



EXPLANATION OF BENEFIT PAYMENT
INTERNATIONAL HARVESTER COMPANY

And Its Associated Companies

E. A. GALVAN

EMPLOYEE _____

If Claimant Is Dependent

First Name OSCAR YOB _____

SOCIAL SECURITY NO. 455 32 5687

See
Comment
No.

CHARGES BY

DATES
INCURRED

AMOUNT
OF
CHARGE

EXPENSES
NOT
COVERED

DEDUCTIBLE

BENEFITS
TO BE PAID

☐

for—Room &
Board

☐

for—Misc.
Charges

☐

H. GARCIA, M.D.

7-13
7-20-71

37.00

37.00

☐☐☐

COMMENTS: _____

37.00

TOTAL BENEFIT PAYMENT

See
Comment No.

☐

This box completed only if
actual payment differs from
above.

PAYMENTS MADE TO:

H. P. GARCIA, M.D. \$ 37.00

1315 BRIGHT

CORPUS CHRISTI, TX. 78405

\$

\$

\$

Processor: PH

Date: 10/6/71

NOTE

This Form May Be Useful To You In The Preparation Of
Your Federal Income Tax Return.



EXPLANATION OF BENEFIT PAYMENT
INTERNATIONAL HARVESTER COMPANY
And Its Associated Companies

282

If Claimant Is Dependent

First Name OSCAR YOB _____

EMPLOYEE O LAL VAN

SOCIAL SECURITY NO. 455-32-5687

See Comment No.	CHARGES BY	DATES INCURRED	AMOUNT OF CHARGE	EXPENSES NOT COVERED	DEDUCTIBLE	BENEFITS TO BE PAID
☐	_____ for Room & Board	_____	\$ _____	\$ _____	\$ _____	\$ _____
☐	Memorial Med. Center for Misc. Charges	<u>7/13</u>	<u>27.00</u>	_____	_____	<u>27.00</u>
☒	H P Garcia, MD	<u>7/13-7/30</u>	<u>37.00</u>	<u>37.00</u>	_____	_____
☐	_____	_____	_____	_____	_____	_____
☐	_____	_____	_____	_____	_____	_____
☐	_____	_____	_____	_____	_____	_____

COMMENTS: (A) Pending an operative report from Dr. Garcia

TOTAL BENEFIT PAYMENT

See
Comment No.

☐

This box completed only if actual payment differs from above.

27.00

PAYMENTS MADE TO:

Memorial Medical Center \$ 27.00
P.O. Box 5280
Corpus Christi, Texas

00604-N

\$ _____

\$ _____

\$ _____

Processor: LC

Date: 9/17/71

NOTE

This Form May Be Useful To You In The Preparation Of Your Federal Income Tax Return.



EXPLANATION OF BENEFIT PAYMENT
INTERNATIONAL HARVESTER COMPANY

And Its Associated Companies

EMPLOYEE EA GALVAN

If Claimant Is Dependent

First Name OSCAR YOB _____

SOCIAL SECURITY NO. 455-32-5687

See
Comment
No.

CHARGES BY

DATES
INCURRED

AMOUNT
OF
CHARGE

EXPENSES
NOT
COVERED

DEDUCTIBLE

BENEFITS
TO BE PAID

☐ _____ for—Room & Board

☐ Mem Medical Center for—Misc. Charges

☐ HP Garcia, MD "

☐ _____

☐ _____

☐ _____

10/2/71

\$ _____

62.50

12.00

\$ _____

\$ _____

\$ _____

62.50

12.00

COMMENTS: _____

TOTAL BENEFIT PAYMENT

See
Comment No.

☐

This box completed only if
actual payment differs from
above.

74.50

☐

PAYMENTS MADE TO:

Memorial Medical Center \$ 62.50

PO Box 5280

Corpus Christi, TX

\$ 12.00

HP Garcia, MD

1315 Bright St

Corpus Christi, TX 78405

\$ _____

\$ _____

Processor: JR

Date: 11-30-71

NOTE

This Form May Be Useful To You In The Preparation Of
Your Federal Income Tax Return.

KUNO RADIO

POST OFFICE DRAWER 4722 • CORPUS CHRISTI, TEXAS 78408

VICTOR LARA ORTEGON



POW-MIA SACRIFICE

FOR FREEDOM"

U.S. POSTAGE

08 :

NOV 29 1971

Mrs. /Rbsa Ana Gutierrez.

1315 Bright.

Corpus Christi, Texas. 78405.

✓ CIRCULO SOCIAL MEXICANO. Ramiro Garza.

CLUB SOCIAL SELECTO, BERNARDO GARCIA.

JUNTA PATRIOTICA MEXICANA. LUIS LOPEZ.

CLUB AMIGOS. (Alex Chapa, La Malinche).

LYLACS, Lic. Celso Rodriguez.

MR AND MRS CLUB.... Daniel Yanez.

CAMARA MEXICANA DE COMERCIO FRANK MEDINA.

LAVENIR CLUB Agapito Peña.

Luckystrikers. Gregory Salinas.

WMC....United married couples..... Clemente Garcia.

Benevolentes couples club Eduardo de Ases.