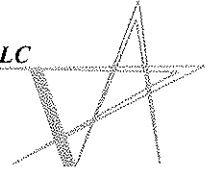


COMMONWEALTH ENVIRONMENTAL SERVICES, LLC

"A Native American Woman Owned Company"



Fax Cover Sheet

To: Rachel Leiton, Jim Bibeault,
Hon. Secretary of Labor
Hilda Solis

From: Gary S. Vander Boegh

Fax: (202) 693-1465
(904) 357-4704
(202) 693-6111

Date: 11-11-10

Phone: (270) 450-0850

Pages: ____ Pages including the Cover Sheet

Re: William T. Stewart
File: xxx-xx-6431

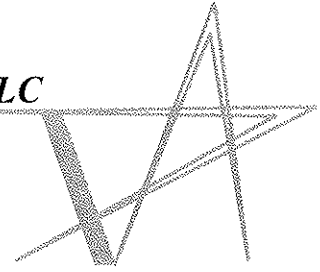
CC: Attention Ms. Leiton

☐ Urgent ☒ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

Comments:

COMMONWEALTH ENVIRONMENTAL SERVICES, LLC

"A Native American - Woman Owned Company"



Gary Vander Boegh, Vice President
Commonwealth Environmental Services, LLC
4645 Village Square Drive, St. F
Paducah, Kentucky 42001
Telephone: (270) 450-0850
Facsimile: (270) 450-0858

November 11, 2010

U. S. Department of Labor,
Frances Perkins Building, 200 Constitution Ave., NW
Room S-2018
Washington, DC 20210
Facsimile (904) 357-4704

Attention: Jim Bibeault & Madam Secretary Hilda Solis

Employee: William T. Stewart
Claimants: William T. Stewart, Jr.
Mark O. Stewart
Kathryn S. Russell
Carolyn S. Burnett
File Number: XXX-XX-6431

Dear Ms. Leiton, Mr. Bibeault and Madam Solis,

The Paducah Gaseous Diffusion Plant was a DOE facility from 1952 to July 28, 1998 and July 29, 1998 to present (remediation) where radioactive and beryllium materials were present, according to the Department of Energy Office of Worker Advocacy Facility List (<http://www.hss.energy.gov/HealthSafety/FWSP/Advocacy/faclist/findfacility.cfm>). As "Authorized Representative" (AR) for claimants William T. Stewart Jr, Mark O. Stewart, Kathryn S. Russell and Carolyn S. Burnett, I hereby respectfully submit the attached "EE-2 form" and "Claimant Attachments (CA-001- CA-004)" that support the claimant's Part B and Part E claims for compensation for Chronic Beryllium Disease (CBD). Mr. Stewart's respiratory disease diagnosis and x-ray reports dated prior to January 1, 1993, allows Mr. Stewart to have his Energy Employee Occupational Illness Compensation Program (EEOICP) CBD claim evaluated based on statutory requirements 42 USC § 7384l (13) (B) as follows:

(B) For diagnoses before January 1, 1993, the presence of—

(i) **occupational or environmental history**, or epidemiologic evidence of

beryllium exposure; and

(iii) any three of the following criteria:

(I) Characteristic chest radiographic (or computed tomography (CT)) abnormalities.

(II) Restrictive or obstructive lung physiology testing or diffusing lung capacity defect.

(III) Lung pathology consistent with chronic beryllium disease.

(IV) Clinical course consistent with a chronic respiratory disorder.

(V) Immunologic tests showing beryllium sensitivity (skin patch test or beryllium blood test preferred).

The Department of Labor has further stated, "For beryllium disease prior to January 1, 1993, a specific diagnosis of CBD IS NOT REQUIRED (emphasis added.)"....

EEOICPA Procedures and Prior Case Reference Supporting William T. Stewart's Part B CBD Claim for Compensation

Per Chapter 2-700.4 (September 2004) of the Federal (EEOICPA) Procedure Manual, "To determine whether to use the Pre or Post 1993 CBD criteria, the medical evidence must demonstrate that the employee was either treated for, tested or diagnosed with a chronic respiratory disorder. If the earliest dated document is prior to January 1, 1993, the pre-1993 CBD criteria may be used. Once it is established that the employee had a chronic respiratory disorder prior to 1993, the CE is not limited to use of medical reports prior to 1993 to meet the three of five criteria."

(Excerpt)

DOCKET NUMBER: 57973-2005

Decision Date: January 7, 2005

NOTICE OF FINAL DECISION

This is the decision of the Final Adjudication Branch concerning your claim for compensation under Part B of the Energy Employees Occupational Illness Compensation Program Act of 2000, as amended, 42 U.S.C. § 7384 *et seq.* (EEOICPA or the Act). This decision affirms the recommended acceptance issued on November 30, 2004.

STATEMENT OF THE CASE

On May 28, 2004, you filed a claim for survivor benefits, as the widow of [Employee], Form EE-2, under Part B of the EEOICPA. **YOU IDENTIFIED ‘BREATHING PROBLEMS’ AND CHRONIC BERYLLIUM DISEASE (CBD) AS THE CLAIMED CONDITIONS. (emphasis added)...**

....”Based upon the DOE response that F.H. McGraw held a number of contracts from 1951 to 1954 and the security Q clearance notification, the district concluded that the DOE had a business or contractual arrangement with F.H. McGraw. **THE DISTRICT OFFICE FURTHER CONCLUDED THAT YOUR HUSBAND WORKED WITH F.H. MCGRAW AT THE PADUCAH GASEOUS DIFFUSION PLANT FOR AT LEAST ONE DAY ON DECEMBER 17, 1954 (emphasis added)** based upon the reduction in force notice.[2]....”

.....”You submitted a medical report dated February 23, 1991, from Lowell F. Roberts, M.D., which indicates a history of chronic obstructive pulmonary disease (COPD), shortness of breath, and dyspnea. A February 23, 1991 X-ray report, from D.R. Hatfield, M.D., indicates a diagnosis of COPD. A February 25, 1991 CT-scan, from Barry F. Riggs, M.D., indicates abnormal nodular densities of the right lower lobe and a diagnosis of COPD. A February 26, 1991 medical report from M.Y. Jarfar, M.D. indicated that pulmonary function tests showed mild obstructive defects and mild diffusing lung capacity defects. You also submitted an X-ray report dated September 6, 1994, from Robert A. Garneau, M.D., that indicated diagnoses of COPD and Interstitial Fibrosis. A November 27, 1994 medical report from David Saxon, M.D., indicated findings of rales and wheezing. A December 2, 1994 medical report from Dr. Saxon, indicates hypoxemia to the left lower lung. A December 2, 1994 medical report from Lowell F. Roberts, M.D., indicated diagnoses of shortness of breath, congestive heart failure, dyspnea and cough, and rales in the lung base. An August 13, 1995 X-ray report from Charles Bea, M.D., indicates a diagnoses of bibasilar infiltrates. A December 30, 1996 X-ray report from Sharron Butler, M.D., indicates an increase of lung markings since the September 14, 1992 study. In the March 1, 1998 X-ray report from Dr. Butler diagnoses of “advanced chronic lung changes, mild interstitial prominence diffusely, and patch density of the posterior right lung” are indicated. An August 19, 1998 CT-scan from James D. Van Hoose, indicates diagnoses of pleural thickening and pulmonary calcifications. **AN AUGUST 6, 1999 PULMONARY FUNCTION TEST FROM WILLIAM CULBERSON, M.D. INDICATES A DIAGNOSIS OF MODERATELY SEVERE RESTRICTIVE DISEASE(emphasis added).** An October 12, 1999 discharge summary from Eric B. Scowden, M.D. indicates diagnoses of progressive shortness of breath, congestive heart disease, COPD, and history of right-sided empyema complicating pneumonia necessitating prolonged chest tube drainage with a continued open sinus tract.” Based upon these reports the district office concluded that you had CBD prior to January 1, 1993.[3]

On November 30, 2004, the district office issued a recommended decision concluding that your husband was a covered beryllium employee, that he was exposed to beryllium, and that he had symptoms and a clinical history similar to CBD prior to January 1, 1993. They further concluded that you are entitled to compensation in the amount of \$150,000 pursuant to § 7384s of the EEOICPA.

Section 30.316(a) of the EEOICPA implementing regulations provides that, “if the claimant does not file a written statement that objects to the recommended decision and/or requests a hearing within the period of time allotted in 20 C.F.R. § 30.310, or if the claimant waives any objection to all or part of the recommended decision, the Final Adjudication Branch (FAB) will issue a decision accepting the recommendation of the district office, either whole or in part.” 20 C.F.R. § 30.316(a). On December 1, 2004, the FAB received your signed waiver of any and all objections to the recommended decision. After considering the evidence of record, your waiver of objection, and the NIOSH report, the FAB hereby makes the following:

FINDINGS OF FACT

1. You filed a claim for benefits under Part B of the EEOICPA on May 28, 2004.

2. YOUR HUSBAND WAS EMPLOYED AT THE PADUCAH GASEOUS DIFFUSION PLANT FOR AT LEAST ONE DAY ON DECEMBER 17, 1954. (emphasis added)

3. Medical evidence has been submitted establishing a diagnosis of chronic beryllium disease before January 1, 1993.

4. You were married to the employee from March 23, 1940, until his death on October 12, 1999.

Based on these facts, the undersigned makes the following:

CONCLUSIONS OF LAW

Section 7384s of the Act provides for the payment of benefits to a covered employee, or his survivor, with an "occupational illness," which is defined in § 7384l(15) of the EEOICPA as "a covered beryllium illness, cancer, . . . or chronic silicosis, as the case may be." 42 U.S.C. §§ 7384l(15) and 7384s. 42 U.S.C. § 7384l.

PURSUANT TO § 7384L(13)(B) OF THE EEOICPA, TO ESTABLISH A DIAGNOSIS OF CBD BEFORE JANUARY 1, 1993, THE EMPLOYEE MUST HAVE HAD "AN OCCUPATIONAL OR ENVIRONMENTAL HISTORY, OR EPIDEMIOLOGIC EVIDENCE OF BERYLLIUM EXPOSURE; AND (III) ANY THREE OF THE FOLLOWING CRITERIA: (I) CHARACTERISTIC CHEST RADIOGRAPHIC (OR COMPUTED TOMOGRAPHY (CT)) ABNORMALITIES. (II) RESTRICTIVE OR OBSTRUCTIVE LUNG PHYSIOLOGY TESTING OR DIFFUSING LUNG CAPACITY DEFECT. (III) LUNG PATHOLOGY CONSISTENT WITH CHRONIC BERYLLIUM DISEASE. (IV) CLINICAL COURSE CONSISTENT WITH A CHRONIC RESPIRATORY DISORDER. (V) IMMUNOLOGIC TESTS SHOWING BERYLLIUM SENSITIVITY (SKIN PATCH TEST OR BERYLLIUM BLOOD TEST PREFERRED)." 42 U.S.C. § 7384L(13)(B). (emphasis added)

The evidence of record establishes that the employee was a covered beryllium employee who had at least three of the five necessary medical criteria to establish pre-1993 CBD under the EEOICPA. Therefore, you have provided sufficient evidence to establish that your husband was diagnosed with pre-1993 CBD, pursuant to § 7384l(13)(B) of the EEOICPA.

The undersigned has reviewed the facts and the district office's November 30, 2004 recommended decision and finds that you are entitled to \$150,000 in compensation.

The decision on the claim that you filed under Part E of the EEOICPA is being deferred until issuance of the Interim Final Regulations.

Washington, DC

Tom Daugherty
Hearing Representative
Final Adjudication Branch

[1] The Paducah Gaseous Diffusion Plant was a DOE facility from 1952 to July 28, 1998 and July 29, 1998 to present (remediation) where radioactive and beryllium material were present, according to the Department of Energy Office of Worker Advocacy Facility List (<http://www.hss.energy.gov/HealthSafety/FWSP/Advocacy/faclist/findfacility.cfm>).

[2] Per Chapter 2-100.3h (January 2002) of the Federal (EEOICPA) Procedure Manual, "The OWCP may receive evidence from other sources such as other state and federal agencies" to support a claim under the EEOICPA.

[3] Per Chapter 2-700.4 (September 2004) of the Federal (EEOICPA) Procedure Manual, **"To determine whether to use the Pre or Post 1993 CBD criteria, THE MEDICAL EVIDENCE MUST DEMONSTRATE THAT THE EMPLOYEE WAS EITHER TREATED FOR, TESTED OR DIAGNOSED WITH A CHRONIC RESPIRATORY DISORDER. (emphasis added) If the earliest dated document is prior to January 1, 1993, the pre-1993 CBD criteria may be used. ONCE IT IS ESTABLISHED THAT THE EMPLOYEE HAD A CHRONIC RESPIRATORY DISORDER PRIOR TO 1993, THE CE IS NOT LIMITED TO USE OF MEDICAL REPORTS PRIOR TO 1993 TO MEET THE THREE OF FIVE CRITERIA."** (emphasis added)

William T. Stewart's Medical Reports, Radiology Reports, X-rays, Pathology Report, and Death Certificate Established Lung Cancer and Chronic Obstructive Pulmonary Disease (COPD) Reflecting Compliance With Pre-1993 CBD Criteria

William Stewart provides Claimant Attachment (CA) – 001 which is the death certificate; CA-002 contains x-ray reports from 8/2/89 to 10/10/89; and CA-003 is a pathology report dated 08/03/89; CA-004 are various medical notes dated from 08/01/89 to 11/6/89; CA-005 is a memo from Peter Turcic dated 08/25/05 in support of the claim for CBD as follows:

1/ CA-001, On 11/26/1989 Mr. Stewart passed away. The cause of death was listed as "small cell Cancer of lung", which is causally linked to beryllium exposure.

Conclusion: Compliance pursuit with § 7384L(13)(B) , Criteria I and III.

2/ CA-002, The x-ray report dated 8/2/89 noted a 4 cm. nodule. The impression from an x-ray dated 08/14/89 us a large hilar mass and a basilar parenchymal mass. Noted in the 10/09/89 x-ray report was a granuloma. The 10/10/89 x-ray suggests pneumonia.

Conclusion: Compliance pursuit with § 7384L(13)(B), Criteria I.

3/ CA-003, This pathology report dated 08/03/89 diagnosis small cell carcinoma through the bronchial washings and brushings. Through the bronchial biopsy the diagnosis was the same, small cell carcinoma.

Conclusion: Compliance pursuit with § 7384L(13)(B), Criteria's I, III, & IV.

4/ CA-004, On 8/01/89 the procedure for a bronchoscopy with biopsy was listed as a procedure to be performed due to oat cell carcinoma of the lung. The discharge summary dated 8/15/89 listed carcinoma of the lung and chronic lung disease as some of the diagnosis. A consultation by Jeffrey Clarke, M.D. on 8/01/89 sited COPD and a chest mass as his impression.

Conclusion: Compliance pursuit with § 7384L(13)(B), Criteria's IV.

5/ CA-005, "Memorandum from DEEOICP Director Peter Turic" dated 8/25/05 regarding causal relationship between respiratory disorders and CBD.

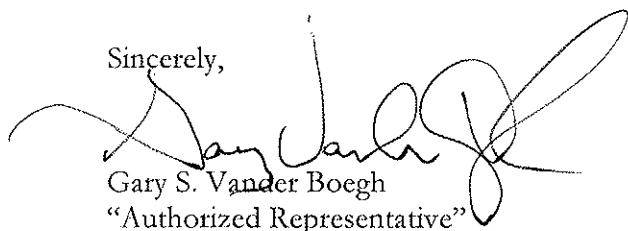
Conclusion: Compliance pursuit with § 7384L(13)(B), Criteria's I, III, & IV.

Request for Approval of Part B Compensation for Chronic Beryllium Disease (CBD) In the Amount of \$150,000

Based on the above medical evidence, William T. Stewart has met his statutory burden of proof for EEOICPA Part B Compensation in the amount of \$150,000, per the statutory requirements USC § 7384l (13) (B).

Please feel free to contact me at 270-559-1752 or 270-450-0850.

Sincerely,



Gary S. Vander Boegh

"Authorized Representative"

Vice President- Commonwealth Environmental Services, LLC.

Cc. Honorable Secretary of Labor Hilda Solis by facsimile (202) 693-6111

U.S. Department of Labor
200 Constitution Avenue, NW
Room S-2018
Washington, DC 20210

Malcolm Nelson, EEOICP Ombudsman (by email and facsimile)
David Nolan, Esq. (by email w/attachments)

**Claim for Survivor Benefits Under the Energy Employees
Occupational Illness Compensation Program Act**

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



Note: Provide all information requested below. Do not write in the shaded areas.

OMB Number: 1215-0197
Expiration Date: 08/31/2010

Deceased Employee Information (Please Print Clearly)

1. Name (Last, First, Middle Initial) Stewart William T		2. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3. Social Security Number [REDACTED]
4. Date of Birth [REDACTED] Month Day Year	5. Date of Death [REDACTED] Month Day Year	6. Was an autopsy performed on the employee? <input type="checkbox"/> YES - List Medical Facility: _____ <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	

Survivor Information (Please Print Clearly)

7. Name (Last, First, Middle Initial) Stewart, Jr. William T		8. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	9. Social Security Number [REDACTED]
10. Date of Birth [REDACTED] Month Day Year	11. Your relationship to the deceased employee <input type="checkbox"/> spouse <input checked="" type="checkbox"/> child <input type="checkbox"/> step-child <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> grandchild <input type="checkbox"/> Other:		
12. Address (Street, Apt. #, P.O. Box) [REDACTED] (City, State, ZIP Code) [REDACTED]		13. Telephone Numbers a. Home: [REDACTED] b. Other: () -	

14. Identify the Diagnosed Condition(s) Being Claimed as Work-Related (check box and list specific diagnosis)


<input type="checkbox"/> Cancer (List Specific Diagnosis Below)	15. Date of Diagnosis		
	Month	Day	Year
a.			
b.			
c.			
<input type="checkbox"/> Beryllium Sensitivity			
<input checked="" type="checkbox"/> Chronic Beryllium Disease (CBD)			
<input type="checkbox"/> Chronic Silicosis			
<input type="checkbox"/> Other Work-Related Condition(s) due to exposure to toxic substances or radiation (List Specific Diagnosis Below)			
a.			
b.			
c.			

Awards and Other Information

16. Did the employee work at a location designated as a Special Exposure Cohort (SEC)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
17. Have you or the deceased employee filed a lawsuit seeking either money or medical coverage for the claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. Have you or the deceased employee filed any workers' compensation claims in connection with the claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
19. Have you, the deceased employee, or another person received a settlement or other award in connection with the above claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
20. Have you either pled guilty or been convicted of any charges connected with an application for or receipt of federal or state workers' compensation?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21. Have you or the employee applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)? If yes, provide RECA Claim #: [REDACTED]	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
22. Have you or the employee applied for an award under Section 4 of the Radiation Exposure Compensation Act?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

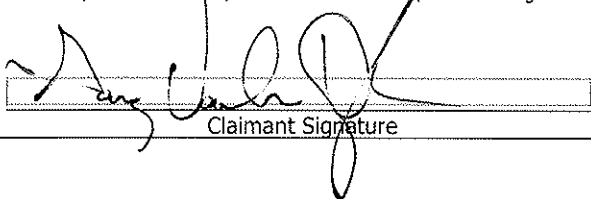
Other Potential Survivors23. Are you aware of any person(s) who may also qualify as a survivor of the deceased employee? ☒ YES ☐ NO

If YES, please provide the following:

	Name	Relationship to the deceased employee	Address	Phone Number(s)
a.	Mark O. Stewart	child		Home: Other:
b.	Kathryn S. Russell	child		Home: Other:
c.	Carolyn S. Burnett	child		Home: Other:
d.			†	Home: Other:
e.			†	Home: Other:
f.			†	Home: Other:
g.			†	Home: Other:
h.			†	Home: Other:
i.			†	Home: Other:
j.			†	Home: Other:

Survivor Declaration

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. Any change to the information provided on this form once it is submitted must be reported immediately to the District Office responsible for the administration of the claim. I hereby make a claim for benefits under EEOICPA and affirm that the information I have provided on this form is true. If applicable, I authorize the Department of Justice to release any requested information, including information related to my RECA claim, to the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP). Furthermore, I authorize any physician or hospital (or any other person, institution, corporation, or government agency, including the Social Security Administration) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs.


Claimant Signature

11/10/2010

Date

Resource Center Date StampForm EE-2
April 2005

Registrar of Vital Statistics

Certified Copy



04:
0A1
DC
NEWCA

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

FORM VS NO. 1A
(Rev. 9/88)

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS

116

FILE NO.

CERTIFICATE OF DEATH

029735

Registration District No.		Primary Registration District No.		Registrar's No.	
1. DECEDENT'S NAME (First, Middle, Last) WILLIAM THOMAS STEWART				2. SEX MALE	
3. DATE OF DEATH (Month, Day, Year) NOVEMBER 26TH, 1989					
4. SOCIAL SECURITY NO. [REDACTED]		5a. AGE Last Birthday (Years) 65		5b. UNDER 1 YEAR (Months) (Days) (Hours) (Minutes)	
6. DATE OF BIRTH (Month, Day, Year) [REDACTED]		7. BIRTHPLACE (Country, State or Foreign Country) PADUCAH, KENTUCKY			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) PARKVIEW CONVALESCENT CENTER		9c. CITY, TOWN, OR LOCATION OF DEATH PADUCAH		9d. COUNTY OF DEATH MCCRACKEN	
10. MARITAL STATUS WIDOWED		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life. Do not use retired) INSURANCE AGENT & REALTOR	
12b. KIND OF BUSINESS/INDUSTRY SALESMAN		13a. RESIDENCE - State KENTUCKY		13b. COUNTY MCCRACKEN	
13c. CITY, TOWN, OR LOCATION PADUCAH		13d. STREET AND NUMBER 4360 ROY LEE ROAD			
14. INSIDE CITY (Y/N) NO		15. ZIP CODE 42001		16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify race, if yes, specify Cuban, Mexican, Puerto Rican, etc.) NO	
17. RACE - American Indian, Black, White, etc. (Specify) WHITE		18. DECEDENT'S EDUCATION (Specify only highest grade completed) 4+			
19a. FATHER'S NAME (First, Middle, Last) ROY STEWART, SR.		19b. MOTHER'S NAME (First, Middle, Last) KATHRYN OVERSTREET			
20a. INFORMANT'S NAME (Type Print) MR. TOM STEWART		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 316 S. 19TH STREET PADUCAH, KY 42001			
21. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		22a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MOUNT CARMEL CEMETERY		22b. LOCATION (City, Town or State) PADUCAH, KY	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE (If not an active licensee) <i>Deborah Baker</i>		24. NAME AND ADDRESS OF FACILITY ROTH FUNERAL CHAPEL, INC. 433 MONROE STREET PADUCAH, KY 42001			
25. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated		26. DATE SIGNED (Month, Day, Year) 11-28-89			
27. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type Print) DR. JESSE WALLACE, JR. BOX 7448 PADUCAH, KY 42002-7448		28. TIME OF DEATH 12:50 p.m.			
29. DATE PRONOUNCED DEAD (Month, Day, Year)		30. CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No)			
31. PART I. Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Small Cell Carcinoma of Lung DUE TO IOR AS A CONSEQUENCE OF: b. c. d. Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		32. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
33. PART II. Other significant conditions contributed to death but not resulting in the underlying cause given in Part I.		34. WAS AUTOPSY PERFORMED? (Yes or No)		35. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
36. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		37a. DATE OF INJURY (Month, Day, Year)		37b. TIME OF INJURY (Hours) (Minutes)	
38a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		38b. LOCATION (Street and Number or Rural Route Number, City or Town)			
39. REGISTRAR'S SIGNATURE <i>Robert N. Hurst III</i>		40. DATE FILED (Month, Day, Year) DEC 01 1989			

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Robert N. Hurst III, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth/death of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 1 day of Dec, 19 89.

CLAIMANT ATTACHMENT 001

PAGE NO. 1061

Robert N. Hurst III, State Registrar

NAME: Stewart, William T.
CHART: 7303633-09
DOCTOR: R. Smith
ROOM: 453-1
XRAY #: 730363



X-RAY REPORT

ADMITTING PROBLEM/HISTORY:
LUNG MASS, COPD

DATE:
8/2/89

CT OF CHEST:

Axial images are obtained through the chest with contrast per the physician's request. There is a 4 cm. pleural based right lower lobe lesion seen without benign characteristics by CT. There is extensive bulky mediastinal adenopathy with compression of the right main stem and proximal lobar bronchial tree, and some mild obstructive atelectasis and pneumonitis seen in the right lung. No focal liver disease is seen, this evaluation is suboptimal without contrast, however. No adrenal disease is seen. There is no nodularity, mass or pleural reaction seen in the left lung. There is no pleural effusion seen in the right lung. There are marked changes of atheromatous disease in the great vessels and the abnormal mediastinal density extends from the level of the manubrium caudally to the base of the heart. No osseous lesion is seen.

OPINION:

4 cm. peripheral right lower lobe nodule with associated diffuse mediastinal adenopathy. Small cell carcinoma would be the most likely consideration although this is by no means a specific diagnosis. No subdiaphragmatic disease is seen. No other worrisome process in the chest noted.

BFR/080489
(X-RAY REPORT)
WP38.080489.6X

3/2/89
Barry P. Riggs, M.D.

CHART COPY

CLAIMANT ATTACHMENT 002
1887

NAME: Stewart, William T.
CHART: 7303633-09
DOCTOR: R. Smith
ROOM: 453-1
XRAY #: 730363



X-RAY REPORT

ADMITTING PROBLEM/HISTORY:
Lung mass, COPD.

DATE:
08/07/89

CT OF THE HEAD:

Axial images are obtained following IV contrast. This study is compared to previous evaluations, most recent study being 1987. Patient has had significant increase in atrophy in the two year interval. A chronic infarction involving bilateral deep white matter and left basal ganglia is now associated with new enhancing lesion, ill-defined in the left centrum semiovale. These are most likely related to the patient's underlying malignancy although there is little if any edema associated with these nodules. There is also an area of ill-defined increased enhancement in the right insula, best seen in image #4. In the same image there is some ill-defined enhancement at the level of the tentorial notch, this is more likely artifact.

OPINION:

1. Multiple new enhancing lesions, with a history of lung cancer is noted, these are thought to be metastatic nodules.
2. New development of diffuse atrophy of a greater degree than that seen two years ago, ischemic etiology most likely.
3. Multi-focal chronic infarction, unchanged.

BFR/080789
(X-RAY REPORT)

WP37.080789.4X

Barry F. Riggs, M.D.

CHART CONT

CLAIMANT ATTACHMENT 002

PAGE NO. 287

NAME: Stewart, William T.
CHART: 7303633-09
DOCTOR: R. Smith
ROOM: 453-1
XRAY #: 730363



X-RAY REPORT

ADMITTING PROBLEM/HISTORY:
LUNG MASS, COPD

DATE:
8/7/89

DOSAGE:
20 mCi 99mTc HDP

BONE SCAN:
Twenty millicuries of technetium 99m HDP was injected intravenously. There is normal distribution of the radiotracer. No definite evidence for bony metastatic disease is identified. There is mild asymmetrical uptake of the radiotracer in the kidneys with mildly increased uptake on the right as compared to the left. This is nonspecific and may relate in part to the patient's positioning.

IMPRESSION:
Negative for metastasis.

TC 107
Tim Crossett, M.D.

TC/080789
(X-RAY REPORT)
WP38.080789.5X

CHART COPY

ALMAN ATTACHMENT 002
PAGE NO. 387

NAME: Stewart, William T.
CHART: 7303633-09
DOCTOR: R. Smith
ROOM: 318-1
XRAY #: 730363



X-RAY REPORT

ADMITTING PROBLEM/HISTORY:
Lung mass.
COPD.

DATE:
08/14/89

CHEST FRONTAL:
Today's study is compared to the preceding exam of 10/23/87.

There is a large right perihilar mass measuring 4.0 cm in width by approximately 11 cm in height. There is a right basilar oval mass measuring 4.0 cm in greatest dimension. There is no evidence of pneumothorax. These findings were present on the preceding study of 10/23/87. There is an old fracture of the left seventh rib. Heart size is normal.

IMPRESSION:

1. Interval development of large right hilar mass and right basilar parenchymal mass.

WEA/081489
(XRAY REPORT)

WP44.081489.5X

William E. Adams, M.D.

CHART COPY

CLAIMANT ATTACHMENT 002

PAGE NO. 487

NAME: Stewart, William T.
CHART: 7303633-13
DOCTOR: Gould
ROOM: 327-1
XRAY #: 730363



X-RAY REPORT

ADMITTING PROBLEM/HISTORY:
Obstructive ventilation

DATE:
10/09/89

PORTABLE AP FILM:

Film read in comparison to the prior AP film 09/13/89. There has been no interval changes. Heart and mediastinum normal. Minimal thoracic calcification. Calcified granuloma within the right midlung. Lungs are otherwise clear.

IMPRESSION:
No acute cardiopulmonary abnormality.

SB/100989
(XRAY REPORT)

SB/ITS
Sharron Butler, M.D.

WP36.100989.6X

CHART COPY

CLAIMANT ATTACHMENT 002

PAGE NO. 587



WESTERN BAPTIST HOSPITAL
WHERE YOUR NEEDS COME FIRST
2501 KENTUCKY AVE.
PADUCAH, KENTUCKY 42003

NAME: Stewart, William T.
CHART: 7303633-13
DOCTOR: Gould
ROOM: 327-1
XRAY #: 730363

X-RAY REPORT

ADMITTING PROBLEM/HISTORY:
COPD.

DATE:
10/10/89

CHEST:

A single AP semi upright portable radiograph dated 10/09/89 at 19:45 hrs.

A small amount of interstitial infiltrate present in both lung bases. This has increased slightly on the right and suggests an area of interstitial pneumonitis.

Remaining lung fields are unchanged and are clear. Heart and mediastinum are normal.

Central venous catheter enters from the right and has its tip in the right atrium.

IMPRESSION:

COPD. Mild interstitial infiltrate seen in the lung bases slightly increased on the right suggesting an interstitial pneumonia.

RAD/101089
(X-RAY REPORT)

R. A. Davis
R. A. Davis, M.D.

CHART COPY

WP33.101089.4X

CLAIMANT ATTACHMENT 002
PAGE NO. 687

NAME: Stewart, William T.
CHART: 7303633-13
DOCTOR: Gould
ROOM: 327-1
XRAY #: 730363



X-RAY REPORT

ADMITTING PROBLEM/HISTORY:
OBSTRUCTIVE VENTILATION STATUS

DATE:
10/10/89

ENHANCED CT SCAN, BRAIN:

Unfortunately, the patient's previous CT scan of the head from 08/07/89 is not available for comparison in the patient's jacket. This appears to be missing.

CT scan from October 26, 1987 of the brain is present, however.

There is periventricular areas of encephalomalacia with focal areas of low attenuation in the basal ganglia and deep white matter consistent with multi-focal stroke syndrome of the periventricular white matter. No focal enhancing lesions are currently identified on today's examination. This apparently represents a change from the previous CT scan from August 1989, where there was small enhancing lesions identified throughout the brain.

IMPRESSION:

Slight enlargement of the ventricles consistent with central atrophy. Focal areas of low attenuation and periventricular encephalomalacia consistent with microangiopathic ischemic change and multiple small infarct areas of the deep white matter. No enhancing lesions identified on the current examination.

GWH/101089
(XRAY REPORT)

GWH
Gary W. Heath, M.D.

WP36.101089.8X

CHART COPY

CLAIMANT ATTACHMENT 002
PAGE NO. 787

NAME: Stewart, William T.
CHART: 7303633-09
DOCTOR: R. Smith
AGE: 65
ROOM: 453-1

PATH #: 7590-89
DATE: 08/03/89



PATHOLOGY REPORT

SPECIMEN:

1. Bronchial washings and brushings.
2. Bronchial biopsy.

GROSS APPEARANCE:

The first specimen, labeled bronchial washings and brushings, consists of 10 cc of bloody red mucus. Multiple smears and cell blocks are made. Also received, are two bronchial brush smears which are submitted.

Received in formalin and designated "bronchial biopsy" are eight pale reddish-tan friable tissue fragments no more than 1.0 x 2.0 mm in size. They are submitted in toto (block #2).
(b1)

MICROSCOPIC EXAMINATION:

Multiple smears and cell blocks of the bronchial washings reveal some normal ciliated columnar epithelial cells intermixed with some foamy macrophages and neutrophils. There are some atypical squamous cells present and occasional clumps of small cells which are very atypical and suspicious for small cell carcinoma.

Multiple smears of the bronchial brushings show many normal ciliated columnar epithelial cells intermixed with large numbers of atypical small cells which have slightly pleomorphic somewhat hyperchromatic nuclei and minimal amounts of cytoplasm. There are scattered mitoses present.

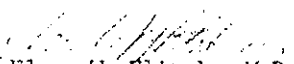
Multiple biopsies from the bronchus show some normal pseudostratified ciliated columnar epithelium on portions of the surface but deeper there is a poorly differentiated carcinoma which shows extensive smudging of the nuclei and nuclear dust. The cells have very small hyperchromatic nuclei with irregular nuclear borders and minimal amounts of cytoplasm.

DIAGNOSES:

1. BRONCHIAL WASHINGS AND BRUSHINGS: ATYPICAL CELLS PRESENT CONSISTENT WITH SMALL CELL UNDIFFERENTIATED CARCINOMA.
2. BRONCHIAL BIOPSY: UNDIFFERENTIATED SMALL CELL CARCINOMA.

Comment: Special stains for fungi are negative.

EWY/WP42/080489


Elmer W. Ylitalo, M.D.
Pathologist

TUMOR: Benign _____ Malignant _____ T _____ N _____ M _____ TC _____
7590-89

ORIGINAL COPY

CLAIMANT ATTACHMENT 003

PAGE NO. 181

PATIENT'S LAST NAME STEWART	FIRST WILLIAM	MAIDEN OR MIDDLE NAME	ADMITTING PHYSICIAN SMITH, RICHARD	REGISTERED 03/01/89	ROOM NO. 0454	PATIENT NO. [REDACTED]
PATIENT'S ADDRESS [REDACTED]		CITY [REDACTED]	STATE IN	ZIP 46001	PATIENT PHONE 443-8151	TYPE ADMIT. ELECT
BIRTH DATE [REDACTED]		AGE 65	SEX M	WAR 0	STAT 0	TYPE SERVICE NEED

ADMITTING DIAGNOSIS LUNG MASS COPE	CONSULTANTS Harold	Clarke
--	------------------------------	---------------

PRINCIPAL DIAGNOSIS: **OAT CELL CARCINOMA OF THE LUNG WITH 4.0 CENTIMETER RIGHT LOWER LOBE MASS, MEDIASTINAL ADENOPATHY.** CODE **162.5**
A) ABNORMAL CT. SCAN - POSSIBLE METASTATIC DISEASE. **1138**

COMPLICATIONS: **HISTORY OF CEREBROVASCULAR ACCIDENT AND RIGHT HEMIPARESIS.** **250.91**
INSULIN-DEPENDENT DIABETES. **1196**

COMORBIDITIES: **STATUS POST BILATERAL CAROTID ENDARTERECTOMIES.** **00083 V07.3**
CHRONIC LUNG DISEASE. **285.9**

SECONDARY DIAGNOSIS: _____

PRINCIPAL PROCEDURE: **8/3/89: FLEXIBLE FIBEROPTIC BRONCHOSCOPY WITH BIOPSY.** **00026 33.24**
 OTHER PROCEDURES: _____

NON-OPERATING ROOM PROCEDURES: _____

POST ADMISSION INFECTION: YES ☐ NO ☒

AUTOPSY: YES ☐ NO ☒ SIGNED: **R. Russell** M.D.

REGISTERED 08/01/89	TIME 1242	DATE OF DISCHARGE 8/15/89	TIME 11920	NO. DAYS STAY 14	EXPED <input type="checkbox"/>	INSURANCE MED. CO. A - B
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RESPONSIBLE PARTY STEWART, WILLIAM T	ADDRESS 4380 ROY LEE RD	CITY PALUCAN	STATE KY	ZIP 42002	GUARANTOR NO 0000000000
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PE ADMIT ELECT	DATE OF ACCIDENT NO	NATURE OF ACCIDENT	PLACE	RESPONSIBLE PARTY'S EMPLOYER	PREV APN IL
--------------------------	-------------------------------	--------------------	-------	------------------------------	-----------------------

BEST RELATIVE RUSSELL	FIRST KATHRYN	RELATION DAUGHT	ADDRESS 4420 ROY LEE RD	CITY PALUCAN	STATE KY	RELATIVE PHONE 443-1835
---------------------------------	-------------------------	---------------------------	-----------------------------------	------------------------	--------------------	-----------------------------------

CHURCH MEMBERSHIP CATHOLIC	SOCIAL SECURITY NO. ST THOMAS	PATIENT'S EMPLOYER	TYPE SERVICE NEED
--------------------------------------	---	--------------------	-----------------------------

PATIENT'S ADDRESS 4380 ROY LEE RD	CITY PALUCAN	STATE IN	ZIP 46001	COUNTY DEA	PATIENT PHONE 443-8151	BIRTH DATE 08/24/065	AGE 65	SEX M	TYPE SERVICE NEED
---	------------------------	--------------------	---------------------	----------------------	----------------------------------	--------------------------------	------------------	-----------------	-----------------------------

PATIENT'S LAST NAME STEWART	FIRST WILLIAM	MAIDEN OR MIDDLE NAME	ADMITTING PHYSICIAN SMITH, RICHARD	PATIENT OCCUPATION BRILL	PATIENT NO. 000-00-0000
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1 - D

SUMMARY SHEET - PATIENT'S CHART

CLAIMANT ATTACHMENT **004**

6

NAME: Stewart, William T.
CHART: 7303633-09
DOCTOR: R. Smith
ADM: 08/01/89
DIS: 08/15/89
ROOM:
PAGE: 1



DISCHARGE SUMMARY

DIAGNOSIS:

1. Oat cell carcinoma of the lung with 4.0 cm right lower lobe mass, mediastinal adenopathy.
 - a. Abnormal CT scan - possible metastatic disease.
2. History of CVA and right hemiparesis.
3. Insulin-dependent diabetes.
4. Status post bilateral carotid endarterectomies.
5. Chronic lung disease.

CONSULTANTS:

Dr. Gould and Dr. Saghafi

Mr. Stewart is a 65 year old gentleman admitted with increasing chest congestion and a chest mass noted on outpatient chest film. He has been followed infrequently in the past for insulin-dependent diabetes and a previous stroke. He has chronic atrophy of his left upper extremity from an old injury and had developed a right hemiparesis related to a stroke approximately two years ago. He has had bilateral carotid endarterectomies.

PHYSICAL EXAMINATION:

GENERAL: Revealed a chronically ill-appearing white male. He was afebrile. Blood pressure 90/54. There were no cervical nor axillary lymph nodes palpable. Scattered rhonchi were heard in the chest.

ABDOMEN: Soft without masses.

NEUROLOGICAL: Mild weakness on the right.

LABORATORY STUDIES:

Initial hematocrit was 25 and 35 after transfusion of two units of packed cells. White count 9,900. Platelet count 483,000. Urinalysis was clear. SMA survey was abnormal for a glucose of 129. LDH 384. Creatinine was normal at 1.1. Free thyroxine index was normal at 3.41.

Sputum culture grew Hemophilus influenzae.

HOSPITAL COURSE:

The patient was admitted for evaluation of his chest mass. He was found to have a 4.0 cm right lower lobe mass with associated mediastinal adenopathy. Dr. Clarke performed endoscopic biopsy, revealing small cell undifferentiated carcinoma. Other scans revealed several enhancing lesions on head CT scan felt to be possible metastatic nodules. MRI is pending.

Continued.....
(DISCHARGE SUMMARY)

WP42.081789.1

CHART COPY

CLAIMANT ATTACHMENT 004

PAGE NO. 2811

NAME: Stewart, William T.
CHART: 7303633-09
DOCTOR: R. Smith
ADM: 08/01/89
DIS: 08/15/89
ROOM:
PAGE: 2



Dr. Gould and Dr. Saghafi were consulted. It was elected to treat the patient with chemotherapy and he tolerated his first dose of Cis-Platinum without problems. He developed some edema requiring diuresis. There was some concern over the possibility of superior vena cava syndrome but his swelling in the neck and face did resolve.

Currently, the patient is eating well. He is ambulating with help. It is felt he can be cared for at home by his family and is to have an MRI scan in the future to clarify his CNS lesions. Consideration of radiation therapy to the chest and/or head will be undertaken.

Current regimen is as follows: Decadron 8 mg each morning, Maalox 30 cc each morning, Dalmane 15 at night, Theo-Dur 200 three times a day, Novolin 70/30 insulin 20 units in the morning and 10 units each evening.

He will be followed by Dr. Gould and myself.

Richard D. Smith, M.D.

RDS/081589
(DISCHARGE SUMMARY)

WP42.081789.1

CHART COPY

CLAIMANT ATTACHMENT 004

PAGE NO. 3811

NAME: Stewart, William T.
CHART: 7303633-09
DOCTOR: R. Smith
ADM: 08/01/89
DIS:
ROOM: 453-1



CONSULTATION

ATTENDING PHYSICIAN:
Dr. Richard Smith.

DATE OF CONSULTATION:
08/01/89.

Patient is a 65 year-old white male admitted to Dr. Smith's service because of problems with COPD and a right chest mass. He was seen in the office yesterday per Dr. Smith and chest x-ray revealed evidence of right lower lobe mass and some apparent mediastinal adenopathy. He also had significant pulmonary congestion. A pulmonary medicine consult has been obtained for further evaluation to include biopsy procedure in hopes of making a definitive diagnosis as to the cause of his chest mass. The patient has a long smoking history.

PHYSICAL:

He is an elderly white male who appears chronically ill.
CHEST: Reveals scattered rhonchi bilaterally.

IMPRESSION:

1. Right chest mass probably secondary to bronchogenic carcinoma.
2. COPD.

PLAN:

Will get CT of the chest to better localize the mass and plan to perform bronchoscopy in 1-2 days and possibly a needle biopsy if this is nondiagnostic.

I want to thank you for this consultation. I will follow the patient while he is in the hospital.

Jeffrey Clarke
Jeffrey Clarke, M.D.

JC/080289
(CONSULTATION REPORT)

WP40.080289.3

CHART COPY

CLAIMANT ATTACHMENT 004

PAGE NO. 4 of 11

OK 22 *Smokes*

PATIENT'S LAST NAME	FIRST	MAIDEN OR MIDDLE NAME	ADMITTING PHYSICIAN	REGISTERED	ROOM NO.	PATIENT NO.
STEWART	WILLIAM	THOMAS	GOULD, JAMES R	10/09/89	03271	
PATIENT'S ADDRESS	CITY	STATE	PATIENT PHONE	TYPE ADMIT.	BIRTHDATE	AGE
			443 8153	ENERG		065
SEX			MAR. STAT.			TYPE SERVICE
M						WY MEDICAL

ADMITTING PHYSICIAN	CONSULTANTS
GOULD, JAMES R	<i>Ch Davis</i>

OBSTRUCTIVE VENTILATION STATUS	1	2
	3	4

PRINCIPAL DIAGNOSIS:	1. HYPOGLYCEMIA, WITH SYMPTOMATIC OBTUNDATION.	CODE
	2. SMALL CELL CARCINOMA OF THE LUNG.	251.2
	3. ADULT ONSET DIABETES MELLITUS.	
	4. ATHEROSCLEROTIC VASCULAR DISEASE WITH CORONARY ARTERY BYPASS GRAFT.	250.91
COMPLICATIONS:	5. HISTORY OF SYNDROME OF INAPPROPRIATE ANTIDIURETIC HORMONE.	162.8
	6. ORTHOSTATIC HYPOTENSION, DUE TO PROLONGED BED REST.	429.2

COMORBIDITIES:	458.0
	V45.81
SECONDARY DIAGNOSIS:	285.9

PRINCIPAL PROCEDURE:	10-09-89 INSERTION OF ACUTE TRIPLE LUMEN GROSHONG CENTRAL VENOUS CATHETER.	00079
OTHER PROCEDURES:		38.93
NON-OPERATING ROOM PROCEDURES:		

POST ADMISSION INFECTION:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
AUTOPSY:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SIGNED:	<i>James R. Gould</i>	M.D.

REGISTERED	TIME	DATE OF DISCHARGE	TIME	NO. DAYS STAY	EXP. DATE	INSURANCE
10/09/89	1222	10-13-89	1015	4		MEDICARE A & B

PATIENT'S NAME	ADDRESS	CITY	STATE	ZIP	GUARANTOR NO.
STEWART, WILLIAM T	4360 ROY LEE RD	PADUCAH	KY	42001	0000000000

TYPE ADMIT.	DATE OF ACCIDENT	NATURE OF ACCIDENT	PLACE	RESPONSIBLE PARTY'S EMPLOYER	PREV
EMERG	NO				YES

RELIGION	CHURCH MEMBERSHIP	SOCIAL SECURITY NO.	PATIENT'S EMPLOYER	ADM. CK.	TYPE SERVICE
CATHOLIC	ST THOMAS	0405226431		W	RE MEDICAL

PATIENT'S ADDRESS	CITY	STATE	ZIP	COUNTY	PATIENT PHONE	BIRTHDATE	AGE	SEX	MAR. STAT.
4360 ROY LEE RD	PADUCAH	KY	42001	ME	443 8153	03/08/24	365	M	W Y

PATIENT'S LAST NAME	FIRST	MAIDEN OR MIDDLE NAME	ADMITTING PHYSICIAN	PATIENT OCCUPATION	PATIENT NO.
STEWART	WILLIAM	THOMAS	GOULD, JAMES R	3 RETIRED	C000730368813

1-D

SUMMARY SHEET - PATIENT'S CHART

CLAIMANT ATTACHMENT 004

PAGE NO. 5 of 11

NAME: Stewart, William T.
CHART: 7303633-13
DOCTOR: C. K. Davis
ADM: 10/09/89
DIS:
ROOM: 327-1



CONSULTATION

DATE:
10-09-89

ADMITTING PHYSICIAN:
James R. Gould, M.D.

This is a 65 year old white male patient of Dr. Gould with small cell cancer of the lung. He has poor peripheral vein and I have been asked to insert a central line. Will proceed.

CKD/100989
(CONSULTATION)

WP31.101289.1

CHART COPY

A handwritten signature in dark ink, appearing to read "C. K. Davis", is located in the lower right quadrant of the page. The signature is fluid and cursive.

C. K. Davis, M.D.

CLAIMANT ATTACHMENT 004

PAGE NO. 6811

NAME: Stewart, William T.
CHART: 7303632-13
DOCTOR: C. K. Davis
ADM: 10/09/89
DIS:
ROOM: 327-1



OPERATION

DATE:
10-09-89

ADMITTING PHYSICIAN:
James R. Gould, M.D.

PREOPERATIVE DIAGNOSIS:
Small cell ca of lung.

POSTOPERATIVE DIAGNOSIS:
SAME.

OPERATION:
Insertion of acute triple lumen Groshong central venous catheter.

DESCRIPTION:
With the patient in supine and in Trendelenberg, his chest and neck were prepped and draped in the usual fashion. Using Xylocaine, a stab wound was made below the mid portion of the right clavicle and puncture of the subclavian vein carried out. A guide wire was inserted into the superior vena cava and a dilator and peel-away sheath was passed over the wire. The wire and dilator were removed and a triple lumen catheter inserted. There was good flow of blood from the two #18 lumen ports but only fair flow from the #16 lumen which is probably due to a stiff slit valve. All three flushed easily. The device was secured, sterile dressing applied.

Patient tolerated the procedure well.

CKD/100989
(OPERATION)

C. K. Davis
C. K. Davis, M.D.

WP31.101289.1

CHART COPY

CLAIMANT ATTACHMENT 004
PAGE NO. 78 11

PATIENT'S LAST NAME STEWART	FIRST WILLIAM	MIDDLE OR MIDDLE NAME THOMAS	ADMITTING PHYSICIAN WALLACE, JESSE	REGISTERED 11/06/89	ROOM NO. 0320	PATIENT NO. 2
PATIENT'S ADDRESS R/O CUA			PATIENT PHONE 443 8153	TYPE ADMIT. EMERG	BIRTHDATE 065	AGE 71

1 CONSULTANTS	2
3	4

PRINCIPAL DIAGNOSIS:	1. TRANSIENT ISCHEMIC ATTACK.	CODE 435.9
	2. DIABETES MELLITUS.	
	3. CARCINOMA OF THE LUNG.	250.1
	4. ANEMIA.	
COMPLICATIONS:	5. HYPONATREMIA.	162.8
	6. ATHEROSCLEROTIC HEART DISEASE.	285.9
	7. HISTORY OF HYPERTENSION.	

COMORBIDITIES:	376.1
	414.1

SECONDARY DIAGNOSIS:	401.1
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PRINCIPAL PROCEDURE:	
OTHER PROCEDURES:	

NON-OPERATING ROOM PROCEDURES:	
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11/6

6-65-N

POST ADMISSION INFECTION:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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AUTOPSY:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SIGNED: <i>Jesse Wallace, M.D.</i>
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REGISTERED 11/06/89	TIME 1907	DATE OF DISCHARGE 11/13/89	TIME 1100	NO. DAYS STAY: 7	INSURANCE MEDICARE A & B
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RESPONSIBLE PARTY STEWART, WILLIAM T	ADDRESS 4360 ROY LEE RD	CITY FADUCAH	STATE KY	ZIP 42001	GUARANTEE NO. 000000000
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TYPE ADMIT EMERG	DATE OF ACCIDENT NO	NATURE OF ACCIDENT NO	PLACE NO	RESPONSIBLE PARTY'S EMPLOYER NO
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RELAT RUSSELL	FIRST KATHRYN	RELATION DAUGHT	ADDRESS 4420 ROY LEE RD	CITY FADUCAH	STATE KY	ZIP 443 14
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RELIG CATHOLIC	CHURCH MEMBERSHIP ST THOMAS	SOCIAL SECURITY NO. 0405226431	PATIENT'S EMPLOYER W MJM MEDICAL
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PATIENT'S ADDRESS 4360 ROY LEE RD	CITY FADUCAH	STATE KY	ZIP 42001	COUNTY MCA	PATIENT PHONE 443 8153	BIRTHDATE 05/08/24	AGE 065	SEX M	WAR W
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LAST NAME ST	FIRST WILLIAM	MIDDLE OR MIDDLE NAME THOMAS	ADMITTING PHYSICIAN WALLACE, JESSE	PATIENT OCCUPATION RETIRED	PATIENT NO. 0000730263
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1-D

SUMMARY SHEET - PATIENT'S CHART

CLAIMANT ATTACHMENT 004

PAGE NO 8 of 11

**WESTERN BAPTIST HOSPITAL
EMERGENCY DEPARTMENT NURSING ASSESSMENT**

Name Stewart William Age 65 Mode of Arrival: Ambulatory ☐ Stretcher ☒
 Pt. # [REDACTED] Wheelchair ☐ Carried ☐
 P.M.D. Wallace
 Date 11-6-89 Time 1900 Basic ☐ Intermediate ☐ Major ☐ Minor ☐

NURSING HISTORY

Informant: Self ☒ Family ☐ Other ☐
 Chief Complaint: Weakness, Shallow
resp. poor appetite

Duration today
 Drug Allergies: None ☒ Unknown ☐

Treatment prior to arrival: EMS ☐ None ☒

Tetanus History: N/A
 Regular Medication: None ☐ Unknown ☐
See Nursing Home Sheet

Medical History: No Chronic Illness ☐
 Cardiac ☐ Respiratory ☐
 Diabetes ☒ Hypertension ☐ Seizures ☐
 Other CA Lung - ASVD - CVA

LNMP N/A
 Pain? Yes ☐ No ☒ Describe ☐

GI/GU? Yes ☐ No ☒ Emesis? Yes ☐ No ☒
 Describe ☐

Disposition: No Acute Distress ☒
 To Tx. area ☐ Ice ☐ Elevate ☐ Splint ☐
 Sling ☐ Drsg. ☐ O₂ ☐ Cardiac Monitor ☐
 Other ☐

NURSING OBSERVATIONS

Respiratory: Normal ☐ Labored ☐ Shallow ☐
 Apneic ☐ Wheezing ☐ Retracting ☐
 Skin: Warm ☒ Dry ☒ Cool ☐ Wet ☐ Pale ☐
 Cyanotic ☐ Ashen ☐ Flushed ☐ Scaly ☐
 Other ☐

Bleeding? Yes ☐ No ☒ Location ☐
 Description ☐

Trauma? Yes ☐ No ☒ Location ☐
 Area Pulse ☐ Cap Refill ☐
 Description ☐

L.O.C.? Yes ☐ No ☒ Duration ☐
 Seizure Activity? Yes ☐ No ☒ Describe ☐

Visual Acuity: Corrected? Yes ☐ No ☒
 Rt. ☐ Lt. ☐ Both ☐
 Emotional: Cooperative ☒ Anxious ☐ Combative ☐
 Uncooperative ☐ Belligerent ☐ Threatening ☐
 Hostile ☐ Hysterical ☐ Other ☐

NEUROLOGICAL ASSESSMENT:

Opens Eyes Yes ☒ No ☐
 Verbal Response Yes ☐ No ☒
 Motor Response Yes ☐ No ☒
 PEARL Rt. Yes ☐ No ☒
 Lt. Yes ☐ No ☒

Time	Temp	Pulse	Resp.	B/P
1900	99°R	124	24	184/102

Stewart CLAIMANT ATTACHMENT 004
 Nurse's Signature

NAME: Stewart, William T.
CHART: 7303633-14
DOCTOR: Wallace
ADM: 11/06/89
DIS: ~~11/13/89~~
ROOM: 447-1



DISCHARGE SUMMARY

FINAL DIAGNOSIS:

1. Transient ischemic attack.
2. Diabetes mellitus.
3. Carcinoma of the lung.
4. Anemia.
5. Hyponatremia.
6. Atherosclerotic heart disease.
7. History of hypertension.

Mr. Stewart has been treated at a local convalescent center. He became quite unresponsive and he was transferred here for further evaluation and therapy. Please see the previously-dictated note for further details. While here, the patient's blood sugar initially was 64. Blood pressure was 210/100. Initial white count was 17,000 with repeat of 15,500. Hematocrit ranged from 34 to 36. Platelet count was unremarkable. BUN 27. Creatinine 1. Sodium 133. Repeat 136. Potassium level normal. Blood sugar was improved. Prior to dismissal, fasting was 100. CAT scan of the head was negative. Chest X-ray was read as no active disease. EKG showed sinus infarction and nonspecific ST-T wave changes and abnormal T-waves consistent with chronic ischemia.

HOSPITAL COURSE:

While here, various possibilities included TIA, hypoglycemia, progression of tumor or sepsis. The patient had readjustment of his medications and became alert, talkative, and was swallowing without difficulty. On dismissal, his vital signs were unremarkable. His blood sugar was in therapeutic range. He is scheduled to be dismissed back to the nursing home on 11/13/89. His medications will be Peri-Colace one twice a day, Declomycin 300 mg twice a day, Theo-Dur 200 mg three times a day, Megace 80 mg twice a day, Decadron 2 mg taking two each morning, Pamelor 75 mg at bedtime, Micro-K 10 milliequivalents each day, Procardia 10 mg four times a day, Novolin 12 units in the morning and 4 units in the evening. He is to have a fasting blood sugar, CBC, and electrolytes each month.

Jesse Wallace, M.D.

JW/111289
(DISCHARGE SUMMARY)

Jesse Wallace, M.D.

WP42.111289.6

CHART COPY

CLAMANT ATTACHMENT 004

PAGE NO. 10 of 11

NAME: Stewart, William T.
CHART: 7303633-14
DOCTOR: Wallace
ADM: 11/06/89
DIS:
ROOM: 447-1



Page 2

HISTORY & PHYSICAL

DIAGNOSIS:

1. Mental status changes, consider hypoglycemia, stroke, sepsis or metastatic tumor.
2. Diabetes mellitus.
3. Lung cancer.
4. Atherosclerotic heart disease with bypass grafting.
5. Hyponatremia with history of SIADH.
6. Anemia.

Jesse Wallace, M.D.

Jesse Wallace, M.D.

JW/111089
(HISTORY & PHYSICAL)

WP40.111089.2

CHART COPY

CLAIMANT ATTACHMENT 004


PAGE NO. 11811

Judy Vander Boegh

From: "Saved by Windows Internet Explorer 7"
Sent: Wednesday, November 25, 2009 8:02 AM
Subject: Chapter 2-1000 Exhibit 1

Memorandum from DEEOIC Medical Director
Regarding Causal Relationship Between
Established CBD and Other Respiratory Disorders

Memorandum

Date: 08/25/2005
To: Peter Turcic, Director of DEEOIC, Department of Labor
From: Sylvie I. Cohen, MD, MPH 
RE: Chronic Pulmonary Diseases

This memo is to address the rationale between the accepted medical condition under part B of the program for Chronic Beryllium Disease (CBD) and its contribution and aggravation of other chronic pulmonary diseases

CBD is considered to be a disease that is involved with the destruction of viable pulmonary tissue that normally aides an individual in the process of gas exchange and blood oxygenation

There are other chronic pulmonary diseases that are involved with lung tissue destruction or replacement that for the purpose of this memo we shall call "Other Chronic Pulmonary Diseases." Diseases that should be considered as members of this set are: asbestosis, silicosis, Chronic Obstructive Pulmonary Disease (COPD), emphysema, and pulmonary fibrosis

Since both CBD and Other Chronic Pulmonary Diseases share in the destruction and or replacement of viable lung tissue, it can be concluded that the presence of CBD contributed or aggravated one of the illnesses named in the list of Other Chronic Pulmonary Diseases which led to an individual's death

CLAIMANT ATTACHMENT 005
PAGE NO. 181

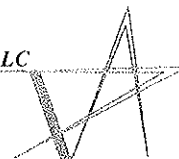
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COMMONWEALTH ENVIRONMENTAL SERVICES, LLC

A Native American Woman Owned Company



Fax Cover Sheet

To: Rachel Leiton, Jim Bibeault,
Hon. Secretary of Labor
Hilda Solis

From: Gary S. Vander Boegh

Fax: (202) 693-1465
(904) 357-4704
(202) 693-6111

Date: 11-11-10

Phone: (270) 450-0850

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CC: Attention Ms. Leiton

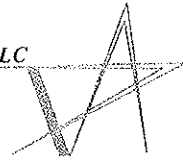
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