the main reasons for perpetuation of her pain. I could find no organic changes that could account for her symptoms.

Sincerely,

Morton N. Goldberg
Morton N. Goldberg, M. D.

GOLDBERG CLINIC
PHYSICIANS AND SURGEONS
904-B BUREAU BURNETT BUILDING
FORT WORTH, TEXAS
January 26, 1959

A. I. GOLDBERG, B.A., M.D.
MORTON N. GOLDBERG, M.D.

1-28
see source
105000
G.P.
21
MAY 21 3 21 PM '59

Liberty Insurance Company of Texas
P. O. Box 939
Fort Worth, Texas

Dear Sirs:

Re: Marguerite Oswald
Employee
King Candy Company

The above named patient came to us on December 6, 1958 stating that on December 5, 1958 she reached up to get some jars of candy while working for King Candy Company and a carton of candy fell on her face and nose.

Examination revealed a small laceration of the bridge of the nose with swelling and also swelling of the turbinates.

X-ray of the nose was negative for fracture and the patient was given bio-mycin nasal decongestive and medication for pain.

The patient returned for an office visit on December 8, 1958 and then again on December 29, 1958 at which time she complained of headaches and pain in her neck. Her cervical spine was then x-rayed which revealed no fracture or pathology. We have not seen the patient since the above mentioned date and presume she is recovered.

It is my opinion that there is no partial or permanent disability.

Sincerely,

Morton H. Goldberg
Morton H. Goldberg, M. D.

RECEIVED
JAN 14 1959
TEXAS INDUSTRIAL
ACCIDENT BOARD

MNG:dj

William W. McKinney, M. D.
112 Dallas Building
200 Fifth Ave.
Fort Worth 2, Texas

April 30, 1959

111
72

Liberty Insurance Company
P.O. Box 93,
Fort Worth, Texas

Re: Mrs. Marguerite Oswald
Employed - King Candy Company

Dear Sirs.

Mrs. Marguerite Oswald was referred to me by Dr. L. L. Hamilton on the
1. th of April, 1959.

I examined this patient and found no abnormal neurological signs. I
felt that her difficulty was primarily a sensory deficit on the
right. I see no evidence of any definite neurological involvement.

Sincerely,

William W. McKinney
William W. McKinney, M. D.

WAM m
Enclosure

RECEIVED
JUL 14 1959
TEXAS INDUSTRIAL
ACCIDENT FUND

16002

Board No. T 16002

Insurance Co. No. W 11672

June 10, 1959

*man
6/11/59
JW*

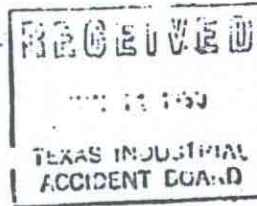
23

INDUSTRIAL ACCIDENT BOARD
Austin, Texas

You are hereby notified that payment of compensation has been suspended or stopped in the above numbered and styled claim, and that the date of the issuance of the last draft or other evidence of payment is the 19th day of June May, 1959, which paid compensation from May 14, 1959, to 20th day of May, 1959. Incl.

The reason payment has been suspended or stopped is as follows:

Claimant's physician reports that she is able to work.



Total amount compensation paid \$ 539.00 -

Weekly rate paid \$ 29.09

Compensation paid from 12-6-59 to 12-8-59, // 12-11-59 to 12-12-59, comprising 12-27-59 to 12-29-59, 1-3-59 to 1-10-59, 1-21-59, 1-24-59 to 2-2-59, 2-9-59 to 2-10-59, 20 weeks 2-19-59 to 5-20-59 Incl. days.

Liberty Ins. Co. of Texas,

Name of Insurance Company

Box 939, Fort Worth, Texas

Address

Marguerite C. Oswald

Name of Claimant or Beneficiary

313 Templeton, Ft. Worth

Address

12-5-59

Date of Injury

King Candy Company

Subscriber

813 East Ninth, Ft. Worth, Texas

Address

JOHN W. LAIRD

ATTORNEY AT LAW
523 PERRY-BROOKS BLDG.
AUSTIN 1, TEXAS

June 5, 1959

Industrial Accident Board
Austin, Texas

Re: T-16002
Marguerite C. Oswald
vs
King Candy Company

Gentlemen:

The firm of Spurlock, Schattman & Jacobs of Fort Worth, Texas has been employed to represent the above named claimant in her claim for compensation for injuries sustained in the course of her employment for the above named employer. Notice of injury and claim for compensation have been submitted by the claimant.

All payment of compensation has been stopped, the last check having been received May 20, 1959. Medical treatment has been discontinued although the claimant is still disabled. We shall appreciate having this claim set for hearing at the earliest possible date.

Very truly yours,

John W. Laird
John W. Laird, associated with
Spurlock, Schattman & Jacobs,
attorneys for claimant

JWL:rs

cc: Spurlock, Schattman & Jacobs
601 Sinclair Bldg.
Fort Worth, Texas

STATUS OF CLAIM FILE COPY

EMPLOYEE . **Margaret G. Oswald**
313 Templeton Drive
Fort Worth, Texas

DATE OF INJURY

12-5-59

T 16002

INSURANCE
CO. NO.

H 11672

INDUSTRIAL ACCIDENT BOARD
WALTON BUILDING
AUSTIN 14, TEXAS

YOUR

**Notice of Injury and
Claim for Compensation**

VS
EMPLOYER . **King Candy Company**

INSURANCE
CARRIER . **Liberty Insurance Company of Texas**
Box 939
Fort Worth, Texas

IN CONNECTION WITH THE ABOVE TITLED CASE HAS BEEN RECEIVED. ACCORDING TO OUR RECORDS THIS CASE IS NOW BEING HANDLED AS FOLLOWS BELOW. PLEASE NOTE THAT THE PROPER COURSE TO FOLLOW HAS BEEN MARKED WITH AN "X" IN THE LEFT HAND MARGIN.

WHEN WRITING TO THE INDUSTRIAL ACCIDENT BOARD CONCERNING YOUR CLAIM FOR COMPENSATION ALWAYS GIVE THE BOARD'S NUMBER AND STYLE OF THE CASE.

You are receiving weekly compensation payments in the correct amount. So long as you are receiving compensation and medical attention the Board will take no action on your claim. If these payments are suspended before you have returned to work or fully recovered, the Board will be glad to assist you in securing a satisfactory settlement.

You have not lost sufficient time from work to be entitled to compensation for lost time. Compensation is not due you until you have been absent from work for eight days. If your injury has permanently affected your ability to work, you must file a signed, up-to-date, detailed medical report from a licensed Doctor in support of your claim. If your medical bills have not been paid, please advise this office, and furnish us itemized, signed copies of all unpaid bills.

You have probably been paid all compensation due you for time lost from work. If you are claiming further disability, please advise us and furnish a signed, up-to-date, detailed medical report from a licensed Doctor in support of your claim.

XXX Notice of Injury and Claim for Compensation has been received. In accordance with your wishes the Board will take no further action unless requested to do so. For their information, we are notifying the insurance carrier that claim has been filed.

Remarks:

No further action will be taken by the Board unless requested by you and unless supported by the necessary evidence as outlined above.

3

LM: egb 4-27-59

INDUSTRIAL ACCIDENT BOARD

Joe L. Moore, Jr.
EXECUTIVE DIRECTOR

NOTICE OF INJURY AND CLAIM FOR COMPENSATION
Texas Workmen's Compensation Law

Please read before filling out this form - and then fill out in your own words

My Name: **MARGUERITE C OSWALD** Social Security No. **435-22-5686-51**
 My Employer Was: **ITING CANDY COMPANY** 13 E. 9th St, Ft Worth, Tex
 I Was Employed On: **DECEMBER 5th 1958** in **Ft Worth** CITY **TARRANT** COUNTY **TEXAS** STATE
 Were You Injured Outside Texas? **NO** On What Date Were You Injured? **NO** Did You Work in Texas for This Employer Before Being Transferred? **NO**
 How Many Days Did You Work for This Employer? **5** Days per Week at \$ **1.75** per month plus comm.
 How Many Hours Did You Work per Week? **50** How Long Have You Been Working for This Employer? **4 months**
 Were You Paid for Time Lost? **YES** I Started Losing Time On **JANUARY 2 - 1959**
 Are You Now Able to Perform the Same Work? **YES** If So, How much per Week? **29.19** For How Many Weeks Have You Been Paid? **17**
 Have You Ever Before Worked for This Employer? **YES, BUT HAD TO STOP** At What Wage? **NO**

Describe Acc. In Detail: **I WAS GETTING CANDY FROM A STORE AND HAD TO REACH UP TO GET A CARTON FROM A SHELF. A NUMBER OF SIGNS PLACED ON TOP OF THE CARTON FELL AND HIT ME IN THE FACE AND HEAD AND THE CARTON ITSELF MAY HAVE HIT ME. I WAS KNOCKED TO THE FLOOR AND SUSTAINED PERMANENT INJURIES TO MY HEAD, NECK AND FACE, WHICH HAVE TOTALLY DISABLED ME UP TO THE PRESENT TIME.**

Was Any Part of Your Body Amputated? **NO**
 Name of Doctor and Give Point of Amputation.
DR JACK DALY, FT WORTH, TEXAS
 Name of Insurance Company? **YES**

Provide the following information as you have:
LIBERTY INSURANCE CO OF TEXAS
 Name and Address of Insurer: **ROBERT L OSWALD (SON) 7313 DAVERPORT FT WORTH TX**
 I hereby give notice of my injury and claim for compensation under the Workmen's Compensation Law of Texas.
 I REQUEST THAT YOU: Act on My Claim as Soon as Possible. Further Action Until Requested by Me.
 Date: **April 20th - 1959** Signed: **Mrs Marguerite C Oswald**
Melba H Childe 313 Temptation Dr
Ft Worth TX

927

BOARD NO. _____
INS. CO. NO. W 11672

Report of Initial Payment of Compensation

LIBERTY INSURANCE COMPANY OF TEXAS
Name of Insurance Company.

Marguerite C. Oswald 3006 Bristol Road Fort Worth
Name of Claimant or Legal Beneficiary. (Street and Number) City or Town

King Candy Company 813 East Ninth Street Fort Worth
Name of Subscriber. (Street and Number) City or Town

12-5-58
Date of Injury.

1-29-59
Date of Draft or Evidence of Initial Payment.

\$140.00 for 5 weeks from 6th day of December 1958
Amount of Initial Payment.

to 8th day of December, 1958, 12-11-58 to 12-12-58, 12-27-58 to 12-29-58, 1-3-59 to 1-18-59, 1-21-59, 1-24-59 to 2-2-59, all dates inclusive.

\$28.00
Weekly Rate of Compensation.

Nose
Nature of Injury.

Remarks _____

Draft mailed or delivered to claimant.

Liberty Insurance Company of Texas
Name of Insurance Company.

Box 939, Fort Worth, Texas
(Address of office)

RECEIVED
JAN 30 1959
TEXAS INDUSTRIAL
ACCIDENT BOA'D

STANDARD FORM FOR EMPLOYER'S SUPPLEMENTAL REPORT OF INJURY

Approved by I A I A B C

Send to INDUSTRIAL ACCIDENT BOARD, AUSTIN, TEXAS
Penalty of \$1000 for failure to file.
See Section 7, Article 1307, Employer's Liability Law.

Copy to LIBERTY INSURANCE COMPANY OF TEXAS
Mitchell, Gartner & Thompson, Managers
P. O. Box 523 Fort Worth, Texas Texas at Comm't

State's Number	File: 116002
	Carrier: 78
For:	Employer:
Carrier's File No.	
(The spaces above not to be filled in by Employer)	

If Employer's First Report of Injury did not show that the injured had returned to work, an Employer's Supplemental Report of Injury should be completed and filed immediately after return to work of the employee, or at the end of sixty days. In the event of the death of the employee, this report should be filed immediately.

- Name of Employer: King Candy Company
SOCIAL SECURITY NO. 004231
- Office Address: No. and St. 513 W. Ninth St. City or Town Fort Worth State Texas
- Insured by: Name of Company Liberty Insurance Company
- Name of Injured (in full) Marguerite C. Oswald Social Security No. 135-22-5626
(First Name) (Middle Initial) (Last Name)
- Present Address: No. and St. 3006 Bristol Rd. City or Town Fort Worth State Texas
- Date of Injury December 5, 1958 Day of Week Friday Hour of day A.M. 1:30 P.M.
- Date Disability began Friday December 5, 1958 A.M. P.M. 1:30
- Has injured returned to work? Yes If so, date and hour 12/11/58 8:00 A.M. P.M.
- Is injured person earning same wages as before injury? Yes If not, explain
- If disability has not terminated, state probable date of termination of disability
- Has injured died? If so, date of death A.M. P.M.

*a-1 reports
sent to 2-2-59
of a-1 is
not marked
final print
Blue
pt
2-18-59*

Date of this report 1-1-59 Firm name: King Candy Company
Signed by *Wayne Goodson* Official Title: *Personnel*

EMPLOYER'S WAGE STATEMENT

14002
1239

INDUSTRIAL ACCIDENT BOARD
AUSTIN, TEXAS

NOTE: PLEASE COMPLETE THIS STATEMENT IN DETAIL AND RETURN ORIGINAL TO THIS OFFICE PROMPTLY.

SHOW NUMBER OF DAYS WORKED AND AMOUNT EARNED		PERIOD COVERED BY EACH PAYMENT				DAYS WORKED	OCCUPATION (TYPE OF WORK)	WAGE RATE (PER HOUR, DAY, WEEK, OR MONTH)	AMOUNT EARNED
		MONTH	DAY	MONTH	DAY				
STATEMENT OF TOTAL EARNINGS OF Margjerita C. Oswald SOCIAL SECURITY NO. 435-21-3626		1	8	28	8	31	Sales	175.00	261.25
FROM August 5, 1958 TO January 31, 1959		2	9	1	9	30	"	"	180.00
1. State minimum number of hours which employee was required to work per day, week, or month.		3	10	1	10	31	"	Com	17.20
HOUSERS PER 40 <input type="checkbox"/> DAY <input checked="" type="checkbox"/> WEEK <input type="checkbox"/> MONTH		4	10	1	10	31	"	175.00 mo	175.00
2. How many days constituted a week's work?		5	11	1	11	30	"	Com	23.98
3. How many hours constituted a day's work?		6	11	1	11	30	"	175.00 mo	183.03
4. If this employee earned any overtime during above period, give the exact amount earned \$ 28.00 5.00 Rate for overtime \$ 1.00 per hour.		7	12	1	12	31	"	175.00	30.13
5. If employee was furnished board, lodging, laundry, fuel, or other advantages having a value which can be estimated in money (excluding, however, any sum paid to employee to cover any special expenses entailed on him by acts of his employment), state estimated value per month of each item furnished.		8	1	1	1	31	"	Com	57.04
ITEM FURNISHED	ESTIMATED VALUE \$	9	1	1	1	31			
ITEM FURNISHED	ESTIMATED VALUE \$	10							
6. Has injured employee returned to work? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If so, on what date? not returned at what wage? \$ 175.00 per month com is 2% of sales		11							
I CERTIFY THAT THIS STATEMENT IS TRUE AND CORRECT		12							
Date 2-6-59		13							
City Fort Worth, Texas State		14							
Signature Stanley C. Nyberg		15							
Official Capacity Sales Manager		16							
Employer King's Canvies, Inc.		17							
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		52							
TOTAL DAYS WORKED						TOTAL AMOUNT EARNED			

RECEIVED
 FEB 10 1959
 TEXAS INDUSTRIAL
 ACCIDENT BOARD

STANDARD FORM FOR Employer's First Report of Injury

Approved by I. A. I. A. B. C.

Send this Copy to: INDUSTRIAL ACCIDENT BOARD, AUSTIN, TEXAS.
Penalty of \$1000 for failure to file within 8 days after injury.
See Section 7, Article 8307, Employers' Liability Law.

Copy to **LIBERTY INSURANCE COMPANY OF TEXAS**
Mitchell, Gartner & Thompson, Managers
P. O. Box 929 Fort Worth, Texas Texas at Summit

T-160000 30

State's Number	File: <u>T 13-043</u>
For:	Carrier: <u>T 13-043</u>
	Employer:
Carrier's File No.	
(The spaces above not to be filled in by Employer)	

Employer

1. Name of Employer: King Candy Company ✓
 2. Office address: No. and St. 813 E. Ninth St. ✓ City or Town Fort Worth ✓ State Texas
 3. Insured by: Liberty Insurance Co.
 4. Give nature of business (or article manufactured): Candy

Time and Place

5. (a) Location of plant or place where accident occurred: Kings Candy Retail Store Fair Ridelea
Retail Store Department _____ State if employer's premises _____
 (b) If injured in a mine, did accident occur on surface, underground, shaft, drift or mill _____
 6. Date of injury: December 5, 1958 ✓ Day of Week Friday Hour of Day _____ P.M. 1:00
 7. Date disability began: December 5, 1958 11:00 A.M. P.M. 8. Was injured paid in full for this day: Yes
 9. When did you or foreman first know of injury: at once
 10. Name of foreman: Stanley Lyberg

Injured Person

11. Name of Injured: Marguerite C. Oswald
 (Middle Initial) _____ (Last Name) _____
 Social Security No. 435-22-5666
 12. Address: No. and St. 3006 Bristol Rd. City or Town Fort Worth State Texas
 13. Check (✓) Married, Single, Widowed X, Widower, Divorced; Male, Female X; White X, Colored _____
 14. Nationality: American Speak English Yes
 15. Age 51 Did you have on file employment certificate or permit _____
 16. (a) Occupation when injured: Store manager (b) Was this his or her regular occupation: Yes
 (If not, state in what department or branch of work regularly employed) _____
 17. (a) How long employed by you: 4 Months (b) Piece or time worker _____ (c) Wages per hour \$ _____
 18. (a) No. hours worked per day: 8 (b) Wages per day \$ _____
 (c) No. days work per week: 5 1/2 (d) Average weekly earnings \$ 175.00 per month
 (e) If board, lodging, fuel, or other advantages were furnished in addition to wages, give estimated value per day, week or month: None

Cause of Injury

19. Machine, tool or thing causing injury _____ 20. Kind of power, (hand, foot, electrical, steam, etc.) _____
 21. Part of machine on which accident occurred _____
 22. (a) Was safety appliance or regulation provided _____ (b) Was it in use at time _____
 23. Was accident caused by injured's failure to use or observe safety appliance or regulation _____
 24. Describe fully how accident occurred, and state what employee was doing when injured: It is alleged by said employee that she reached up to get some jars of candy from shelf and a carton of candy fell on her face and nose.
 25. Names and addresses of witnesses: None

Nature of Injury

26. Nature and location of injury (describe fully exact location of amputations or fractures, right or left): of the bridge of the nose with swelling and swelling of the bridge
 27. Probable length of disability: 1 week 28. Has injured requested medical attention: No
 If so, date and hour _____ At _____
 29. At what occupation: same
 30. (a) Name and address of physician: Dr. I. H. Goldberg M.D., Goldberg Clinic, Fort Worth, Texas
 (b) Name and address of hospital: _____

Fatal Cases

31. Has injured died _____ If so, give date of death _____

Date of this report: December 11, 1958 Firm name: King Candy Company
 201-4-23 Signed by: [Signature] Official Title: _____

