SETTLEMENT, PETITION, PHYSICIAN'S CERTIFICATE, AND JUDGE'S ORDER OF APPROVAL, UNDER WORKMEN'S COMPENSATION LAW OF ALABAMA

APPROVED BY CHIEF JUSTICE SUPREME COURT OF ALABAMA, JANUARY 3, 1940

STATE OF ALABAMA, County of BALDWIN IN THE MATTER OF COMPENSATION FOR INJURY SETTLEMENT To: ROBERT D. COOK

[Wilson C. Beasley d/b/a BEASLEY'S SUPER
Against [MARKET: BEASLEY'S TASTEE FREEZE Employed Employee. AND PETITION. IICE CREAM STAND: The undersigned being the only parties interested in the above entitled matter, hereby petition the Court for approval of the following agreement and settlement, and agree and represent to the Court as follows: That they are subject to the provisions of the Workmen's Compensation Law of Alabama, as amend-311 Byrnes Street Bay Minette, Alabama ed. That the said employee, aged 20, residing at 1 Alabama, who can not read and understand the English language, did on the 17th _19_62_on or about__ _o'clock____M., sustain injury by accident while employed by said employer, which injury occurred at <u>Bay Minette</u>, <u>Alabama</u>, resulting in Traumatic amputation of left hand several inches above the wrist disability of said employee and consisted of (Specify disability extent and type) Permanent Total Disability of Left Hand. That said employee was receiving, at the time of injury, wages at the rate of \$ 45.00 Therefore, it is hereby agreed that the employee is entitled to and shall receive compensation for said injury from the employer beginning November 18th, 19.62, at the rate of \$ 29.25per week during disability payable as follows: 13 Weekly Payments of \$29.25 - making total of \$380.25 : Lump Sum Settlement for remaining 137 Weeks -\$3806.39. .; all subject to the limitations of said Act, and the employee agrees to give proper receipts for each payment made hereunder. The employee acknowledges that he has received to date medical and surgical treatment and benefits given by said Act and the employer agrees to continue to furnish the same, if any be necessary, to the extent and in the manner required by said Act. The employee agrees to present himself for examination, or if physically unable to do so, to submit to examination by the physician or physicians designated by the employer, when requested. This settlement is substantially in accordance with Sections 278 and 279 of the 1940 Code of Ala., as amended. When all payments hereunder have been made the employer shall be, and hereby is released from all claims on account of said injury, under said Act or otherwise. This settlement contains the whole agreement between the parties hereto. Dated at Bay Minette, Alabama Wilson C. Beasley d/b/a Employee. 1963 Employer. STATE OF ALABAMA, County of BALDWIN day of March ____, A. D. 19_63., before me, a Notary Public within and for said County and State, personally appeared Robert D. Cook to me known to be the identical person described in and who executed the foregoing instrument as employee, and acknowledged that the same is true; and that after reading the same or having the same read to him, and with a full understanding of the terms and the effect thereof, he executed the same as his free act and deed and for the uses and purposes therein expressed, and as a full settlement of all claims on account of said injury. Baldwin .County, Alabama. Notary Public,... 1963 My commission expires March (Physician's Certificate on reverse should be executed and signed) CLERK REGISTER ALGE I DUCK.

(Physician's Certificate should be executed and signed in each case)

STATE OF ALABAMA,	
County of Baldwin	SS. PHYSICIAN'S CERTIFICATE
I, George B. Halliday, M.D.	, residing atBay Minette, Ala.
certify that I am a physician duly licensed	to practice in the State of Alabama; that I professionally
attended Robert D. Cook	, the person described as employee in the
foregoing instrument; that his injury and the	e nature and extent of his disability are as follows:
Traumatic Amputation of Left	Forearm
Total Disability of Left Hand	
Subscribed and sworn to before me this 25th	· · · · · · · · · · · · · · · · · · ·
William & Foster	- (in-motion)
Notary Publi Baldwin County, Alaba	M. D.
My commission expires May 1964	
STATE OF ALABAMA,	ing the complete of the comple
County of BALDWIN	SS. IN THE CIRCUIT COURT.
IN THE MATTER OF COMPENSATION FO	
To ROBERT D. COOK WILSON C. BEASLEY, d/b/a	ORDER APPROVING SETTLEMENT
Against MARKET: BEASLEY'S TASTEÉ	BEASLEY'S SUPER AND FREEZE ICE CREAM PETITION.
STAND Upon reading and filing the foregoing joint	int petition, agreement, and settlement of the parties, and
that said settlement is substantially in accord	ppearing that the allegations of said petition are true and lance with the provisions of the Workmen's Compensation
Law of Alabama.	
and that the parties in all things conform ther	ettlement, and release be, and the same hereby are approved, reto.
Dated at Bay Minette , Alaban	na,
this st day of March , 19 63	Judge.
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OON yee.	TITION AND TING A. D. 19 M. in this office Clerk. Deputy.
SATION	N AND day day this offit Clerk. Deputy.
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ATE OF ALABAI CIRCUIT COURT FOR INJURY	DER APPROV DISABILITY
E OJ	T AI SIR A S
STATE OF ALABAMA CIRCUIT COURT MATTER OF COMPEN FOR INJURY	MAR 1 1983 A. I
of -	SETTLEMENT AND PETITION ORDER APPROVING DISABILITY MAR 1 1963 A. D. MAR 1 1963 A. D. ALIUE J. BURROGLERK M. in the
County of CIRCUIT COURT IN THE MATTER OF COMPENSATION FOR INJURY Employee.	SETTLEME: ORI WAR ALICE J. D.
Co To To	By.

STATE OF ALABAMA,

SETTLEMENT, PETITION, PHYSICIAN'S CERTIFICATE, AND JUDGE'S ORDER OF APPROVAL, UNDER WORKMEN'S COMPENSATION LAW OF ALABAMA

APPROVED BY CHIEF JUSTICE SUPREME COURT OF ALABAMA, JANUARY 3, 1940.

	STATE OF ALABAMA,]			Market Ma			
	County of BALDWIN		w n		1549	3/		
	IN THE MATTER OF COMPENSATION	ON FOR INJI	JRY)		·		
	To: ROBERT D. COOK Wilson C. Beasley d/b/a BEASLEY'S SUPER PETITION. Against MARKET: BEASLEY'S TASTEE FREEZE Employer.							
	ICE CREAM STAND: The undersigned being the only par Court for approval of the following agr follows:	eement and s	settlement, and	agree and	represent to	the Court as		
	That they are subject to the provisi ed. That the said employee, aged 20		1 311 paru	es Stre	et	a, as amend-		
	can		, 4, 4 4, 4, 4			- Alteres		
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	employed by said employer, which injur Traumatic amputation of le several inches above the w (Specify disability extent and ty	y occurred at eft hand rist		te, Ala		resulting in		
	Permanent Total I	Disability	of Left H	and.		and other than the second seco		
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	That said employee was receiving, at the Therefore, it is hereby agreed that	he employee :	is entitled to an	d shall rec	eive compens	ation for said		
	injury from the employer beginning N	and the second second	and the second s	The second second second second				
* volego, libbat	per week during disability payable as	follows: 13	Weekly Pay	ments c	of \$29.25	making		
	a total of \$380,25 : Lump	Sum Sett.	ement for	remaini	ng 137 We	eks <u>-\$38</u> 06.39		
					l subject to th	o limitations		
	of said Act, and the employee agrees to	give proper r						
	The employee acknowledges that he given by said Act and the employer agreement and in the manner required by said if physically unable to do so, to submitted the employer, when requested.	ees to continu Act. The em	e to furnish the ployee agrees to	same, if an present h	ny be necessa: imself for exa	ry, to the ex- amination, or		
	This settlement is substantially in amended. When all payments hereund from all claims on account of said injuragreement between the parties hereto.	ler have been	made the empl	oyer shall	be, and hereb	y is released		
		homo	Robert	\mathcal{Q}	Cools			
	Dated at Bay Minette, Ala		ToTallana C	Panalar	r d/b/a	Employee.		
		B	Suls	1/5.	ele-	Employer.		
	STATE OF ALABAMA,) Dy				The second secon		
٠.	County of BALDWIN	ss.						
•	On this /st day of Mar	ch	, A. D. 19_6	3., before i	me, a Notary I	Public within		
	and for said County and State, personal to me known to be the identical person ployee, and acknowledged that the san to him, and with a full understanding of act and deed and for the uses and purpaccount of said injury.	described in ne is true; an of the terms a	and who execu d that after read nd the effect the	ted the for ling the sar ereof, he ex	me or having t recuted the sar settlement of	the same read me as his free		
I			Kolos	サン・	(10 de)_			
			Notary Public,		nCoi	- ·		
[MAR 1 1963		My commission e	xpires 🖄	arch ?	9 1965		
ALIG	Physician's Certi	ficate on revers	e should be exect	ited and sig	ned)			