0029799

JOHNS-MANVILLE CORPORATION
TWENTY-TWO EAST FORTIETH STREET
NEW YORK, N.Y. 10016

EXECUTIVE OFFICES

February 6, 1968

Dr. Paul Gross
Industrial Hygiene Foundation of America
4400 Fifth Avenue
Pittsburgh, Pa. 15213

Re: Michael F. Diagula

Dear Paul:

Attached is an autopsy protocol for this former Waukegan Plant employee. I would appreciate your review and comments, particularly related to the possible relationship of asbestos exposure to the pulmonary cancer.

I am unable at this time to obtain tissue slides or specimens, however, if the matter becomes an active Workmen's Compensation claim, the tissue will be made available to us.

I do not have a detailed work history. However, Mr. Diagula began his employment at the Waukegan Plant in 1935, and most of his more than 30 years were spent in various jobs in the Asbestos Cement Products Dept., in which he would have had substantial potential exposure to both chrysotile asbestos and silicate.

If and when the tissue specimens are available we will forward them for your review. For the time being, your comments, based on the autopsy protocol, will be greatly appreciated.

Sincerely yours,

H. M. Jackson
Director of Industrial Relations

HMJ:mw

Attach.

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AUTHORIZATION FOR AUTOPSY

Date June 4 1968 Time _____ a.m. p.m.

I, Jeanette Diagula, bearing the relationship of wife, to

Michael F. Diagula (NAME OF PATIENT) recently deceased at 1907 Sunset Ave Waukegan,

Illinois, hereby authorize Dr. Eric Weis and such persons as he may designate,

to perform a

COMPLETE..... ☐ HEAD only..... ☐ TRUNK only..... ☒

post mortem examination on the body of the deceased, and to remove and retain such organs, or parts of organs and tissues as may be necessary for further study to determine the cause of death, and to advance medical knowledge and progress. It is understood that due care will be taken to avoid mutilation or disfigurement of the body.

Witness Shirman L Edwards Signed Jeanette Diagula (NEAREST OF KIN)

Witness _____ Wife (RELATIONSHIP)

For the purpose of this authorization the surviving spouse shall be considered the next of kin. In the absence of a surviving spouse, the next of kin shall be identified in accordance with the applicable state law.

No. 0-40. PHYSICIANS RECORD CO., BERWYN, ILLINOIS PRINTED IN U.S.A.

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RECEIVED JUN 16 1967

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

1. PLACE OF DEATH: a. STATE: ILLINOIS; b. COUNTY: Lake; c. CITY, VILLAGE, OR INCORPORATED TOWN: Waukegan; d. INSIDE CORPORATE LIMITS: [ ]; e. OUTSIDE CORPORATE LIMITS: [ ]; f. HOSPITAL OR INSTITUTION: 1907 Sunset Ave.

2. USUAL RESIDENCE: a. STATE: Illinois; b. COUNTY: Lake; c. INSIDE CORPORATE LIMITS: Waukegan; d. OUTSIDE CORPORATE LIMITS: [ ]; e. LENGTH OF STAY: 10 Years; f. LENGTH OF RESIDENCE: 20 Years; g. RESIDENCE ADDRESS: 1907 Sunset Ave.

3. a. Did decedent reside ON A FARM? YES [ ] NO [X]

4. NAME OF DECEASED: a. (First) Michael; b. (Middle) Frank; c. (Last) DIAGULA; 5. DATE OF DEATH: June 3, 1967

6. SEX: Male; 7. RACE: White; 8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married; 9. DATE OF BIRTH: May 6, 1915; 10. AGE: 52

11. USUAL OCCUPATION: Supervisor; 12. KIND OF BUSINESS OR INDUSTRY: Johns-Manville Corp.; 13. BIRTHPLACE: Waukegan, Illinois; 14. Citizen of: USA

15. FATHER'S FULL NAME: Samuel Diaguila

16. MOTHER'S FULL MAIDEN NAME: Carmella Carigliano

17. Was deceased ever in U.S. Armed Forces? (Yes, no or unknown) (Give war or dates of service): No; None

18. SOCIAL SECURITY NUMBER: [redacted]

19. INFORMANT'S SIGNATURE: Mrs. Michael Diagula

20. ADDRESS: 1907 Sunset Ave. Waukegan, Illinois; RELATIONSHIP TO DECEASED: Wife

CAUSE OF DEATH

21. MEDICAL CAUSE OF DEATH

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B), and (C).)

IMMEDIATE CAUSE (A): Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

Conditions, if any, which gave rise to (A), stating the UNDERLYING CAUSE last: due to (B): [ ]

due to (C): [ ]

PART II. Other significant conditions contributing to death but not related to the terminal condition: [ ]

22. AUTOPSY? YES [X] NO [ ]

23a. DATE OF OPERATION, IF ANY: [ ]; 23b. MAJOR FINDINGS OF OPERATION: [ ]

NOTE: If an injury was involved in this death, the Coroner must be notified.

24. I hereby certify that I attended the deceased from 10-27, 1965, to June 3, 1967, that I last saw the deceased alive on June 1, 1967, and death occurred at 4:15 P.M., from the causes and on the date stated above.

Signature: Eric Vein, M.D. Date Signed: June 6-67 Illinois License No.: 23918

Address: Waukegan, Ill. Phone: PA 3-3275

25. DISPOSITION: Burial, Cremation, Removal, Donation, Date: 7 May 67

CEMETERY: Ascension

LOCATION: Libertyville, Illinois

26. FUNERAL DIRECTOR: Peterson Funeral Home

SIGNATURE: [ ]

ADDRESS: 408 No. Sheridan Rd. Waukegan, Illinois. Illinois License No. 21-3837

27. Received for filing on: June 6, 1967 (Signed) [ ] LOCAL REGISTRAR

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3a on this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, still births and deaths.

DATE June 6, 1967 SIGNED [ ]

AT Waukegan, Illinois. OFFICIAL TITLE Registrar, Dist. No. 2

The original record is on file with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to issue certified copies of death certificates. The law requires that the certification of a death record by the Department of Public Health of the local registrar of the county, in which the death occurred, must be attached to all certified copies of the death certificate.

VSUAR 201 (1947 revision of VS 201) DEPARTMENT OF PUBLIC HEALTH—Bureau of Statistics.

(Use this form for certifying Death Records filed prior to 1950)

(24376—100M—9-[illegible]) Printed by Authority of the State of Illinois

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March 4, 1954

M. F. DIAGULA, serial number 11595, and 1418

Three examinations, the first October 29th, 1935, the next November 2nd, 1950, and the third, and last one, ~~November 5th~~ January 18, 1954, 1954.

The first examination in 1935 shows the heart and other mediastinal shadows and diaphrams to be normal. The costrophrenic angles are clear. There are excessively numerous calcium deposits and other punctate markings in the lung routes and middle thirds of both lungs, most of which represent the response to an old infectious process which (judging from this single pair of films) appear completely stable. The apices are practically completely clear, there being only a faint scar in the left apex. There is no evidence of active tuberculosis, pneumonoconiosis or tumor.

The examination made November 2nd, 1950 shows a two centimeter widening of the cardiac shadow, consistent with the increased age of the patient, but no evidence of enlargement of the aorta or other great vessel shadows. The lung route shadows are somewhat accentuated, and there is at least a very minimal degree of emphysema of both lungs. The medial third of both lungs show scant fibrosis, of the exact stimulus behind which is not entirely clear from this film, or even from the later film four years later. There is no unequivocal evidence of pneumonoconiosis, nor any active tuberculosis or tumor.

The final film, made January 18th, 1954, shows very scant increase in the size and density of the lung route shadows, and a peripheral fibrosis of extremely slight degree, possibly due to pneumonoconiosis. The haziness of the lung markings is particularly significant, but there is not a ground glass appearance usually seen in silicosis.

Summary: There are certain changes throughout both lung fields which suggest but are not unequivocally the result of pneumonoconiosis. However, this classification is of sufficient danger, legally, to indicate that the patient not be under heavy dust exposure. There is no evidence of tuberculosis, plaque formation or other significant lung change.

Eugene Pitts, M.D.

Eugene Pitts, M. D.

2-1-55- Chest x-ray - #115-75-
No change in appearance from 1-18-54 film. Classification PM II
of Pneumoconiosis Stage 0-I. E. Pitts, M.D.

2-21-56 - Chest x-ray #11595 Exactly unchanged in appearance
from last year's film. Classification: P. M. II E. Pitts, M.D.

2-12-57. Chest x-ray #115-95 No change in appearance of the
lungs from previous films except what is quite attributable to the
lighter exposure of today's film. Same classification: P.M. II, stable.
E. Pitts, M.D.

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CONFIDENTIAL

October 2, 1967

MEDICAL REPORT: MICHAEL DIAGULA, Salary

This employee died on 6/3/67 and the cause of death reported by his attending physician was carcinoma of the lung. Attached are copies of the death certificate and the autopsy report.

This employee's records were reviewed. The patient was first examined on 4/16/34 at which time an essentially negative physical examination and history were recorded. Except for obesity and moderate hypertension, no significant findings were recorded until 1950, at which time pneumonia occurring the previous year was reported and a left inguinal hernia was found. This, together with a pilonidal cyst, were surgically repaired on 12/2/53. On examination in 1957, 1961 and 1964, notations were made that no further symptoms of Meniere's Disease had occurred. There is no record of any specific diagnosis, sick leave or other reference to this condition. In 1963 the employee had a cholecystectomy; there was a sick leave for pneumonia February-March, 1964.

The patient's terminal illness began with a sick leave on 1/13/67. A telephone report from his private physician, E. Weiss, M.D., on 2/9/67 advised that the patient had an effusion of the right lung, and pneumonia or carcinoma were suspected. On the following day Dr. Weiss reported a needle biopsy had demonstrated anaplastic cells indicating a widespread carcinoma involving the pleura and that surgery was not being considered. An unsuccessful trial of Cobalt Irradiation was tried and the patient finally expired on 6/3/67.

Review of our X-ray reports indicates that the employee's chest X-rays were considered normal from 10/29/35 to 1/13/54, at which time E. Pitts, M.D., a roentgenologist, reported changes suggestive, but not diagnostic, of pneumoconiosis. A photostat of this report is attached for your information. It should be noted that this format was typical of Dr. Pitts' reports done at this time when he reviewed large numbers of cases involving several years of film on the individual patient. This "Summary", in other words, was not unusual if any questionable findings were present for any case, not specifically Mr. Diagula. Also to be noted from the next film 2/1/55 on to the last film 3/1/66, this patient's X-rays were interpreted as being PM II (P_3) stable, by Dr. Pitts through 2/13/62 and the undersigned to and including 3/1/66.. Pneumoconiosis was not at anytime diagnosed, nor did the last film reveal any evidence of the later developing carcinoma, this being confirmed by the specialists treating Mr. Diagula when the film was loaned to them for their interpretation.

Numerous conversations with Dr. Weiss during Mr. Diagula's treatment indicated that he did not consider the patient to have an occupational pulmonary problem and this impression was confirmed by his diagnosis on the death certificate.

T. H. DAVISON, M.D.

Attachs.

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