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vol. 10

101
MARGUERITE C. OSWALD
V.
KING CANNON COMPANY
(I.A.B.)

1093-100
78-750
5-7-15
1-35

NO. 100 of 2007
16002

File of evidence connected with the investigation of the assassination of President John F. Kennedy

MRS. MARGUERITE C. OSWALD
Plaintiff

IN THE DISTRICT COURT

TARRANT COUNTY, TEXAS

vs

LIBERTY INSURANCE COMPANY OF TEXAS,
Defendant

17
17TH JUDICIAL DISTRICT

FINAL JUDGMENT

On this 11TH day of December, A. D., 1959 came on to be heard the above entitled and numbered cause, and came the plaintiff Mrs. Marguerite C. Oswald in person and by his attorney and came the defendant, Liberty Insurance Company of Texas by its attorneys, and both parties announced ready for trial, and a jury being waived, all matters of fact as well as of law were submitted to the court, and after considering the pleadings, the evidence and argument of counsel, the Court is of the opinion and finds as follows:

That the plaintiff and the defendant have entered into a compromise settlement agreement by which all of the issues involved herein have been satisfactorily compromised and settled, that said compromise settlement agreement has been reduced to writing, signed by the parties hereto and their attorneys and an original has been filed herein with the papers in this suit and introduced in evidence; the Court has considered said agreement, together with the evidence in connection therewith, and is of the opinion that said compromise settlement agreement is fair and equitable to all parties and that all parties have agreed thereto and that said defendant should be and it is hereby authorized to settle plaintiff's alleged suit and cause of action against said defendant for compensation under the Workmen's Compensation Law of the State of Texas upon the basis herein set out, including allowance for future hospital and medical expenses

RECORDED
DEC 29 1959
TEXAS PROJECTORS

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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 a fee within the limits provided by law.

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 Thompson G. Donald do have and recover of and from the defendant, Liberty Insurance Company of Kansas

the sum of ~~Twenty Three Thousand Seven Hundred Fifty and No/100~~ (\$ ~~23,750.00~~) Dollars and costs of this suit, and that out of said sum of money there is hereby awarded unto:

Donald, Robinson & Smith attorney for plaintiff, the sum of \$ ~~2,000.00~~

as attorneys's 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 heretofore 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 be set for costs.

01/10

DEC 10 1902

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 20th day of December, 1959

(Signed) Harris Brewster,
JUDGE PRESIDING

AGREED TO:

[Signature] Plaintiff

[Signature]
Attorney for the Plaintiff

[Signature]
Attorney for the Defendant

A CERTIFIED COPY
DEC 18 1959
[Signature]

DEC 18 1959

ACKNOWLEDGMENT OF NOTICE OF INTENTION TO APPEAL

EMPLOYEE

Mrs. Marguarite C. Oswald

Messrs. Spurlock, Schottman &
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

148-11-53

Mr. M. J. Flahive, Austin, Texas

DATE AWARD ENTERED	DATE NOTICE OF INTENTION TO APPEAL RECEIVED	BOARD NO.
8/6/59	8/21/59	7 10002
INSURANCE CO. NO.	E-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 S. 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

8/21/59 ab

5

Honorable Industrial Accident Board
Walton Building
Austin, Texas

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

RE:

Mrs. Marguerite 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. Marguerite 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]



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INDUSTRIAL ACCIDENT BOARD
AUSTIN, TEXAS

FORT WORTH, TEXAS
August 18th, 1959

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. 13467-C

Liberty Ins. Co. of Texas

The Number of the Board is none

The date of the alleged injury was Dec. 5, 1958

The name of the Employer was King Candy Co.

Yours very truly,

Gene Smith,
District Clerk,
Tarrant County, Texas

By Opal Smith, Deputy
Opal Smith

RECEIVED
AUG 12 1959

ACKNOWLEDGMENT OF NOTICE OF INTENTION TO APPEAL

EMPLOYEE

Mrs. Marcuerite C. Oswald

Messrs. Smarlock, Schattman &
Jacobs, Attorneys
601 Simlair Building
Fort Worth, Texas

VS
EMPLOYER

King Candy Company

INSURANCE
CARRIER

Liberty Insurance Company of Texas
Box 939
Fort Worth, Texas

CC

5

IAB-11-53

Mr. M. J. Mahive, Austin, Texas

DATE AWARD ENTERED	DATE NOTICE OF INTENTION TO APPEAL RECEIVED	BOARD NO.
8-4-59	8-7-59	7 12602
INSURANCE CO. NO.	W 12672	
NOTICE RECEIVED FROM		
<input type="checkbox"/> INSURANCE CARRIER	<input checked="" 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

8-10-59

8-1600-
8

JOE SPURLOCK
DERRICK SCHATTMAN
KELLY JACOBS
TOM CAVE

LAW OFFICES OF
SPURLOCK, SCHATTMAN & JACOBS
601 GERRARD BUILDING
FORT WORTH 8, TEXAS
August 5, 1959

Telephone
EDGSON 8-4547

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 case 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 30 days after the filing with you of this notice, and within the time and in the manner required by law, he will bring out 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

AUG 7 1959
TEXAS INDUSTRIAL
ACCIDENT BOARD

AWARD OF BOARD

EMPLOYEE

Mrs. Mary ~~W~~rite C. Oswald
313 Templeton Drive
Fort Worth 7, Texas

DATE BY THE BOARD CLAIMANT

DATE OF HEARING

9 BOARD NUMBER
T 16002

W-11672

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.

mnm 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.

This is the final award of the Board. Any claim for additional medical, hospital, nursing, transportation and medical expenses should be made within 90 days from the date of this award. If you are dissatisfied with this award and desire to appeal it, you must file the Board within 90 days from the date of this award and pay the required fee. The full text is sent within 30 days from the receipt of notice by the Board. This award is based on the 4th AUGUST 1959

THE INDUSTRIAL ACCIDENT BOARD

Handwritten signature

CHAIRMAN

LAW OFFICE
MAURICE FLAHEVE
ANN METR. RECY.

10
TELEPHONE BR 7-4400
V.F.W. BUILDING
AUSTIN, TEXAS

JULY 27, 1959

HONORABLE INDUSTRIAL ACCIDENT BOARD
WALTON BUILDING
AUSTIN, TEXAS

RE: BOARD No. T 16062 - W-1167;
EMPLOYEE: MARGURITE (SWALD)
EMPLOYER: KING CANDY COMPANY
INSURER: LIBERTY INSURANCE CO. OF TEX.
D/M: 7/14/59

GENTLEMEN:

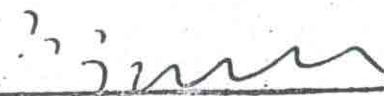
WE PREVIOUSLY BRIEFED THIS CASE ON HEARING DATE, SHOWING THAT WE HAD PAID A TOTAL OF \$583.80 COMPENSATION PLUS \$365.20 MEDICAL, AND WE SUBMITTED THE REPORT OF DR. ALDBERG AND THE REPORT OF DR. HAMILTON, SHOWING NO PERMANENT INJURY WHATSOEVER. HOWEVER, OUR CLAIM DEPARTMENT IN FORT WORTH HAS BEEN IN 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 OF 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 HERETOFORE 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 CONTENTION 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 CONFID FOR AN AWARD REFUSING FURTHER RECOVERY, BASED ON OUR PRIOR EVIDENCE.

RECEIVED
JUL 28 1959
TEXAS INDUSTRIAL
ACCIDENT BOARD
RESPECTFULLY SUBMITTED,
J. J. J. J. J.

F-16002
011

LIBERTY INSURANCE CO. OF TEXAS
P.O. BOX 967
FORT WORTH 1, TEXAS

BY 
H. J. FLAHERTY

ENCLOSURE

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

RECEIVED
JUL 28 1967
TEXAS INDIAN
ACCIDENT

7-14
/

TELEPHONE GR 6-3892

JOHN W. LAIRD

ATTORNEY AT LAW
212 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
encs: 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
5728 CAMP BOWIE BLVD.
FORT WORTH 7, TEXAS

June 8, 1959

To Whom It May Concern:

inside file

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 Ridglea 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-mandibula 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 medco-sonolater 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/12 injections and prescribed B/12 and Decadron orally and continued the Medco-sonolater 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.



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

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

HAMILTON-EVERETT CLINIC
5725 CAMP BOWIE BLVD.
EAST END OF 7th ST.
FORT WORTH 7, TEXAS

2-16002
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, 23. We injected and area above and in front of the right ear with Hydoltrasol 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.



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

Epurlock, Schattman & Jacobs, Attys.
601 Sinclair Building,
Fort Worth, Texas

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

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

CC: .

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.

DATE OF INJURY	NATURE OF INJURY	COUNTY WHERE INJURY OCCURRED
12-5-58	Face, neck and head; nerves and organs	Tarrant

In support of my claim, I submit the following information: Age 51 Social Security Number, 435-22-5896

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? \$ 175.00 per month
Plus commission
 Are you working now? Yes No
 When did you return to work? _____
 At what wage? \$ _____ per _____
 (hr., 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. 1958
 On what date did you report your injury?
 Mo. December Day 5th Yr. 1958
 To whom did you report your injury?
 Name Dr. Richardson
 Title Assistant Manager
 Where were you injured?
Et. Worth, Tarrant, Texas
 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 6th Yr. 1958

Signature Marguerite C. Oswald
 (Name of Employee)

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 Daly
 Address Fort Worth, 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.

NEED TO FURNISH you medical treatment and your doctor or hospital bills paid. If employer has failed to furnish bills from them and attach the bills to this form.

JUL 22 1959

If employee has died, give names, ages, and relationships of beneficiaries.

TEXAS INDUSTRIAL
ACCIDENT BOARD

Signature Kerry Jacob
 (Name of Employer)

DATED

ONE COPY OF THIS STATEMENT MUST BE IN THE HANDS OF THE BOARD BY DATE OF HEARING

IAS - 8-53

INSURANCE DIVISION - THE STATE OF TEXAS

JOHN W. LAIRD

ATTORNEY AT LAW
333 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:

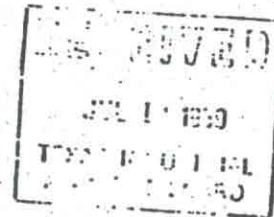
We have been delayed in receiving our medical evidence for submitting in support of the above listed claim. Will you please withhold action on it for a few days pending receipt of same.

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



MAURICE FLAHEE
ANN RETZ, RECV.

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

RECEIVED
JUL 14 1959
TEXAS Ind. U. - 17-1-1-1
ACCIDENT BOARD

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. HORTON 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: 
H.J. FLAHEE

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

May 13, 1959

To Whom it may Concern:

RECEIVED

Mrs. Marguerite Oswald came to us February 20, 1959 with a history of having been struck in the right side of her face by falling boxes while working at Fair Ridgloa in the central department. She stated that she later had an abscess on the right side of the face which was treated by Dr. J. Roberts 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, 29, 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 EENT 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.

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

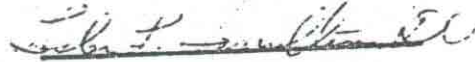
HAMILTON-EVERETT CLINIC
5725 CAMP BOWIE BLVD.
FORT WORTH 7, TEXAS

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.

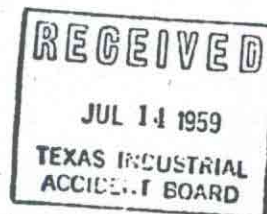
Today she reports that pain had been relatively absent for
several days but has now recurred. The Medcozonolator relieves
pain for considerable time. We intend to treat her daily for a
time in order to see if we can maintain relief of pain. It is our
opinion that this condition should clear up within 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
904-B BURK BURNETT BUILDING
FORT WORTH, TEXAS

A. I. SOLOBERG, 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 was normal. Chest, heart, and lungs were normal. Abdomen was normal as were other extremities. Her complete blood count and urinalysis were normal. 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
504-B BUREAU BURNETT BUILDING
FORT WORTH, TEXAS
JANUARY 26, 1959

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

1-28
file
source
to
21

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-myclicin 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 N. Goldberg
Morton N. Goldberg, M. D.

RECEIVED
JAN 14 1959
TEXAS INDUSTRIAL
ACCIDENT BOARD

MNG:dj

William W. McKinney, M. D.
112 Dumas Building
800 Fifth Ave.
Fort Worth 2, Texas

April 30, 1959

T-16-112
22

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

Re: Mrs. Marguerite Oswald
Employed - King Candy Company

Dear Sirs.

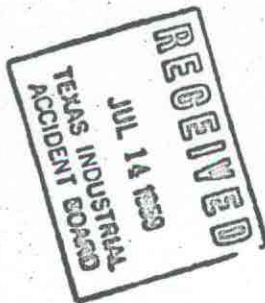
Mrs. Marguerite Oswald was referred to me by Dr. L. L. Hamilton on the 14th of April, 1959.

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

Sincerely,

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

W.M.m
Enclosure



*man
6/11/59
don*

23

Board No. T 16002

Insurance Co. No. W 11672

June 10, 1959

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, 19 59, which paid compensation from May 14, 19 59, to 20th day of May, 19 59. Incl.

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

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

RECEIVED
JUN 11 1959
TEXAS INDUSTRIAL
ACCIDENT BOARD

Total amount compensation paid \$ 503.00 -

Weekly rate paid \$ 29.00

Compensation paid from 12-6-58 to 12-8-58 // 12-11-58 to 12-12-58, comprising 12-27-58 to 12-29-58, 1-3-59 to 1-10-59, 1-21-59, 1-24-59 to 2-2-59, 2-3-59 to 2-10-59, 20 weeks days. 2-19-59 to 5-20-59 Incl.

Liberty Ins. Co. of Texas,
Name of Insurance Company

Box 939, Fort Worth, Texas
Address

Margarita C. Oswald
*Name of Claimant or Beneficiary

313 Templeton, Ft. Worth 12-5-58
Address Date of Injury

King Candy Company
*Subscriber

813 East Ninth, Ft. Worth, Texas
Address

JOHN W. LAIRD

ATTORNEY AT LAW
522 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



EMPLOYEE

Marguerite V. Oswald
313 Tompkins Drive
Fort Worth, Texas

DATE OF INJURY

12-3-59

T 16002

INSURANCE
CO. NO.

W 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 SHOWN 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

W: 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

P + Nash

Please read letter on back of this form - and then fill out in your own words

Name: **MARGUERITE C OSWALD** Social Security No. **435-22-5686-51**
 My Employer Was: **KING CANDY COMPANY** 3 E. 9th St, Ft Worth, Tex
 I Was Injured on: **DECEMBER 5th 1958** in **FT WORTH** **TARRANT TEXAS**
 Were You Injured Outside Texas? **NO** On What Date Were You Injured? **DECEMBER 5th 1958**
 I Was Working **10** hours per Day **5** Days per Week at \$ **1.75** per hour **month plus comm**
 My Average Weekly Wage Was **50** How Long Have You Been Working For This Employer? **4 months**
 Were You Paid Wages for Date of Injury? **YES** I Started Losing Time On **JANUARY 2 - 1959**
 Are You Now Receiving Compensation? **YES** If So, How much per Week? **29.12** For How Many Weeks Have You Been Paid? **17**
 Have You Returned to Work? **YES, BUT HAD TO STOP** So, On What Date? **NO** At What Wage? **PER HOUR - DAY - WEEK - MONTH**
 Describe Accident and Your Injury in your own words: **I WAS GETTING CANDY FROM A STORE ROOM 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 Injury Due to Your Own Negligence? **NO** If So, Name Member and Give Point of Amputation.

Were You Insured by Your Employer's Insurance Company? **YES**
 PLEASE GIVE AS MUCH OF THE FOLLOWING INFORMATION AS YOU HAVE
 Name of Doctor: **DR JACK DALY, FT WORTH, TEXAS**
 Name of Hospital: **NONE**

PROPERTY INSURANCE CO of TEXAS
 Name and Address of Nearest Relative: **ROBERT L OSWALD (SON) 7313 DAVERPORT FT WORTH TX**
 I hereby give notice of injury and file claim for compensation due me under Workmen's Compensation Law of Texas.
 I REQUEST THAT THE INDUSTRIAL ACCIDENT BOARD Not Take Further Action Until Requested by Me. Act on My Claim as Soon as Possible.
 Date Signed: **April 20th - 1959** Signature of Injured Employee: **Mrs Marguerite C Oswald**
Melba H. Childs **313 Templeton Dr**
FT Worth 7, TEXAS

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 3005 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 BOARD

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 4307, Employer's Liability Law.

Copy to LIBERTY INSURANCE COMPANY OF TEXAS
Mitchell, Gortner & Thompson, Managers
P. O. Box 825 Fort Worth, Texas Texas of Summit

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 U. Oswald Social Security No. 435-22-5686
(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 refers to
files to 2-2-59
of a-1 is
not marked
final print
Return
FF
2-18-59*

Date of this report 1-1-59

Firm name: King Candy Company

Signed by: Wayne Goodner

Official Title: Personnel

INDUSTRIAL ACCIDENT BOARD
AUSTIN, TEXAS

EMPLOYER'S WAGE STATEMENT

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 (BY HOUR, DAY WEEK, OR MONTH)	AMOUNT EARNED
STATEMENT OF TOTAL EARNINGS OF		FROM		TO					
MONTH	DAY	MONTH	DAY	MONTH	DAY				
Marguerite C. Oswald		1	8	28	8	31	Sales	175.00	251.25
SOCIAL SECURITY NO. 435-21-5626		2	9	1	9	30	"	"	170.00
FROM August 5, 1958		3	10	1	10	31	"	"	175.00
TO January 31, 1959		4	10	1	10	31	"	000	17.20
1. State minimum number of hours which employee was required to work per day, week, or month.		5	11	1	11	30	"	175.00	175.00
HOURS PER		6	11	1	11	30	"	000	23.98
40	<input type="checkbox"/> DAY <input checked="" type="checkbox"/> WEEK <input type="checkbox"/> MONTH	7	12	1	12	31	"	175.00	183.03
2. How many days constituted a week's work?		8	1	1	1	31	"	175.00	57.04
5		9	1	1	1	31	"	000	
3. How many hours constituted a day's work?		10							
8		11							
4. If this employee earned any overtime during above period, give the exact amount earned \$ <u>5.00</u>		12							
Rate for overtime \$ <u>1.00</u> per hour.		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.		14							
ITEM FURNISHED	ESTIMATED VALUE	15							
	\$	16							
ITEM FURNISHED	ESTIMATED VALUE	17							
	\$	18							
6. Has injured employee returned to work? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		19							
If so, what date? <u>not returned</u> of what		20							
MO. DAY YE.		21							
wage? \$ <u>175.00</u> per month		22							
<u>commissions 2% of sales</u>		23							
I CERTIFY THAT THIS STATEMENT IS TRUE AND CORRECT		24							
Date <u>2-5-59</u>		25							
Fort Worth, Texas		26							
City State		27							
<u>Siemens & Melling</u>		28							
Signature		29							
<u>Sales Manager</u>		30							
Official Capacity		31							
<u>King's Carries, Inc.</u>		32							
Employer		33							
		34							
		35							
		36							
		37							
		38							
		39							
		40							
		41							
		42							
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		45							
		46							
		47							
		48							
		49							
		50							
		51							
		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
Texas at Summit
P. O. Box 539 Fort Worth, Texas

1-16-58

State's Number	File: <u>T 13-683</u>
Carrier:	
Employer:	
Carrier's File No.	
(The spaces above not to be filled in by Employer)	

Employer

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

Time and Place

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

Injured Person

- Name of Injured: Marguerite Co. _____ (Last Name) _____ (Middle Initial) _____
- Social Security No.: 435-22-5680 City or Town: Fort Worth State: Texas
- Address: No. and St.: 3006 Bristol Rd.
- Check (v) Married: _____ Single: _____ Widowed: X Divorced: _____ Male: _____ Female: X White: X Colored: _____
- Nationality: American Speak English: Yes
- Age: 51 Did you have on file employment certificate or permit: _____ (b) Was this his or her regular occupation: Yes
- (a) Occupation when injured: Store Manager (b) Piece or time worker: _____ (c) Wages per hour \$: _____
- (a) How long employed by you: 4 Months (b) Wages per day \$: _____
- (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

Case of Injury

- Machine, tool or thing causing injury: _____ 20. Kind of power, (hand, foot, electrical, steam, etc.): _____
- (a) Was safety appliance or regulation provided: _____ 21. Part of machine on which accident occurred: _____
- (b) Was it in use at time: _____
- Was accident caused by injured's failure to use or observe safety appliance or regulation: _____
- 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 a shelf and a Carton of Candy fell on her face and nose.
- Names and addresses of witnesses: None

Nature of Injury

- Nature and location of injury (describe fully exact location of amputations or fractures, ruptures, etc.): of the bridge of the nose with swelling and swelling
- Probable length of disability: 1 week 23. Has injured re-occupied his or her regular occupation: _____
- If so, date and hour: _____
- At what occupation: same
- (a) Name and address of physician: Dr. H. S. Goldberg M.D. Goldbr...
- (b) Name and address of hospital: _____

Fatal Cases

- Has injured died: _____ If so, give date of death: _____

Date of this report: December 11, 1958
20N-4-33

Firm name: King Candy Company
Signed by: [Signature] Official Title: _____



BEST COPY

AVAILABLE