



Timothy Moore  
07/15/2003 04:32 PM

To: Robert Beehler/CASO/CA/BLM/DOI@BLM, Richard Forester/CASO/CA/BLM/DOI@BLM, James Anger/CASO/CA/BLM/DOI@BLM  
cc: Bruce Prater/WO/BLM/DOI@BLM  
Subject: Tremolite in Calidria (KCAC chrysotile)

----- Forwarded by Timothy Moore/CASO/CA/BLM/DOI on 07/15/03 04:19 PM -----



"Christian Hartley"  
<chartley@rpwb.com>  
07/15/03 11:57 AM

To: <t16moore@ca.blm.gov>  
cc:  
Subject: Tremolite in Calidria (KCAC chrysotile)

Tim Moore, Geologist (Haz-Mat)  
U.S. Dept. of Interior  
Bureau of Land Management  
Hollister Field Office  
20 Hamilton Court  
Hollister, CA 95203  
(831) 630-5027

Dear Tim:

Thanks for taking the time to speak with me this morning. Attached is a death certificate for a supervisor from the mine, whom you may have met. His name was [REDACTED] and he died from asbestosis (Union Carbide redacted his name, but I found it from other sources). Another man died from asbestos-related colon cancer and at least two others likely had asbestos-related diseases (I am not sure of whether they are alive).

You mentioned that the reclamation of the KCAC mine is nearly complete. Which agency is overseeing the reclamation? Is the site a Superfund site? I would love to know who is handling this so I can contact them.

Attached is a sworn affidavit and answer to interrogatories which show that another world-reknowned mineralogist, Dr. Arthur Langer (worked with Dr. Selikoff at Mt. Sinai), found tremolite in Calidria. This is especially interesting because he is most often called to defend asbestos companies. Here, he testified that Calidria is the most hazardous type of chrysotile. I thought this sort of information would be helpful. This should be investigated. I would think that Union Carbide and KCAC would be under a duty to inform the government of the discovery of this hazard. Is there any duty to disclose the discovery of an especially potent hazard amongst the known chrysotile hazard?

I understand that BLM uses only OSHA mandated NIOSH 7400 analysis for air monitoring. In light of the evidence of tremolite contamination of the KCAC/Union Carbide mine, I would urge you to try to get routine TEM analysis done at the site and in the area. As any EPA scientist will tell you, TEM is the only way to go in performing air sampling.

Christian H. Hartley, Esq.  
Richardson, Patrick, Westbrook & Brickman, LLC  
174 East Bay Street

P.O. 879  
Charleston, South Carolina 29401  
Main line:(843) 727-6500  
Direct line: (843) 727-6564  
Facsimile: (843) 727-3103  
[www.rpwb.com](http://www.rpwb.com)



10001 - death certifica

CERTIFICATION OF VITAL RECORD

PREMIER'S EXHIBIT 10, 001

COUNTY of SANTA CLARA

HEALTH DEPARTMENT 2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

REDACTED

CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY

Form containing fields for decedent personal data, usual residence, place of death, cause of death, physician's certification, coroner's use, and funeral director information. Includes handwritten entries like '101', '14-52', '12', '4149', '1/9/91', and '1 OF 2'.

REDACTED

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SANTA CLARA

DATE ISSUED BY

JUN 14 1991

STEPHEN A. CORAY, M.D.

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

STEPHEN A. CORAY, MD HEALTH OFFICER AND LOCAL REGISTRAR OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



UCMED000003725

# CERTIFICATION OF VITAL RECORD

## COUNTY of SANTA CLARA

HEALTH DEPARTMENT  
2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

**PHYSICIAN/CORONER'S AMENDMENT FORM**  
 USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

REDACTED

REDACTED

STATE FILE NUMBER

DEATH      FETAL DEATH      BIRTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

INFORMATION AS REPORTED ON ORIGINAL CERTIFICATE	1A. NAME—FIRST GIVEN <b>REDACTED</b>	1B. MIDDLE <b>REDACTED</b>	1C. LAST NAME <b>REDACTED</b>	1D. SEX <b>M</b>
	2. DATE OF EVENT—MONTH, DAY, YEAR <b>January 3, 1991</b>	3A. CITY OF OCCURRENCE <b>Palo Alto</b>	3B. COUNTY OF OCCURRENCE <b>Santa Clara</b>	

2 of 2

LIST ONE ITEM PER LINE

CERTIFICATE ITEM NUMBER	3A. INCORRECT INFORMATION ON ORIGINAL CERTIFICATE	3B. INFORMATION AS IT SHOULD BE STATED
21A	Pending	Acute Broncho pneumonia and Sepsis
21B	Blank	Coronary Artery Bypass Grafts
21C	Blank	Arteriosclerotic Cardiovascular Disease
25	Blank	Pulmonary Fibrosis
29	Pending	Natural

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	6. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.  7A. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER <i>John E. Hauser</i> — Coroner 7B. DATE SIGNED <b>5/15/91</b>	8A. NAME OF CERTIFYING PHYSICIAN OR CORONER UNIT OR TITLE <b>John E. Hauser</b> <b>M.D.</b> 8B. ADDRESS—STREET AND NUMBER <b>850 Thornton Way</b> 8C. CITY <b>San Jose</b> 8D. STATE <b>CA</b>
STATE/LOCAL REGISTRAR USE ONLY	9. OFFICE OF STATE OR LOCAL REGISTRAR <b>Office of State Registrar of Vital Statistics</b>	10. DATE ACCEPTED FOR REGISTRATION <b>JUN 06 1991</b>

COUNTY OF SANTA CLARA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

REDACTED

CERTIFIED COPY OF VITAL RECORDS

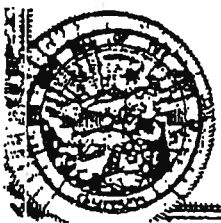
STATE OF CALIFORNIA )  
COUNTY OF SANTA CLARA ) SS

DATE ISSUED **JUN 14 1991**  
BY  
*Stephen A. Coray, MD*

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

STEPHEN A. CORAY, MD  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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REDACTED

RECEIVED  
MAY 31 1991

COUNTY OF SANTA CLARA  
OFFICE OF THE MEDICAL EXAMINER-CORONER

REPORT OF AUTOPSY

REDACTED

Decedent:

Date and Time of Autopsy: January 9, 1991 at 11:15 A.M.

Autopsy At: Santa Clara County Morgue

Prosector: Angelo K. Ozoa, M.D.

Present At Autopsy: John Hewitt/Salcedo Lim  
Forensic Technicians

EXTERNAL EXAMINATION:

The body is that of a well developed, well nourished adult white male which measures 69-1/2 inches in length, weighs 230 pounds, and appears somewhat older than the stated age of 51 years. The body has been recently embalmed. The scalp hair is gray and sparse. The irides are gray. Plastic eyecaps are in place over both eyes. The mouth shows natural teeth. At the base of the neck anteriorly is a tracheostomy opening which has been closed with twine. On the right side of the neck is an embalming incision measuring 3 inches in length, closed with twine. The anterior chest shows a midline surgical scar which measures 12 inches in length. On the left side of the chest at about the level of the 5th intercostal space along the anterior axillary line is an incision measuring 1-1/2 inches in length, closed with twine. On the front of the upper abdomen are three sutured incisions each measuring approximately 1/2 inch in length. A trocar button is present on the left upper abdomen. In the right groin is a partially healing longitudinal incision measuring 1-1/2 inches in length. There is an old surgical scar running from the right groin along the medial aspect of the thigh and lower leg and ending in the right ankle for a total length of 34 inches. On the opposite thigh and leg is an identical but more recent scar also measuring approximately 34 inches in length. No external evidence of recent traumatic injury is apparent.

110MED000002727

REDACTED

INTERNAL EXAMINATION:

As previously mentioned, the body has been recently embalmed. The internal organs are examined and described in the embalmed state.

Head: The scalp, calvarium, and the base of the skull are intact and show no evidence of injury. The brain weighs 1550 grams and is symmetrical. No remarkable abnormalities or evidences of injury are apparent on the external surface or on multiple coronal sections through the cerebral hemispheres, cerebellum, or brainstem. The ventricular system is of the usual caliber. The meninges are smooth. The blood vessels comprising the Circle of Willis show minimal atherosclerosis. There is no epidural, subdural, subarachnoid, or intracerebral hemorrhage.

Neck: The hyoid, larynx, soft tissues, and cervical spine are unremarkable and show no evidence of injury. The trachea shows a tracheostomy opening at about the level of the second tracheal ring.

Body Cavities: Some fibrous adhesions are present between the parietal and visceral pleura of both chests. No calcified plaques are seen on the pleura. There is extensive fibrous scarring of the pericardium and the pericardium is intimately adherent to the pleural surface of the lower lobes of both lungs. The peritoneal cavity contains approximately 200 cc. of cloudy grayish-pink fluid which is probably a mixture of embalming fluid and gastrointestinal contents. There are several trocar perforations of the anterior abdominal wall and some of the loops of small and large intestines.

Cardiovascular System: The heart is markedly enlarged, weighing 770 grams. The walls of the left ventricle and right ventricle measure up to 2.5 cm. and 0.6 cm. in thickness, respectively. As previously described, there is extensive fibrous scarring of the pericardium and epicardium. No remarkable valvular abnormalities are seen. The myocardium shows many scattered foci of fibrous scarring. No infarcts are recognized. There is evidence of previous and more recent surgical procedures. In the proximal ascending aorta just above the level of the aortic valve are three coronary artery graft orifices, two of which are completely closed. The third is partially open. Also present are two more recent graft orifices connected to two grafts which are both patent. One of the grafts terminates on the left lateral wall of the left ventricle. The other terminates over the left

REDACTED

INTERNAL EXAMINATION (continued):

anterolateral wall of the left ventricle. The old grafts could not be identified on account of the fibrous scarring. The aorta and major aortic branches show moderate calcific atherosclerosis, especially in the lower abdominal segment and in the adjoining iliac arteries. The great veins are essentially unremarkable.

Respiratory System: The tracheobronchial tree is patent. Both lungs are markedly heavy. The right weighs 1430 grams, the left 1230 grams. The pleural surface of both lungs is coated with a thin layer of grayish-yellow exudate, especially over both lower lobes. There is mild fibrous thickening of the pleura but no calcified plaques are present. The cut surface shows bronchopneumonic consolidation of both lungs together with fibrosis of the pulmonary parenchyma. The pulmonary arteries contain varying amounts of postmortem blood clots.

Liver: The liver weighs 3310 grams and exhibits both acute and chronic congestion. The gallbladder and bile ducts are unremarkable.

Spleen: The spleen weighs 440 grams and shows both acute and chronic congestion.

Pancreas: The pancreas is essentially unremarkable.

Endocrine System: The pituitary, thyroid, and adrenals are essentially unremarkable.

Genitourinary Tract: Each kidney weighs 270 grams and shows a somewhat grayish-yellow cut surface. The ureters and urinary bladder are unremarkable. The bladder is empty. The prostate, seminal vesicles, and testes exhibit no remarkable abnormalities. The scrotum, however, is moderately edematous.

Gastrointestinal Tract: The esophagus is essentially unremarkable. Except for trocar perforations, no remarkable abnormalities are noted either in the stomach, small intestines, or large intestines. The stomach is empty. The appendix is unremarkable.

Musculoskeletal System: No remarkable abnormalities or evidences of injury are apparent.

dictated: 1/9/91 AKO:ls

REDACTED

MICROSCOPIC EXAMINATION:

Heart (1 H&E): The myocardial fibers are hypertrophied. There is moderate fibroadipose thickening of the epicardium associated with focal infiltrates of chronic inflammatory cells. A section through a coronary vessel, probably one of the old grafts, shows some suture material in a markedly thickened fibrotic wall. A few other vessels are seen which show minimal atherosclerosis. No infarcts are recognized.

Lungs (8 H&E): Both lungs show acute bronchopneumonia and extensive fibrosis of the pulmonary parenchyma. A moderate degree of acute and chronic congestion is also apparent. In places, there is fibrous thickening of the pleura, but no pleural calcified plaques are present. No asbestos bodies are identified as such even on special stain (iron). In some areas beneath the pleura, some atypical cells with hyperchromatic polymorphic nuclei are noted but no definite evidence of a neoplastic process is recognized.

Liver and Spleen (2 H&E): The liver shows acute and chronic congestion and some prominence of the portal triads. The spleen is congested.

Kidneys (2 H&E): Both kidneys show some congestion and postmortem tubular changes.

Endocrines (3 H&E): Sections of thyroid and adrenals are essentially unremarkable.

Pancreas (1 H&E): Autolyzed.

Brain (2 H&E): No neoplastic or inflammatory processes are apparent in sections of cerebral cortex and cerebellum.

DIAGNOSES:

1. Arteriosclerotic cardiovascular disease:
  - a) Calcific atherosclerosis of aorta, coronary arteries, and other major aortic branches.
  - b) Marked cardiomegaly (770 grams).
  - c) Focal ischemic myocardial fibrosis.
  - d) Status post-coronary artery bypass grafts, old and recent.
  - e) Pericardial-pleural adhesions.



REDACTED

DIAGNOSES (continued):

2. Acute bilateral bronchopneumonia secondary to #1-c.
3. Sepsis (by history).
4. Severe pulmonary fibrosis.
5. History of asbestos exposure, remote.
6. Embalming procedures:
  - a) Embalming incisions.
  - b) Trocar perforations.
  - c) Plastic eyecaps.

CAUSE OF DEATH: Acute Bronchopneumonia and Sepsis.

DUE TO: Coronary Artery Bypass Grafts.

DUE TO: Arteriosclerotic Cardiovascular Disease.

CONTRIBUTORY: Pulmonary Fibrosis.

*Angelo K. Ozoa, M.D.*  
Angelo K. Ozoa, M.D.  
Assistant Medical Examiner-Coroner

AKO:ls  
completed: 5/15/91 ls

JUNTY OF SANTA CLARA  
MEDICAL EXAMINER-CORONER  
850 Thornton Way  
San Jose, Calif. 95128  
(408)299-5137

INVESTIGATION REPORT

REDACTED

DECEDENT: REDACTED

EVENTS SURROUNDING DEATH

This case first reported by Esther at the Santa Clara County Health Department after the Whitehurst Mortuary in King City attempted to file the death certificate in this county, the stated that other significant conditions included asbestosis.

Dr. OYER the physician signing the death certificate was contacted by the undersigned and he stated that the decedent was at Stanford because he was being worked up as a heart transplant reciever. Dr. OYER stated that the decedent for some reason was not a good candidate for this procedure so they opted for a multiple bypass surgery which was done at Stanford seven days prior to death. Dr. OYER stated that the decedent had post operative problems in the form of sepsis, and a terminal event, hypoxia, bradycardia. Dr. OYER stated that he had questioned the decedent in detail prior to the bypass, as to his past history and that included working at a business that crushed asbestos ore in to powder for sale to other companies that made roofing material. Dr. OYER stated that the decedent's chest X-rays prior to the surgery, had shadows that were consistant with fibrosis and that he did have some pulmonary problems. Dr. OYER stated that he noted the asbestosis on the death certificate eventhough no biopsy or other diagnosis was ever made for asbestosis. He stated that he was not aware that it needed to be reported to the Coroner.

The Health Department had advised the mortuary that they were not issuing a certificate and that the body would have to be returned to this office.

It was learned later in the day that the body had been embalmed allready and that services were set for the evening of 1-7-91.

MEDICAL HISTORY

Per Dr. OYER the decedent was being worked up for heart transplant, however he was turned down due to his acute ASCVD and a option of multiple bypass was done. The decedent developed sepsis postoperative and died some seven days later. During the workup prior to the surgery the decedent's X-rays showed some shadows consistant with fibrosis and his verbal history (work) disclosed that he had been employed in a company that crushed asbestos ore for a product to be sold to roofing material manufacturer. Dr. OYER stated that no other diagnostic work was done to determine the asbestosis.

MEDICATIONS

Not Known

DESCRIPTION OF SCENE/BODY

The decedent is seen nude in a plastic mortuary kit, in the Santa Clara County Morgue. He is cold to touch, fully embalmed with the associated trocar incisions present on the body. There is evidence of vein stripping on the legs, there is evidence of recent open heart surgery (midline surgical incision). On the left great toe is a body tag in the name of the decedent. On the right wrist I placed a Coroners body tag in the name of

1-9-91 06574

*Miller*

UCMED00003735

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

FILE NUMBER E OF OCCIDENT—FIRST GIVEN <b>REDACTED</b>		12. ANGLE <b>REDACTED</b>		13. LAST (FAMILY) <b>REDACTED</b>		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER JANUARY 3, 1991		38. HOUR 0530		39. SEX M	
8. MARRIAGE—SPOUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4. DATE OF BIRTH—MO. DAY, YR JULY 1, 1939		7. AGE IN YEARS 52		IF UNDER 1 YEAR MONTHS DATE		IF UNDER 24 HOURS HOURS MINUTES			
E OF S. CITIZEN OF WHAT COUNTRY U.S.A.		10A. FULL NAME OF FATHER <b>REDACTED</b>		10B. STATE OF BIRTH AL		11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH AL			
11. SOCIAL SECURITY NO. TO 19— <input checked="" type="checkbox"/> NONE		14. MARITAL STATUS DIVORCED		15. NAME OF SURVIVING SPOUSE OR WIFE, ENTER MARRIAGE NAME							
16A. USUAL KIND OF BUSINESS OR INDUSTRY SUPERVISOR		16B. USUAL EMPLOYER Asbestos Refin. KCAF		18D. YEARS IN OCCUPATION 28		17. EDUCATION—YEARS COMPLETED 12					
18A. CITY <b>REDACTED</b>		18C. ZIP CODE 93930		19A. CITY KING CITY		19B. ZIP CODE 93930					
16E. NUMBER OF YEARS IN THIS COUNTY 52		16F. STATE OR FOREIGN COUNTRY CALIFORNIA		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>REDACTED</b>							
PLACE OF DEATH ANFORD MEDICAL CENTER		18E. IF HOSPITAL, SPECIFY ONE PER OP. OR A		19C. COUNTY SANTA CLARA							
STREET ADDRESS—STREET AND NUMBER OR LOCATION 30 PASTEUR DRIVE		19E. CITY STANFORD		TIME INTERVAL BETWEEN ONSET AND DEATH FIFTEEN MINUTES		22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE: BRADYCARDIA Abnormally slow heartbeat				23. WAS SPOXY PERFORMED? SEVEN DAYS		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DUE TO: HYPOXIA O <sub>2</sub> deficiency				24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? SEVEN DAYS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DUE TO: SEPSIS (Disseminated) pathogenic organisms in blood				25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 ASBESTOSIS		26. WAS OPERATION PERFORMED FOR ANY CONDITION LISTED IN 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NO					
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE JURISDICTION OF THIS STATE.		27A. SIGNATURE AND DESIGN OR TITLE OF CERTIFIER <i>[Signature]</i>		27C. CERTIFIER'S LICENSE NUMBER 6066953		27D. DATE SIGNED 1/3/91					
27A. DECEDENT ATTENDED SINCE: MONTHS DAY, YEAR 11-23-90		DECEDENT LAST SEEN ALIVE: MONTHS DAY, YEAR 1/3/91		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS PHILIP OYER MD 300 PASTEUR DRIVE STANFORD, CA							
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE I STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		28B. DATE SIGNED							
29. MANNER OF DEATH—WAS HE ASSAULTED, NEGLECT, SUICIDE, HOMICIDE, POISONING, INVESTIGATION IS MADE AS TO WHETHER		30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR			
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)				32. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
34A. DISPOSITION BURIAL		34B. PLACE OF FINAL DEPOSITION—NAME AND ADDRESS KING CITY CEMETERY KING CITY, CALIFORNIA		34C. DATE MO. DAY, YEAR 1/7/91		34D. SIGNATURE OF REGISTRAR <i>[Signature]</i> CHRIS TIMOTHY		34E. LICENSE NUMBER 7773			
34A. NAME OF FUNERAL DIRECTOR OR PERSON ACTIVE AT SUCH		34B. LICENSE NO. FD 519		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE					
WHITEHURST GRIM CHAPEL											
A.		B.		C.		D.		E.		F.	
										CENSUS TRACT	

100 MAKE NO ERASURES, WHITENOUTS, OR OTHER ALTERATIONS