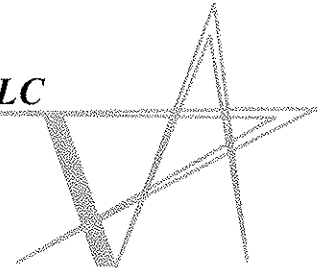




**COMMONWEALTH ENVIRONMENTAL SERVICES, LLC**

"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 22, 2010

U. S. Department of Labor,  
Frances Perkins Building, 200 Constitution Ave., NW  
Room S-2018  
Washington, DC 20210

Attention: Madam Secretary Hilda Solis & Jim Bibeault

Employee: Charles Humphrey  
File Number: XXXXX7610

Dear Ms Solis,

As "Authorized Representative" (AR) for claimant Dora Humphrey, spouse of deceased PGDP employee Charles Humphrey, I hereby submit the attached EE-2 form for Chronic Beryllium Disease (CBD) 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.)*"....

### Evidence Sam Clark Diagnosed in 1959 Before January 1, 1993

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>). 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 lung cancer. 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 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.**

....."You submitted a medical rep

(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.)*"....

**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

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[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)

**Charles Humphrey Lung Disease and Chronic Obstructive Pulmonary Disease (COPD) Reflecting Compliance With Pre-1993 CBD Criteria**

1/CA-001: In a medical report dated January 29, 1992, Dr. Yaser Jaafar stated Mr. Humphrey with a few calcified granulomas.....

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

2/CA-002: In a medical report dated December 16, 1992, Dr. Allen Tinsley stated CXR shows changes consistent with COPD and questionable mediastinal widening.....”Impression”  
Dyspnea on exertion.....

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

3/CA-003: In a medical report dated February 23, 1995, Dr. Allen Tinsley stated a chest x-ray shows COPD changes.....

**Conclusion: Compliance pursuit with § 7384L(13)(B), Criteria’s II.**

4/CA-004: A copy of Mr. Humphrey’s death certificate.

2/CA-0005: “Memorandum from DEEOICP Director Peter Turic” dated 8/25/05 regarding casual relationship between respiratory disorders and CBD.

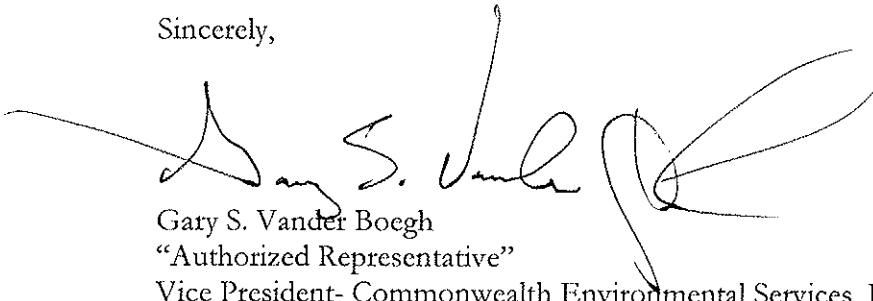
**Conclusion: Compliance pursuit with § 7384L(13)(B), Criteria’s I, II, & IV**

**Request for Approval of Part B Compensation for Chronic Beryllium Disease (CBD)**

Based on the above medical and x-ray documentation submitted on behalf of claimant Dora Humphrey for her deceased husband Charles Humphrey, Mrs. Humphrey has met her statutory and regulatory burden of proof that establishes her survivorship benefits and compensation for EEOICPA Part B in the amount of \$150,000.00 and Part E CBD claim for \$125,000.00 .

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

Sincerely,

A handwritten signature in black ink, appearing to read "Gary S. Vander Boegh". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Gary S. Vander Boegh

"Authorized Representative"

Vice President- Commonwealth Environmental Services, LLC.

Cc. Honorable Secretary of Labor Hilda Solis w/Attachments (202) 693-6111

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

Cc: Malcolm Nelson- DOL Ombudsman

**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)

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

**Survivor Information** (Please Print Clearly)

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

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

		<b>15. Date of Diagnosis</b>		
		Month	Day	Year
<input type="checkbox"/> <b>Cancer</b> (List Specific Diagnosis Below)	a.			
	b.			
	c.			
<input type="checkbox"/> <b>Beryllium Sensitivity</b>				
<input checked="" type="checkbox"/> <b>Chronic Beryllium Disease (CBD)</b>				
<input type="checkbox"/> <b>Chronic Silicosis</b>				
<input type="checkbox"/> <b>Other Work-Related Condition(s) due to exposure to toxic substances or radiation</b> (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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>If yes, provide RECA Claim #:</b> [REDACTED]	
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 Survivors**

23. Are you aware of any person(s) who may also qualify as a survivor of the deceased employee?  YES  NO

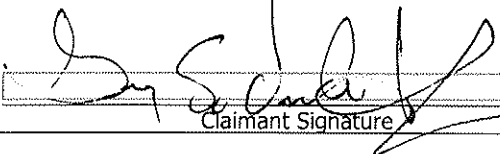
If YES, please provide the following:

	Name	Relationship to the deceased employee	Address	Phone Number(s)
a.			†	Home: Other:
b.			†	Home: Other:
c.			†	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.

**Resource Center Date Stamp**

  
 \_\_\_\_\_  
 Claimant Signature

11/22/2010  
 \_\_\_\_\_  
 Date

Resource Center Date Stamp

LOURDES HOSPITAL 1530 Lone Oak Road Paducah, KY 42003

DEPARTMENT OF RADIOLOGY  
502-444-2177

RADIOLOGY REPORT

MR: HUMPHREY, RLES W  
PHYS: JAAFAR, YASER  
DOB: [REDACTED] AGE: 65 SEX: M  
ACCT: 0101153 LOCATION: 0717 01  
EXAM DATE: 01/29/92 STATUS: INP  
RADIOLOGY NO:  
UNIT NO: 084873

*JZ-1993*

EXAMS: CHEST 1 VIEW

Syncope

CHEST, ONE VIEW; The heart is normal in size and contour. The lungs are clear, excepting a few calcified granulomas.

IMPRESSION: 1) NEGATIVE CHEST.

-----  
JAN CROSSETT, M.D.

CC: JAAFAR, YASER

TRANSCRIBED DATE/TIME: 01/29/92 (1454)  
TRANSCRIPTIONIST: JRS1728  
PRINTED DATE/TIME: 01/29/92 (1510)

*Claimant Att: 1*  
*Page: 1*

The neck was supple without thyromegaly or adenopathy. The heart had a regular rate and rhythm without murmurs. The lungs were clear. The abdomen was obese, soft, and nontender, good bowel sounds. He has normal external male genitalia; prostate was smooth and benign. Extremities: he has some muscle atrophy of the LLE; all pulses were full and symmetric, no peripheral bruits could be heard. Neurological exam reveals cranial nerves II-XII to be intact. DTRs are brisk and symmetric in the upper extremities, I was unable to elicit DTRs in the lower extremities.

LABORATORY STUDIES:


CXR shows changes consistent with COPD and questionable mediastinal widening. I am going to have the radiologist interpret this x-ray. EKG shows NSR with a rate of 65, PR 0.10, QRS 0.06, QT 0.3, axis +45; there is a lot of artifact in the inferior leads but I can see no ischemic changes present and no acute abnormalities; no prior tracings are available for comparison. U/A was normal. CBC was normal. His PSA was normal. His NCPE panel was remarkable for a total cholesterol of 258, HDL 48 and an LDL of 174.

IMPRESSION:

1. HTN.
2. Hypercholesterolemia.
3. Dyspnea on exertion.
4. Osteoarthritis.
5. Hx of polio with muscle wasting of the LLE.
6. S/P RIH repair.

PLAN:

I am going to wean him off Tenormin, cut him back to 25 mg/day for the next week then D/C it then he is to start Accupril 10 mg/day. I see no reason for him to be on Allopurinol and I am going to stop this medication, continue his Naprosyn 500 mg b.i.d. with meals for his osteoarthritis as needed. For his hypercholesterolemia he is already on diet therapy, his LDL is actually significantly higher than it was in June of this year. I am going to start him on Pravachol 20 mg/day. To evaluate his dyspnea a TST has been ordered. We will plan on seeing him back in two months with a live: II panel and a HTN panel. We will followup with him sooner with the results of his TST.

  
Allen L. Tinsley, M.D.  
ALT:cb

D:12/16/92  
T:12/17/92

Claimant Att: 2  
Page: 1

Charles Humphrey 02/23/95 H&P Page Two

**PHYSICAL EXAMINATION:**

He is a well developed, well nourished, white male in no apparent distress. Weight is 196 pounds, down three pounds. BP is 130/88, pulse is 80. HEENT shows ATNC. EOMs intact. PERRL. Tympanic membranes were clear with light reflex bilaterally. Oropharynx is moist without lesions or exudate. The neck is supple. There are no carotid bruits, no adenopathy. The lungs are clear to auscultation bilaterally. Heart RRR without murmur, S3, or S4. The abdomen is soft and non-distended. Bowel sounds are positive. No hepatosplenomegaly. Extremities show no clubbing, cyanosis, or edema. Pulses are 2+ bilaterally in the radial and DP arteries. Neurologic exam shows cranial nerves II-XII intact. Sensation intact. Motor exam intact. DTRs were 2+ bilaterally in the upper and lower extremities.

**LABORATORY STUDIES:**

EKG is unchanged from previous. Chest x-ray shows COPD changes. Urinalysis and CBC are normal. Chem 23 shows cholesterol of 211, HDL 44, LDL 132. Liver function tests are normal.

**IMPRESSIONS:**

1. hypertension
2. hypercholesterolemia
3. osteoarthritis
4. hx of polio
5. NIDDM

**PLAN:**

He is doing very well today and we will continue all of his medications at their current doses as listed in the chart. He is to return in four months with a Chem II and a fasting lipid profile, CPK.

Mike Littlejohn, M.D./pct for Allen L. Tinsley, M.D.

**ADDENDUM:** GU exam showed normal external male genitalia. No lesions or masses. Bilateral symmetric femoral pulses without bruits. Rectal revealed good tone, no masses, smooth benign prostate. Stool tested hemoccult negative.

Allen L. Tinsley, M.D./pct

d: 02/23/95  
t: 02/23/95

Claimant Att: 3  
Page: 1

# Registrar of Vital Statistics

## Certified Copy



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

FORM VS NO. 1-A  
(Rev. 8/96)

COMMONWEALTH OF KENTUCKY  
DEPARTMENT FOR HEALTH SERVICES  
REGISTRAR OF VITAL STATISTICS

116

FILE NO

CERTIFICATE OF DEATH

005765

MUST  
BE  
TYPED

1. DECEDENT'S NAME (First, Middle, Last) <b>Charles W. Humphrey</b>		2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>Feb 21, 1998</b>	
4. SOCIAL SECURITY NO. [REDACTED]		5a. AGE Last Birthday (Years) <b>71</b>		5b. UNDER 1 YEAR (Months) (Days)	
5c. UNDER 1 DAY (Hours) (Minutes)		6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City/State or Foreign Country) <b>Lilbourn, MO</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>No</b>		9a. PLACE OF DEATH (Check only one) <b>HOSPITAL</b> <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER			
9b. FACILITY NAME (If not institution, give street and number) <b>Lourdes Hospital</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Paducah</b>		9d. COUNTY OF DEATH <b>McCracken</b>	
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Dora [REDACTED]</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do Not use retired) <b>Retired</b>	
12b. KIND OF BUSINESS/INDUSTRY <b>Martin Marietta</b>		13a. RESIDENCE - State <b>KY</b>		13b. COUNTY <b>McCracken</b>	
13c. CITY, TOWN, OR LOCATION <b>Paducah</b>		13d. STREET AND NUMBER [REDACTED]		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Hispanic or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE - American Indian, Black, White, etc. (Specify) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) (Elem/Secondary (10-12), College (1-4 or 5-7)) <b>12</b>			
17. FATHER'S NAME (First, Middle, Last) <b>Floyd Charles Humphrey</b>		18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Marie Jane McAllister</b>			
19a. INFORMANT'S NAME <b>Dora [REDACTED]</b>		19b. MAILING ADDRESS (Street and home or business, City, State, Zip Code) [REDACTED]			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		20b. LOCATION (City, Town or State) <b>Mt. Carmel Cemetery, Paducah, KY</b>		20c. LOCATION (City, Town or State) <b>Paducah, KY</b>	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE (Of person acting as such) <b>Andrea Orr</b>		22. NAME AND ADDRESS OF FACILITY <b>Milner &amp; Orr Funeral Home, P. O. Box 7765, Paducah, KY 42002-7765</b>			
23a. Signature and Title <b>Loy D Pitt, Deputy Coroner</b>		23b. DATE SIGNED (Month, Day, Year) <b>FEB 28, 1999</b>		23c. DATE SIGNED (Month, Day, Year) <b>FEB 28, 1999</b>	
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) <b>Loy D Pitt, McCracken Co. Deputy Coroner 301 S 6th St, PADUCAH, KY 42003</b>		25. TIME OF DEATH <b>7:04 pm</b>			
26. DATE PRONOUNCED DEAD (Month, Day, Year) <b>February 21, 1998</b>		27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) <b>Yes</b>			
28. PART I. From the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or near failure. List only one cause on each line. <b>a. PROBABLE PULMONARY EMBOLISM</b> DUE TO (OR AS A CONSEQUENCE OF)		Approximate interval between onset and death			
b. DUE TO (OR AS A CONSEQUENCE OF)					
c. DUE TO (OR AS A CONSEQUENCE OF)					
d. DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions contributed to death but not resulting in the underlying cause given in Part I. <b>DIABETES MELLITUS, COPD</b>		28a. If female, was there a pregnancy in the past 12 months (Yes or No) <b>No</b>		28b. Was autopsy performed (Yes or No) <b>No</b>	
28c. Were autopsy findings available prior to completion of cause of death? (Yes or No) <b>No</b>		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined			
30a. DATE OF INJURY (Month, Day, Year)		30b. TIME OF INJURY		30c. INJURY AT WORK? (Yes or No) <b>No</b>	
30d. PLACE OF INJURY - At home (farm, street, factory, office building, etc. (Specify))		30e. DESCRIBE HOW INJURY OCCURRED			
30f. LOCATION (Street and number or Rural Route Number, City or Town)					
31. REGISTRAR'S SIGNATURE <b>Barbara F. White</b>		32. DATE FILED (Month, Day, Year) <b>MAR 06 1998</b>			




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

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce 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 6 day of May, 1998.

Claimant att: 9  
Page: 1  
Barbara F. White JB

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

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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 Att: 5  
Page: 1*

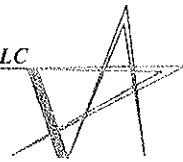
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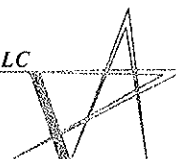
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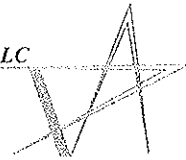
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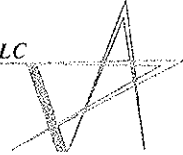
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