



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
U.S. TOTAL ARMY PERSONNEL COMMAND
ALEXANDRIA, VA

22332-0405

July 8, 1997



Personnel and Logistics

Mr. Dick Detra
202 Visitacion Avenue, #3
Brisbane, California 94005-1576

Dear Mr. Detra:

This is in further response to your Freedom of Information Act (FOIA) request dated May 3, 1997, for a copy of the Individual Deceased Personnel Files (IDPF's) pertaining to Richard L. Moore and Jerry Lee Beckham.

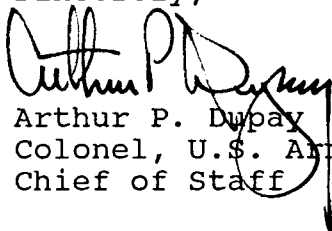
The IDPF's are attached. All relevant and available information was included in the IDPF's at the time they were created. There is no additional responsive information maintained by this Command. Home addresses and social security numbers of third parties have been deleted from the IDPF. Release of the personal information would constitute a clearly unwarranted invasion of personal privacy. Accordingly, the personal information is exempt from disclosure under Exemption 6 of the FOIA.

This partial denial is in accordance with Title 5, US Code, Section 552(b)(6), and paragraph 3-200, Exemption 6, Army Regulation 25-55. It is made on behalf of Major General Thomas W. Garrett, Commander, U.S. Total Army Personnel Command.

If you desire, you may appeal this partial denial within 60 days from the date of this letter. An appeal, if any, must be sent through the address below to the Secretary of the Army, Attention: Office of the General Counsel.

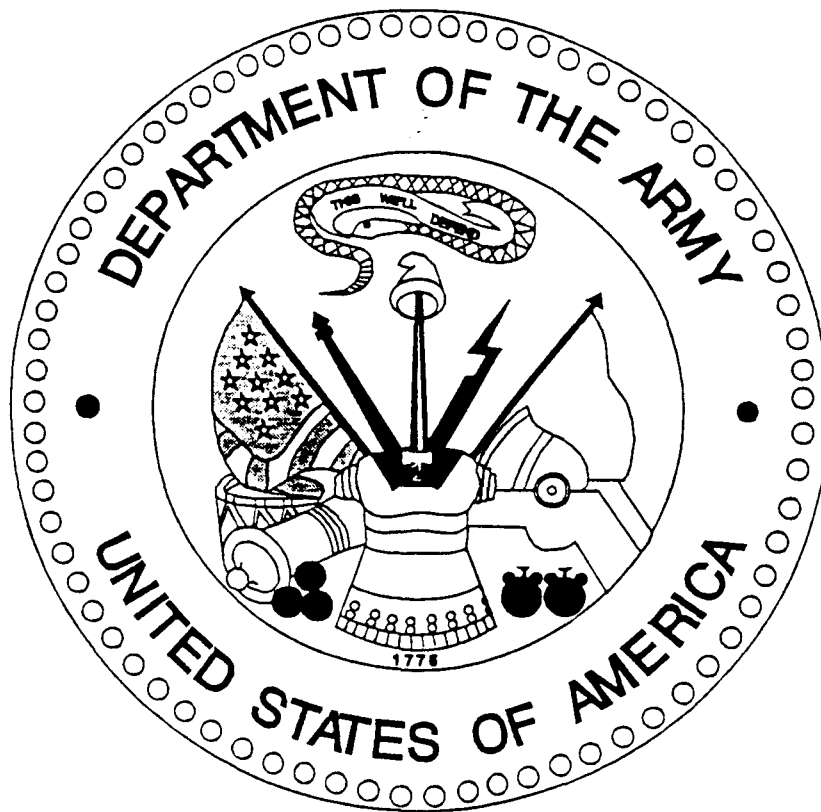
Commander
U.S. Total Army Personnel Command
Attention: TAPC-ALP-A
200 Stovall Street
Alexandria, Virginia 22332-0405

Sincerely,


Arthur P. Dupay
Colonel, U.S. Army
Chief of Staff

Attachment





INDIVIDUAL DECEASED

PERSONNEL FILE

RICHARD L. MOORE

MAY 31 1967

100-21 M*

Dear Mr. and Mrs. Moore:

Please accept my personal sympathy in the death of your son, Private First Class Richard L. ~~X~~ Moore, in Vietnam.

The responsibility that I bear as Commander-in-Chief is made heavier by the sorrow I share with our bereaved families. I pray, however, that the memory of your son's service in the defense of freedom will be as much a source of strength and pride to you as it is to me.

Mrs. Johnson joins me in extending heartfelt sympathy and the gratitude of this Nation.

Sincerely,

LYNDON B. JOHNSON

~~X~~
Mr. and Mrs. Ben Moore
Route 40 and 157th Saint Louis Road
Collinsville, Illinois 62234

LBJ:JDG:dtr

4

DISPOSITION FORM

(AR 340-15)

REFERENCE OR OFFICE SYMBOL

SUBJECT

AGPB-C (1239 NH)

Non-Hostile Military Casualty in Vietnam

TO Chief of Staff
ATTN: LTC Van R. Baker
Room 3C 715, The Pentagon

FROM TAG

DATE 22 May 1967 CMT 1
LTC Gard / abc /72066

The following named individual has been reported dead in Vietnam as the result of non-hostile action:

NAME: PFC Richard L. Moore, US 17 702 456

DATE OF CASUALTY: 17 May 1967

CIRCUMSTANCES Indiv was sitting under ship van when dollies gave way.

NAME AND ADDRESS OF NEXT OF KIN: Mr. and Mrs. Ben Moore, Parents
Route 40 & 157th St Louis Road
Collinsville, Illinois 62234

ARMY AREA: FIVE

CHILDREN: NONE (Single)

FOR THE ADJUTANT GENERAL:

WILLIAM A. McLELLAN
Colonel, AGC
Executive Officer, TAGO

DEPARTMENT OF THE ARMY
US ARMY MORTUARY, VIETNAM
APO San Francisco 96307

AVCA-SGN-MY

13 July 1967

SUBJECT: Report of Disposition of Personal Effects of Deceased Person
(RE:) PFC MOORE, RICHARD, US 17 702 456 (Evac # 4261-67)
188th Avn Co

TO: Chief of Support Services
Headquarters, Department of the Army
ATTN: SPTS-D
Washington, D. C.

1. A Summary Court convened at Headquarters, USASUPCOM, Saigon pursuant to Court Martial Appointing Order, Number 7, USASUPCOM, Saigon, 17 June 1967 for the purpose of disposing of the effects of PFC MOORE, RICHARD, US 17 702 456 subject to military law.

2. No legal representative being present, they were forwarded to this Summary Court and all relevant evidence pertaining to entitlement to receive effects was duly considered. Whereupon, this Summary Court finds that Mr. Ben Moore, [REDACTED] Road, Collinsville, Illinois is the father of the above named individual and appears to be entitled to receive these effects.

3. No attempt was made to determine if local debtors owed decedents estate any debts or monies. No attempt was made to determine if decedent owed debts or monies to creditors and creditors have not been paid by Summary Court from the funds of the decedent.

4. No funds were received from sale of effects.

5. The effects listed on the attached inventory have been shipped to the person entitled to receive them as indicated on the inventory.

4 Incls:

1. Inventory (DD Form 1076)
2. Certificate of Destruction
3. Ltr nok dtd 15 Jun 67
4. Ltr nok dtd 23 May 67 w/Questionnaire

Allison L. Watts
ALLISON L. WATTS
CPT, ARTILLERY
Summary Court

AVCA SGN Form 124 (21 May 67)

AA
FILE DISPOSITION SR. JUL 13 1967

| RECORD OF PERSONAL EFFECTS-MILITARY OPERATIONS (See instructions on reverse side) | | PAGE NO 1 | NO OF PAGES 1 |
|--|--|---|----------------------------------|
| 1. NAME (Last, First, Middle Initial) MOORE, RICHARD | 2. GRADE H4C | 3. SERVICE NUMBER US 17 702 456 | |
| 4. ORGANIZATION AND STATION OR APO 188th AVN Co. | 5. STATUS Deceased | 6. DATE OF STATUS 17 May 67 | |
| EFFECTS DATA | | | |
| 7. PLACE OF RECOVERY 188th AVN Co. | | 8. DATE OF RECOVERY | |
| 9. INVENTORY OF EFFECTS | | 10. VERIFICATION OF INVENTORY | |
| QTY | DESCRIPTION | BY COMMAND EFFECTS DEPOT a. | BY CONUS EFFECTS OFFICE b. |
| | Misc. mil. items | REC'D DISPOSITION | REC'D DISPOSITION |
| 1 | Personal papers | | |
| | Awol bag | | |
| 2 | Note books | | |
| 4 | Civ. shirts | | |
| 1 | Civ. jacket | | |
| 4 | Civ. trousers | | |
| 2 | Ballpoint pens | | |
| 1 | New Testament | | |
| 2 | Packs envelopes, blank | | |
| 1 | Bathing suit | | |
| 14 | Teeshirts | | |
| 9 | Pair drawers | | |
| 4 | Pair wool socks | | |
| 4 | Pair cotton socks | | |
| 1 | Towel | | |
| 1 | Pair aviators gloves | | |
| 1 | Waterproof bag | | |
| 2 | Keys | | |
| 1 | Brown billfold | | |
| 1 | Watch, Caravelle | | |
| //////////LAST ITEM////////// | | | |
| 11. | | TOTAL FUNDS | |
| | | FUNDS EXCHANGED, CONVERTED, DEPOSITED, ETC (To be completed by Summary Court-Martial or other responsible person) | |
| FUNDS TRANSMITTED WITH EFFECTS | | | |
| a. | | b. | |
| AMOUNT | DESCRIPTION | REC'D | DISPOSITION |
| \$ | NO FUNDS TRANSMITTED THIS STATION. | | |
| (Attach supplemental sheet for additional items and/or discrepancies) | | | |
| 12. SEAL NO. | 13. EFFECTS SHIPPED TO At. 40, and 157th St. Louis Road, Collinsville, 67111 AIR MOV DSG NO D7063381 | | |
| 15. THE ABOVE INVENTORY OF EFFECTS OF PERSON NAMED IN ITEM 1 COMPRISES <input type="checkbox"/> ALL KNOWN EFFECTS <input type="checkbox"/> ALL KNOWN EFFECTS EXCEPT THOSE REMOVED FROM REMAINS <input type="checkbox"/> ALL KNOWN EFFECTS REMOVED FROM REMAINS <input type="checkbox"/> ADDITIONAL EFFECTS 2D SHIPMENT | | | |
| 16. DATE | TYPED NAME, GRADE AND ORGANIZATION | | SIGNATURE |
| 9 June 67 | THOMAS L. BOLAND, 2LT, ARMA Summary Court, Pers. Effects Division | | Harold C. Hamrick Jr. |

DEPARTMENT OF THE ARMY
US ARMY MORTUARY, VIETNAM
APO US FORCES 96307

AVCA-SGN-MY

19 June 67
Date

CERTIFICATE OF DESTRUCTION

I certify that the following items belonging to MOORE, RICHARD L.
US 17 702 456 (Deceased) were found to be worn beyond repair and
of obnoxious nature. These items were destroyed by me in accordance
with paragraph 21C (2) AR 643-55, dated 2 June 1961.

Misc cards & papers
1 Address book
1 Shoe brush
1 Medicated powder
1 Bottle, Baby Oil

THOMAS L. BOLAND
2LT, ARMOR
Summary Court

The following expenses were incurred at OARB for the remains of the late:

PFC RICHARD MOORE

71402
US 17 702 456

Date of Death 17 May 67

Place of Death Vietnam

Interment Expense\$ 300.00

Payee - Mr. Ben Moore

Collinsville, Illinois 62234

F. O. Voucher No. - 659894 - 6 Jun 67

Contractual Services:

Delivery \$

Type I Casket Standard \$ 148.00

Type I Casket O/S \$

Type II Casket Standard \$

Type II Casket O/S \$

Type I Casket Standard W/O S/C \$

Type I Casket O/S W/O S/C \$

Other Services \$

Total Contractual Services\$ 148.00

Government Transportation (Pick up)\$ 5.00

Clothing, Decorations, Insignia\$ 46.00

Flag and container\$ 6.20

Transportation of Remains GBL E-6972203 TRANS WORLD\$ 198.72

Transportation Railhead to Destination\$ 30.00

Allowance for Burial Container\$

Transportation Escort, including TDY\$ 270.00

TOTAL EXPENSE\$ 1,003.92

MTW Form 4222

5 Oct 66 - Previous edition may be used.

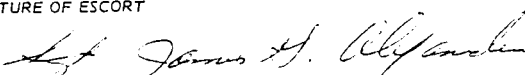
FILE DISPOSITION BR. JUL 13 1967

| REQUEST FOR PAYMENT OF FUNERAL AND/OR INTERMENT EXPENSES | | Form Approved Budget Bureau No. 22-R229 |
|---|---|---|
| PART I - TO BE COMPLETED BY MILITARY AUTHORITIES | | |
| 1. MILITARY ACTIVITY PREPARING THIS FORM HQ, WA, MTMTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626 | 2. MILITARY ACTIVITY TO WHICH FORM IS TO BE MAILED FOR PAYMENT (Name and Address, Including ZIP Code) HQ, WA, MTMTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626 | |
| 3. DECEDENT (Last Name, First Name, Middle Initial) MOORE, RICHARD | 4. GRADE/RANK PFC | 5. SERVICE NUMBER US 17 702 456 |
| 6. PLACE OF DEATH | | 7. DATE OF DEATH 17 May 67 |
| 8. NAME OF NEXT OF KIN Mr. Ben Moore, [REDACTED] Collinsville, Ill. | | 9. RELATIONSHIP Father |
| 10. NAME AND ADDRESS OF FUNERAL DIRECTOR AND/OR NAME OF NATIONAL CEMETERY SELECTED BY NEXT OF KIN (Include ZIP Code) Kassly Funeral Home, 515 Vandalia St., Collinsville, Ill. | | |
| 11. GOVERNMENT CONTRACT FOR CARE OF REMAINS IN EFFECT AT PLACE OF DEATH (Not applicable to Air Force) <input type="checkbox"/> YES <input type="checkbox"/> NO | | a. IF YES, ENTER NAME OF CONTRACTING ACTIVITY n/a |
| PART II - TO BE COMPLETED BY NEXT OF KIN (Proper completion will expedite settlement.) <small>COMPLETE ITEMS 12 AND 13. FILL IN EITHER ITEM 14 OR 15. (Do not fill in both.) COMPLETE ITEM 16, IF APPLICABLE.</small> | | |
| 12. CEMETERY, MAUSOLEUM OR OTHER DISPOSITION (Name and Address, Including ZIP Code) Lakeview Memorial Gardens 5000 North Illinois Avenue Bellville, Illinois 62221 | | 13. DATE OF INTERMENT 26 May 1967 |
| 14. TO BE COMPLETED WHEN NEXT OF KIN ARRANGED FOR INTERMENT ONLY (If next of kin arranged for preparation and casketing, leave this item blank and fill in item 15.) | | |
| a. INTERMENT COSTS (Enter total amount paid or incurred for one or more of the following: Cost of grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director - including use of his facilities, and motor service.) | | \$ 600 |
| 15. TO BE COMPLETED WHEN NEXT OF KIN MADE ALL ARRANGEMENTS (Fill in appropriate amounts opposite a, b, c and d.) | | |
| a. REMOVAL, CASKET, PRESERVATION AND RELATED SERVICES | | \$ n/a |
| b. CREMATION AND URN | | \$ n/a |
| c. CLOTHING | | \$ n/a |
| d. INTERMENT COSTS (Enter total amount paid or incurred for items listed in 14 above.) | | \$ n/a |
| 16. TO BE COMPLETED WHEN NEXT OF KIN PAID OR INCURRED COST FOR SHIPMENT OF REMAINS | | |
| a. SHIPPING COST | | \$ n/a |
| b. SHIPPED FROM (Place) n/a | c. SHIPPED TO (Place) n/a | d. MODE OF SHIPMENT <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> HEARSE |
| 17. STATEMENT OF NEXT OF KIN: I HAVE PAID OR INCURRED EXPENSES IN THE AMOUNTS ENTERED IN ITEMS 14, 15, AND/OR 16. I DESIRE THAT THE AMOUNT ALLOWABLE BY THE GOVERNMENT BE PAID TO: | | |
| a. NAME (Print or Type) Mr. Ben Moore | | b. DATE 25 May 1967 |
| c. ADDRESS (Include ZIP Code) [REDACTED] Collinsville, Illinois [REDACTED] | | d. SIGNATURE OF NEXT OF KIN |

DD FORM 1375
1 MAY 62

REPLACES DA FORM 10-164 AND NAVMED-1347 (7-59), WHICH ARE OBSOLETE.
AND REPLACES AF FORM 549 AND AF FORM 714, WHICH MAY BE USED.

| Standard Form No. 1034a 7 GAO 5000 1034-210 | | BLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL | | | VOUCHER NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">659894</div> | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------------|--|--|-------------------|--|-----------------|--------------------------|-----------------------------|--|--------------|-------------------|------|--------|------|-----|----|--|--|--|--|--|-----------------|-------|--|--|--|--|--|-----------------|
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <div style="text-align: center;"> DEPARTMENT OF THE ARMY WA, MTMTS, Oakland Army Base Oakland, California. 94626 </div> | | | DATE VOUCHER PREPARED <div style="border: 1px solid black; padding: 2px; display: inline-block;">6-2-67 fmk</div> | | SCHEDULE NO. PAID BY <div style="text-align: center;"> S/N 5055 6 JUN 1967 </div> | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | CONTRACT NUMBER AND DATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | REQUISITION NUMBER AND DATE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAYEE'S NAME AND ADDRESS <div style="border: 1px solid black; padding: 5px;"> Mr. Ben Moore <div style="background-color: black; height: 15px; width: 100%; margin: 2px 0;"></div> <div style="background-color: black; height: 15px; width: 100%; margin: 2px 0;"></div> Collinsville, Illinois. 62234 </div> | | | Finance & Accounting Office, WAMTMTS Oakland Army Base Oakland, Calif. | | DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | FORWARD TO: MEMORIAL DIV. BLDG 90, OAK | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHIPPED FROM | | | TO | | WEIGHT | | | | | | | | | | | | | | | | | | | | | | | | |
| GOVERNMENT S/L NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 10%;">NUMBER AND DATE OF ORDER</th> <th rowspan="2" style="width: 10%;">DATE OF DELIVERY OR SERVICE</th> <th rowspan="2" style="width: 40%;">ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small></th> <th rowspan="2" style="width: 5%;">QUANTITY</th> <th colspan="2" style="width: 15%;">UNIT PRICE</th> <th rowspan="2" style="width: 20%;">AMOUNT</th> </tr> <tr> <th>COST</th> <th>PER</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;"> PAYMENT OF AUTHORIZED INTERMENT ALLOWANCE: MOORE, RICHARD PFC US 17 702 456 </td> <td></td> <td></td> <td></td> <td style="text-align: center; vertical-align: bottom;">\$300.00</td> </tr> <tr> <td colspan="6" style="text-align: right;">TOTAL</td> <td style="text-align: center;">\$300.00</td> </tr> </tbody> </table> | | | | | | | NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small> | QUANTITY | UNIT PRICE | | AMOUNT | COST | PER | | | PAYMENT OF AUTHORIZED INTERMENT ALLOWANCE: MOORE, RICHARD PFC US 17 702 456 | | | | \$300.00 | TOTAL | | | | | | \$300.00 |
| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small> | QUANTITY | UNIT PRICE | | AMOUNT | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | COST | PER | | | | | | | | | | | | | | | | | | | | | | | | |
| | | PAYMENT OF AUTHORIZED INTERMENT ALLOWANCE: MOORE, RICHARD PFC US 17 702 456 | | | | \$300.00 | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | \$300.00 | | | | | | | | | | | | | | | | | | | | | | | |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAYMENT: <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE | | | DIFFERENCES Amount verified; correct for (Signature or initials) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> 6-2-67 MEMORANDUM </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCOUNTING CLASSIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-around; align-items: center;"> 2172020 32-22 P2530-225 S99999 F1 L2 \$300.00 </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 20px; text-align: center; vertical-align: middle;">PAID BY</td> <td style="width: 30%;">CHECK NUMBER</td> <td style="width: 30%;">ON TREASURER OF THE UNITED STATES</td> <td style="width: 20%;">CHECK NUMBER</td> <td style="width: 20%;">ON (Name of bank)</td> </tr> <tr> <td>CASH</td> <td>DATE</td> <td></td> <td></td> </tr> <tr> <td>\$</td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | PAID BY | CHECK NUMBER | ON TREASURER OF THE UNITED STATES | CHECK NUMBER | ON (Name of bank) | CASH | DATE | | | \$ | | | | | | | | | | | | | |
| PAID BY | CHECK NUMBER | ON TREASURER OF THE UNITED STATES | CHECK NUMBER | ON (Name of bank) | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CASH | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| MORTUARY OFFICE - OAB ESCORT'S REPORT OF MISSION | | |
|---|---|---|
| DECEDENT PFC RICHARD MOORE US 17 702 456 | | |
| CONSIGNEE Kassly Funeral Home, 515 Vandalia St., Collinsville, Ill. | | |
| NEXT OF KIN Mr. Ben Moore, [REDACTED] Collinsville, Ill. | | |
| ESCORT SGT James G. Alexander US 55 866 923 | DATE DEPARTED OAB 24 May 67 | DATE ARRIVED DESTINATION 24 May 67 |
| DID YOU MEET NEXT OF KIN (IF NOT, EXPLAIN) Yes | | |
| WERE YOU ASKED TO STAY FOR FUNERAL Yes | WERE MILITARY SERVICES RENDERED Yes | DATE AND HOUR OF FUNERAL 26 May 67 1500hrs |
| NAME AND LOCATION OF CEMETERY Lakeview Memorial Gardens, Belville, Ill. | | |
| FLAG PRESENTED TO Mr. & Mrs. Moore (parents) | DATE DEPARTED ON RETURN TRIP 28 May 67 | DATE ARRIVED DUTY STATION 28 May 67 |
| DETAILED REPORT ON YOUR MISSION (INCLUDE ALL PERTINENT DATA, SPECIAL REQUESTS OR UNUSUAL CIRCUMSTANCES) <p>I departed San Francisco airport on time and flew to Los Angeles. In Los Angeles I was removed from the flight I was on, because of a weight problem. I had a 2 hr. delay in L.A. I was put on flight 442 and arrived in St. Louis at 17:30 about 40 later than originally scheduled. All transactions and moving of the body were very smooth. TMA is very good about this sort of a thing. I was met in St. Louis by a hearse from the Funeral Home. On Wed. night after I arrived at the funeral home a personal friend of the family viewed the body for identification and he and the funeral director decided that it was viewable, so the casket remained closed. All of the proceedings at the funeral home were taken care of by the funeral director. The firing squad was supplied, by the Air Force from Scott air force base. The funeral took place on Friday afternoon. After the funeral I returned to the family's house for a get together. The family requested I remain another day. On Saturday I went to dinner with the family. I returned to Ft. Leonard Wood on first available transportation after Saturday evening. The trip to the funeral and all the proceedings were handled efficiently by TMA and the Funeral Home.</p> | | |
| DATE 28 May 67 | SIGNATURE OF ESCORT  | |

2.2. Return

PFC RICHARD MOORE US 17 702 456

PFC RICHARD MOORE US 17 702 456

Name of Decedent

THIS 24 DAY OF May 19 67

CONDITION OF CASKET _____

CONDITION OF SHIPPING CASE _____

EXCELLENT, GOOD OR
UNSATISFACTORY

If GOOD or UNSATISFACTORY, explain
In detail in remarks section, below

REMARKS

WITNESS (Escort)

Farach H. Alkhalaf

| |
|-----------|
| CONSIGNEE |
|-----------|

Herbert A. Kassly Funeral Home,
By *Herbert A. Kassly*

71402

SUMMARY OF ACTION TAKEN

Crown 6356

MOORE, RICHARD
NAME OF DECEDENT

PFC (E-3)
RANK

US 17 702 456
SERVICE NUMBER

17 May 67 RVN
DATE & PLACE

RACE CAU

☒ VERIFIED

RELIGION

Nazarene

CONGRESSIONAL

☐

☐ NOK IN COMMAND

DATE ACTION TAKEN

INITIALS OF CLERK

1. CROWN REPORT Received:

19 May 67

jar

2. Remains Reported: ☒ READY

19 May 67

jar

☐ PUNCH

☐ WASTE

☐ DETER

☐ COVER

3. Initial Action requesting instructions from NOK

20 May 67

MJM

4. Disposition Instructions received from NOK

20 May 67

jh

5. Receipt of Instructions Acknowledged to NOK

21 May 67

jh

6. Disposition Instructions relayed to POE & appropriate Army Commander

21 May 67

jh

7. ETD, ETA & Mode of Shipment recd from Overseas command

21 May 67

crj

8. NOK informed of Enroute

9. Date reshipment to final destination recd from POE

22 May 67

crj

☐ NOK'S CONUS Address furnished TAGO

Date & Clerk Informed

☐ NOK'S Changed Address Furnished TAGO

☒ SUMMARY COURT INFORMED

DATE

☐ Tracer msg to o/s comd for ETA

DATE

☐ Person to be kept informed other than NOK

REMARKS: AWARDS: NDSM, VSM

FILE

NAME

DATE

71402 Moore, Richard

CAF

NNNNCZCFAB393

PTTU JAW RUWMTGUC476 14322 76-UUUU--RUEOAF. *P*

ZNR UUUUU

DE RUMPTP 1426 1431824

ZNR UUUUU

P 231630Z MAY 67

FM COMDR WAMTMTS OAK CALIF

TO ZEN/KASSLY FUNERAL HOME ~~515~~ VANDALIA ST COLLINSVILLE ILL

ZEN/MR BEN MOORE ~~_____~~

COLLINSVILLE ILL

RUWPAO/CGUSARFIVE FTSHERIDAN ILL

RUEOAF/CHSPTSDA WASHDC

BT

UNCLAS MTW-MEM 5273 FOR SPTS-MD

REMAINS PFC RICHARD MOORE

ACCOMPANIED BY MILITARY ESCORT DEPARTING SAN FRANCISCO

TWA FLIGHT 108 9:30 AM 24 MAY FOR KASSLY FUNERAL HOME

COLLINSVILLE ILL ARRIVING ST LOUIS MO 5:37 PM 24 MAY.

REQUEST FUNERAL DIRECTOR RECEIVE REMAINS AND ESCORT AT ST

LOUIS NEAREST TERMINAL TO COLLINSVILLE. NEXT OF

KIN AND CONSIGNEE ADVISED

ET

B393
ln
SS
4

| DOMESTIC SERVICE | |
|--|-------------------------------------|
| Check the class of service desired; otherwise this message will be sent as a fast telegram | |
| TELEGRAM | <input checked="" type="checkbox"/> |
| DAY LETTER | <input type="checkbox"/> |
| NIGHT LETTER | <input type="checkbox"/> |

WESTERN UNION

W. P. MARSHALL
CHAIRMAN OF THE BOARD

TELEGRAM

R. W. MCFALL
PRESIDENT

| INTERNATIONAL SERVICE | |
|---|--------------------------|
| Check the class of service desired; otherwise the message will be sent at the full rate | |
| FULL RATE | <input type="checkbox"/> |
| LETTER TELEGRAM | <input type="checkbox"/> |
| SHORE SHIP | <input type="checkbox"/> |

| NO. WDS.-CL. OF SVC. | PD. OR COLL. | CASH NO. | CHARGE TO THE ACCOUNT OF | TIME FILED |
|----------------------|--------------|----------|---|------------|
| | | | SPT MEM DIV DISP BR (DA) F-HT 20 | S |

Send the following message, subject to the terms on back hereof, which are hereby agreed to

Mr. Ben Moore

21 May 1967

Collinsville, Illinois

Remains your son, Richard will be consigned to Kassley Funeral Home, 515 Vandalia Street, Collinsville, Illinois in accordance with your request.

Please do not set date of funeral until port authorities notify you and funeral director date and scheduled time of arrival destination.

DISPOSITION BRANCH, MEMORIAL DIVISION, DEPARTMENT OF THE ARMY, WUX MB

MOORE, Richard *L*,
US 17 702 456

jh

MSG # 2
FEB 1967
WU1211(R2-65)

HOUR _____

REL AUTH: _____

OREN WOMACK

UNCLASSIFIED

RECEIVED

M

1967 MAY 21 20 12

PRIORITY
ROUTINE

CHIEF SPTS DA WASH DC
DIST. OF WASH.

CGWA MTMTS OAK CALIF

INFO:

CGUSARFIVE CHGO ILL

CO USAR PERSONNEL CENTER OAKLAND CALIF

71402
Moore, Richard L. 4

UNCLAS from SPTS-MD 3919 ATTN: Mem Div and AMPCS-TRC

SUBJECT: Shipping Instructions

Ship remains PFC Richard Moore, US 17 702 456, Army, DOD 17
May 1967 "Non-Hostile Action" to Kassley Funeral Home, 515 Vandalia
Street, Collinsville, Illinois. Decedent Cau male; religion
Nazarene; NOK father, Mr. Ben Moore, [REDACTED]
[REDACTED] Collinsville, Illinois. Awards: NDSM, VSM. Notify info
adrs

Whittingh

54309

Kerscher

77756

21 1570

May 1967

1 1

Mrs. Hermance
73602

77756

F. J. Kerscher, Chief, Operations Sec.

OREN WOMACK, Disposition Branch, Memorial
Division

UNCLASSIFIED

RETURN TO DISPOSITION BR., MEM. DIV.

| DOMESTIC SERVICE | |
|--|-------------------------------------|
| Check the class of service desired; otherwise this message will be sent as a fast telegram | |
| TELEGRAM | <input checked="" type="checkbox"/> |
| DAY LETTER | <input type="checkbox"/> |
| NIGHT LETTER | <input type="checkbox"/> |

\$
\$
E

WESTERN UNION

TELEGRAM

W. P. MARSHALL
CHAIRMAN OF THE BOARD

R. W. MCFALL
PRESIDENT

| INTERNATIONAL SERVICE | |
|---|--------------------------|
| Check the class of service desired; otherwise the message will be sent at the full rate | |
| FULL RATE | <input type="checkbox"/> |
| LETTER TELEGRAM | <input type="checkbox"/> |
| SHORE-SHIP | <input type="checkbox"/> |

| NO. WDS.-CL. OF SVC. | PD. OR COLL. | CASH NO. | CHARGE TO THE ACCOUNT OF | TIME FILED |
|----------------------|--------------|----------|--------------------------------|------------|
| | | | SPT MEM DIV DISP BR(DA) F-HT 9 | 5 |

Send the following message, subject to the terms on back hereof, which are hereby agreed to

20 May 67

MR. BEN MOORE

Collinsville, Illinois

This concerns your son, PFC RICHARD MOORE. The Army will return your loved one to a port in the United States by first available military airlift. At the port remains will be placed in a metal casket and delivered (accompanied by a military escort) by most expeditious means to any funeral director designated by the next of kin or to any national cemetery in which there is available grave space. You will be advised by the United States port concerning the movement and arrival time at destination.

Forms on which to claim authorized interment allowance will accompany remains. This allowance may not exceed \$75 if consignment is made directly to the superintendent of a national cemetery. When consignment is made to a funeral director prior to interment in a national cemetery, the maximum allowance is \$150; if burial takes place in a civilian cemetery, the maximum allowance is \$300.

Request next of kin advise by collect telegram addressed: Disposition Branch, Memorial Division, Department of the Army WUX MB, Washington, D. C., name and address of funeral director or name of national cemetery selected.

If additional information concerning return of remains is needed you may call collect AREA CODE 202, OXFORD 7756 or 7755 or 7754 or 7753 or 7752 or 7751 or 7750 or 7749 or 7748 or 7747 or 7746 or 7745 or 7744 or 7743 or 7742 or 7741 or 7740 or 7739 or 7738 or 7737 or 7736

DISPOSITION BRANCH MEMORIAL DIVISION DEPARTMENT OF ARMY WUX MB

MOORE, RICHARD
US 17 702 456

MJM

MSG #1 (Initial)
Oct 1966
WU1211(R2-65)

HOUR: _____ REL AUTH: _____
OREN WOMACK

~~MB~~A003 613P EDT MAY 20 67 SPOC087 (23)SYA281

SA095 S LLH378 COLLECT TDS MARINE ILL 20 300P CDT
DEPT OF THE ARMY.

DISPOSITION BRANCH MEMORIAL DIVN WUXMB WASHDC
BE ADVISED REMAINS OF MOORE, RICHARD LYNN SERVICE NUMBER US17702456
PFC E3 BE SENT TO HERBERT KASSLEY FUNERAL HOME 515 VANDALIA *Street*
BOLLINSVILLE ILLINOIS 62234 PHONE 318 4-
835-, :3 9118:34

US17702456 E3 515 62234 618 344-5500
(17)

Per Blue Book

| PERSONAL NOTIFICATION - PRIMARY NEXT OF KIN | | CASUALTY CODE AND REPORT NUMBER CROWN 6356 | | |
|---|---|---|---|------------------|
| SECTION I - CASUALTY INFORMATION | | | | |
| 1 | a. NAME (Last - First - Middle Initial) MOORE, Richard Lynn | b. GRADE (and Br for Off) PFC E-3 | c. SERVICE NUMBER US 17 702 456 | |
| | e. ORGANIZATION 188th Avn Co APO SF 96269 | d. RELIGION Prot | | |
| | f. RACE CAU | | | |
| 2 | a. PRIMARY NEXT OF KIN Mr & Mrs Ben Moore | | b. RELATIONSHIP Parents ✓ | |
| | c. ADDRESS (Include Zip Code) Collinsville, Illinois 62234 | | | |
| | d. RELOCATION OF PRIMARY NEXT OF KIN | | | |
| 3 | a. PLACE MISSING OR DEAD RVN | b. DATE 17 May 67 | c. TIME 1500hrs | |
| | d. STATUS OF REMAINS Ready | | | |
| | e. CIRCUMSTANCES (Explain) HOSTILE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN Indiv died as result of injuries incurred when ship van dollies gave way while he was sitting under it under it, and fell on him. | | | |
| ADDITIONAL INFORMATION TO BE OBTAINED | | | | |
| 4 | a. <input type="checkbox"/> CUSTODY | | | |
| | b. <input type="checkbox"/> MARITAL STATUS | | | |
| | c. <input type="checkbox"/> ADDRESS OF: | | | |
| | d. <input type="checkbox"/> OTHER: | | | |
| 5 | a. ORIGINATOR RVN | b. RECEIVED BY PNU | c. TIME 1914 | |
| | | | d. DATE 19 May 67 | |
| SECTION II - NOTIFICATION ACTIONS | | | | |
| | ACTION | NAMES OF PERSONS PASSING AND RECEIVING THE ACTION (and msg No.) | ZULU TIME | ZULU DATE |
| 6 | ITEMS 1 THROUGH 4 PASSED FOR NOTIFICATION ACTION TO HQ: 5A | PX Wachter Hamont | 1930 | 19 May 67 |
| 7 | PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY | MSG Huer | 2125 | |
| 8 | COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY BRANCH OR ORIGINATOR | Hugan / G. L. P. N. | 2205 | |
| 9 | CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN | | | |
| 10 | WESTERN UNION MESSAGE DISPATCHED TO SECONDARY NEXT OF KIN | | | |
| 11 | DEATH GRATUITY PAYMENT MESSAGE DISPATCHED TO SURVIVOR ASSISTANCE OFFICER BY | | | |
| 12 | DATA ENTERED ON INFORMATION MESSAGE NO. _____ BY DA CASUALTY BRANCH | | | |
| 13 | a. SURVIVOR ASSISTANCE OFFICER | | b. ADDRESS | |
| | | | | |
| 14 | a. INDIVIDUAL (has) (has not) BEEN POSTHUMOUSLY PROMOTED TO ✓ WITH EFFECTIVE DATE _____ AND DATE OF COMMISSION _____ | | | |
| | b. RECEIVED FROM | c. RECEIVED BY | d. TIME | e. DATE |

17702456

1. MOORE, Richard Lynn SS 5557
2. APR 7 65 27 May 66 7. St. Louis, Ill
3. 12 August 66 St. Louis, Missouri
4. Collinsville, Madison, Illinois
5. 11 166 165 257 LP# 166 Edwardsville, Ill
6. XXXX Yes, 17702456 (SS) Honorable 11 Aug 66
7. 358 10 3204 Nazarine (Protestant)
8. a. Single
9. b. Ben Moore [REDACTED] Collinsville, Ill
10. c. Beessie Moore [REDACTED] Collinsville, Illinois
11. d. None

☐ Yes ☒ No

DR. FORM 47 REPLACES SECTION OF RECORD OF
1 OCT 64 1 JAN 65 WHICH WILL EMERGENCY DATA
BE USED (13-41) (U)

| | | | |
|------|--------------|-------------|--|
| 13. | Bessie Moore | Mother 1904 | 1. Beneficiary of gratuity pay if no surviving spouse or child. Indicate percent for each. |
| 14. | Bessie Moore | Mother 1904 | 2. Beneficiary of unpaid pay and allowances during soldier's absence. Indicate percent for each. |
| 15. | Bessie Moore | Mother 1904 | 3. Person to receive allotment if Missing. Indicate percent. |
| 16. | Bessie Moore | Mother 1904 | 4. Location of will. |
| 17. | Bessie Moore | Mother 1904 | 5. Insurance data. |
| 18. | Bessie Moore | Mother 1904 | 6. Remarks. |
| 19. | Bessie Moore | Mother 1904 | |
| 20. | Bessie Moore | Mother 1904 | |
| 21. | Bessie Moore | Mother 1904 | |
| 22. | Bessie Moore | Mother 1904 | |
| 23. | Bessie Moore | Mother 1904 | |
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| 32. | Bessie Moore | Mother 1904 | |
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| 97. | Bessie Moore | Mother 1904 | |
| 98. | Bessie Moore | Mother 1904 | |
| 99. | Bessie Moore | Mother 1904 | |
| 100. | Bessie Moore | Mother 1904 | |

ORIGINAL Card - See part 6. AR notations with two
DUPLICATE - Yellow paper - file personnel records only

~~FOR OFFICIAL USE ONLY~~

DEPARTMENT OF THE ARMY

STAFF COMMUNICATIONS DIVIS

IMMEDIATE (INFO ADDEES PRIORITY)
O P 190947Z MAY 67 ZFF-1
FM CG USARV TSN RVN
TO RUEBAFA/CAS BR DA
INFO RUEPDA/TAG DA
ZEN/CINCUSARPAC
ZEN/COMUSMACV
RUEOAF/CH SPT SVC DA
RUCIDQA/CH SP CLMS BR STLMTS OPNS FCUSA INDPLS IND
ZEN/CG 1ST AVN BDE TSN RVN
RUMSFF/CO 12TH AVN GP LBH RVN
ZEN/CO USA MORT TSN RVN
BT
UNCLAS E F T O ~~FOUO~~ AVHAG-CC 33756 DA FOR AGPB-C
PROTECTIVE MARKING AUTOMATICALLY REMOVED IAW PARA 19B (2)
AR 360-5
CROWN REPT NO 6356, REPEAT, NO 6356
A. MOORE, RICHARD
B. US 17 702 456, REPEAT, US 17 702 456
C. PFC E-3 NOT OFFICIALLY RECM FOR PROMOTION. PL 89-622 (NO)
D. 17 MAY 67 AT 1500 HRS, REPEAT, 17 MAY 67 AT 1500 HRS

E. INDIV SITTING UNDER SHIP VAN WHICH WAS RESTING ON DOLLIES VIC
LONG BINH RVN WHEN VAN GAVE AWAY AND CRUSHED INDIV.
F. CAU
G. 188TH AVN CO APO SF 96268 (III CORPS)
H. NOK: BEN MOORE (F) [REDACTED] COLLINSVILLE,
ILL DA FORM 41 DTD 22 MAR 67
I. BP: 121.80 ADD PAY: POWER, FORGE BPED: 5 NOV 65
SGLI-TEN-LUMP-FATHER (TIME LOST UCMJ-NONE)
J. INJURIES, CRUSHING TO HEAD AND CHEST
K. READY
L. 30 APR 67
M. DMOS: 76H20 AWDS: NDSM, VSM,
N. DANDY
O. NAZARENE
(DOB: 27 JUL 46)
BT

ACTION: TAG
DISTR : OCOFSA, OSA, DCSPER, COPO, CINFO, CLL, COFSPTS
DA IN 197426

~~FOR OFFICIAL USE ONLY~~

C. PFC E-5 NOT OFFICIALLY RECM FOR PROMOTION. PL 89-622 (NO)

D. 17 MAY 67 AT 1500 HRS, REPEAT, 17 MAY 67 AT 1500 HRS

~~ETD - FOR OFFICIAL USE ONLY~~

PAGE 2 RUMSVA 425 UNCLAS E F T O ~~FOUO~~

E. INDIV SITTING UNDER SHIP VAN WHICH WAS RESTING ON DOLLIES VIC
LONG BINH RVN WHEN VAN CAVE AWAY AND CRUSHED INDIV.

F. CAU

G. 180TH AVN CO APO SF 96268 (III CORPS)

H. NOK: BEN MOORE (F) ~~REDACTED~~ COLLINSVILLE,

ILL DA FORM 41 DTD 22 MAR 67

I. BP: 121.00 ADD PAY: POWER, FORGE BPED: 5 NOV 60

SGLI-TEN-LUMP-FATHER (TIME LOST UCMJ-NONE)

J. INJURIES, CRUSHING TO HEAD AND CHEST

K. READY

L. 30 APR 67

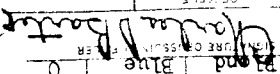
M. DMOS: 76H20 AWDS: NDSM, VSM,

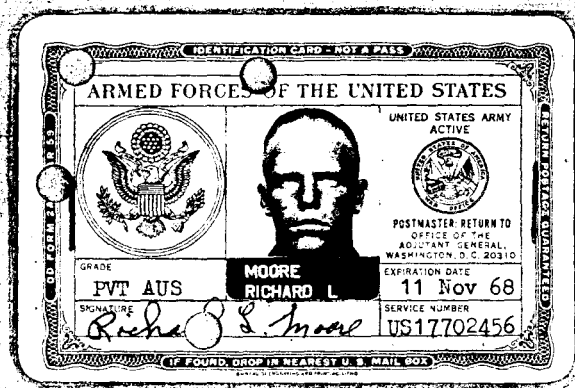
N. DANDY

O. NAZARENE

(DOB: 27 JUL 46)

BT

| | | | |
|--|--|--|--|
| CAND NUMBER | | B 026237 | |
| WARNING: THIS CARD IS NOT TO BE USED FOR IDENTIFICATION PURPOSES. IT IS ONLY A RECORD OF THE INFORMATION CONTAINED HEREON. | | | |
| DATE OF BIRTH | | 27 Jul 46 | |
| HEIGHT | | 6'3" | |
| WEIGHT | | 190 | |
| HAIR | | Brown | |
| EYES | | Blue | |
| SKIN | | Fair | |
| BLOOD TYPE | | O | |
| SIGNATURE | |  | |
| DATE OF ISSUE | | 12 Aug 66 | |
| BY | | 1LT, AGC | |
| THE UNITED STATES GOVERNMENT | | | |



DEPARTMENT OF THE ARMY
US ARMY MORTUARY, VIETNAM
APO San Francisco 96307

AVCA-SGN-MY

13 July 1967

SUBJECT: Report of Disposition of Personal Effects of Deceased Person
(RE: PFC MOORE, RICHARD, US 17 702 456) (Evac # 4261-67)
188th Avn Co

TO: Chief of Support Services
Headquarters, Department of the Army
ATTN: SPTS-D
Washington, D. C.

1. A Summary Court convened at Headquarters, USASUPCOM, Saigon pursuant to Court Martial Appointing Order, Number 7, USASUPCOM, Saigon, 17 June 1967 for the purpose of disposing of the effects of PFC MOORE, RICHARD, US 17 702 456 subject to military law.

2. No legal representative being present, they were forwarded to this Summary Court and all relevant evidence pertaining to entitlement to receive effects was duly considered. Whereupon, this Summary Court finds that Mr. Ben Moore, [REDACTED] d, Collinsville, Illinois is the father of the above named individual and appears to be entitled to receive these effects.

3. No attempt was made to determine if local debtors owed decedents estate any debts or monies. No attempt was made to determine if decedent owed debts or monies to creditors and creditors have not been paid by Summary Court from the funds of the decedent.

4. No funds were received from sale of effects.

5. The effects listed on the attached inventory have been shipped to the person entitled to receive them as indicated on the inventory.

- 4 Incls:
1. Inventory (DD Form 1076)
 2. Certificate of Destruction
 3. Ltr nok dtd 15 Jun 67
 4. Ltr nok dtd 23 May 67 w/Questionnaire

ALLISON L. WATTS
CPT, ARTILLERY
Summary Court

7261-67 **CERTIFICATE OF DEATH (OVERSEAS)** 18 May 67
(AR 638-40)

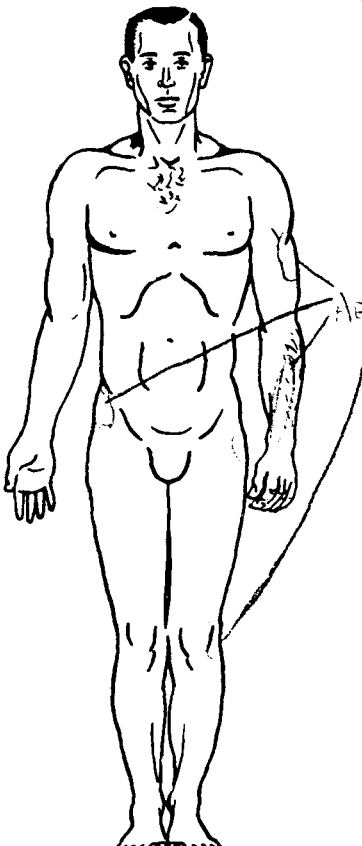
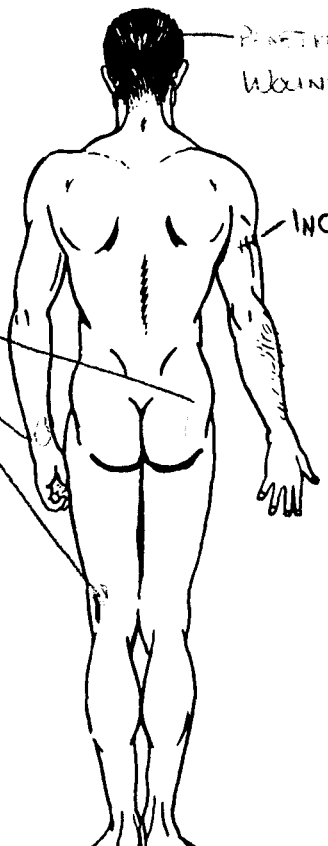
| | | | | |
|--|--|--|--|--|
| NAME OF DECEASED (Last, First, Middle) MOORE, RICHARD L. | | GRADE PFC | BRANCH OF SERVICE ARMY | SERVICE NUMBER US17 702 456 |
| ORGANIZATION 188th Avn Co APO 96268 | | DATE OF BIRTH 27 July 1946 | | SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| COLOR OR RACE <input checked="" type="checkbox"/> WHITE | MARITAL STATUS SINGLE | | RELIGION PROTESTANT | |
| NEGRO | MARRIED | | CATHOLIC | |
| OTHER (Specify) | WIDOWED | | JEWISH | |
| NAME OF NEXT OF KIN Unknown Ben Moore | | RELATIONSHIP TO DECEASED Unknown Father | | |
| STREET ADDRESS Unknown 157 St. Louis Rd. | | CITY OR TOWN AND STATE Unknown Collinsville, Illinois | | |
| MEDICAL STATEMENT | | | | |
| CAUSE OF DEATH (Enter only one cause per line) | | | | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ | | Crush Injury to Skull and Chest | | Unknown |
| ANTECEDENT CAUSES | MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE | | | |
| | UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE | | | |
| OTHER SIGNIFICANT CONDITIONS ² | | | | |
| MODE OF DEATH | AUTOPSY PERFORMED | MAJOR FINDINGS OF AUTOPSY | | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES |
| <input checked="" type="checkbox"/> NATURAL | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| <input checked="" type="checkbox"/> ACCIDENT | | | | |
| <input type="checkbox"/> SUICIDE | | | | |
| <input type="checkbox"/> HOMICIDE | | | | |
| DATE OF DEATH (Hour, day, month, year) 1500 hours, 17 May 1967 | | PLACE OF DEATH Long Binh, RVN | | |
| I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. | | | | |
| NAME OF MEDICAL OFFICER EUGENE W. TILL | | TITLE OR DEGREE MC | | |
| GRADE CAPTAIN | SERVICE NUMBER 05540712 | INSTALLATION OR ADDRESS 93rd Evacuation Hospital, APO 96491 | | |
| DATE 17 May 1967 | | SIGNATURE <i>Eugene W. Till</i> | | |
| DISPOSITION OF REMAINS | | | | |
| NAME OF MORTICIAN PREPARING REMAINS FRANK J. PRATKA | | GRADE GS-10 | LICENSE NUMBER TS-2292 | STATE IL |
| INSTALLATION OR ADDRESS US Army Mortuary, Vietnam APO 96307 | | DATE 18 May 67 | SIGNATURE <i>Frank J. Pratkanis</i> | |
| NAME OF CEMETERY OR CREMATORY | | LOCATION OF CEMETERY OR CREMATORY | | |
| TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) | | | | DATE OF DISPOSITION |
| REGISTRATION OF VITAL STATISTICS | | | | |
| REGISTRY (Town and Country) | | DATE REGISTERED | FILE NUMBER | STATE |
| NAME OF FUNERAL DIRECTOR | | ADDRESS | | |
| SIGNATURE OF AUTHORIZED INDIVIDUAL | | | | |

¹State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
²State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 10-249

1 APR 59

PPC-Japan

| CORD OF IDENTIFICATION PROCESS/ ANATOMICAL CHART | | | | | |
|---|----------------------------|--|-------------------------------|--------------------|----------------------------|
| 4261-67 | | | | | |
| LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number) MOORE, RICHARD L. | | | | GRADE PEC (E-3) | SERVICE NUMBER 17702456 |
| NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO. | | PLOT | ROW | GRAVE | ESTIMATED AGE (Yrs) 74" |
| | | | | | |
| BLACK OUT PORTIONS NOT RECOVERED | | | | | |
| RIGHT | HAIR - BLONDE LEFT LEFT | | RIGHT WOUND INCISION | | |
|  | |  | | | |
| ANTERIOR | | POSTERIOR | | | |
| CONDITION OF REMAINS (Check pertinent blocks) <input type="checkbox"/> SEMI-SKELETAL <input checked="" type="checkbox"/> FLESH COVERED <input checked="" type="checkbox"/> INTACT <input type="checkbox"/> DECOMPOSED <input type="checkbox"/> BURNED (Degree: <input type="checkbox"/> 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d) | | | | | |
| REMARKS (Continue on reverse if additional space is required) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> BODY! COMPLETE RACE! CAUC. TABLE MEASURE! 74" I.D. TAGS! NONE I.D. CARD! RECEIVED FOR-MOORE, RICHARD L. US 17702456 BODY MARKS! SEE ABOVE CLOTHING! FATIGUE PANTS, DRAWER, SOCKS, JUNGLE BOOTS (12-W) - NO MARKINGS </div> <div style="width: 45%;"> FINGER PRINTS TAKEN FOR BOTH HANDS NOTE! INDEX FINGER & PRINT MATCH THOSE ON I.D. CARD FOR-MOORE, RICHARD L. US 17702456 </div> </div> | | | | | |
| NAME OF PREPARING OFFICIAL (Print or type) RICHARD I. KRESS | | | SIGNATURE Richard I. Kress | | |

INSTRUCTIONS AND DISTRIBUTION

1. USE: This form will be completed for remains prepared in Department of Army Mortuaries or in contract mortuaries overseas.

2. COMPLETION OF ITEMS: Item 32 will be completed by the preparing and central mortuary when applicable. Item 50 will be completed by all concerned when applicable, or when additional space is required for answering other items. Item 45 will be omitted on copy furnished the receiving funeral director.

a. PREPARING MORTUARY:

(1) Prepares original and 6 copies (7 when applicable - See Note) and completes Items 1 thru 31. Retains copy and forwards original and 4 copies (or 5) to central mortuary. Forwards 1 copy by Air Mail to Chief of Support Services, ATTN: Memorial Division, at the time remains are shipped to central mortuary or released for local burial.

(2) When remains are shipped directly to POE, preparing mortuary prepares original and 5 copies (or 6), completing Items 1 thru 39. Retains one copy and forwards 1 copy by Air Mail to the Chief of Support Services, ATTN: Memorial Division and forwards remainder to POE.

b. CENTRAL MORTUARY:

(1) When receiving remains from preparing mortuary, completes Items 32 thru 39 on original and 4 copies (or 5). Retains one copy and forwards remaining to POE.

(2) When remains are initially prepared in central mortuary, same procedure applies as in Item a(2) above.

c. PORT OF ENTRY:

(1) Completes Items 40 thru 49 on original and 3 copies (or 4). Leaves Item 45 blank on copy for receiving Funeral Director.

(2) Retains one copy.

(3) Forwards copy with remains to receiving Funeral Director.

(4) Forwards copy to Office of The Chief of Support Services, ATTN: Memorial Division.

(5) Returns original to overseas command.

NOTE: Additional distribution to be made by port of entry or by overseas mortuary for burial overseas:

COPY TO: Air Materiel Command, Wright Patterson Air Force Base, Ohio, 45433 (for Air Force Personnel)*



COPY TO: Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C., 20390 (for Navy, Marine and MSTs Personnel)*

*Distribution to be made by installation making last entry on form.

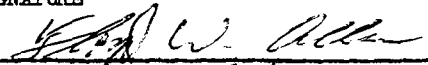
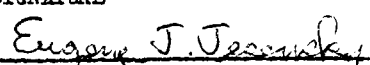
4261-67 WEG

| | | | |
|---|--|--|---|
| 1. REMAINS OF (Last Name - First Name - Middle Initial) | | 2. GRADE | 3. SERVICE NUMBER |
| MOORE, Richard L. | | PFC | US 17 702 456 |
| 4. BRANCH OF SERVICE (Include civilian employees) <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER (Specify) | | 5. UNIT DESIGNATION 188th Avn Co | |
| 6. CAUSE OF DEATH (As stated on Death Certificate) Crush injury to Skull and Chest | | 7. PLACE OF DEATH Vietnam | |
| 8. DATE OF DEATH 17 May 67 | 9. DATE OF RECEIPT AT MORTUARY 18 May 67 | 10. DATE OF EMBALMING 18 May 67 | |
| 11. CONDITION OF REMAINS (Prior to embalming) Poor | | 12. HOW IDENTIFIED (Personal recognition, Finger Prints, Identification Tags, etc.) Personnel recognition | |
| 13. TYPE OF CASE <input type="checkbox"/> NORMAL <input type="checkbox"/> AUTOPSID <input checked="" type="checkbox"/> MUTILATED | | 14. PRE-EMBALMING PROCEDURES COMPLETED (Note Items 42e thru 42i) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) | |
| 15. TOTAL OUNCES CONCENTRATED FLUID USED ARTERIAL: 128 CAVITY: 96 | | 16. NAME POINTS OF INJECTION Carotids | |
| 17. AMOUNT HARDENING COMPOUND USED (Lbs) N/A | | 18. AREAS HYPODERMICALLY EMBALMED BB&K | |
| 19. POST-EMBALMING PROCEDURES COMPLETED (Note Items 42j thru 42l) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) | | 20. IF REMAINS PREPARED ON REIMBURSABLE BASIS (Check one) <input type="checkbox"/> CROSS SERVICE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> OTHER (Specify) | |
| 21. SPONSOR (Person, Firm or Agency responsible for reimbursement) | | 22. TOTAL AMOUNT OF REIMBURSEMENT | |
| 23. DATE REIMBURSEMENT EFFECTED (If not effected, state action being taken to effect collection) | | | |
| 24. DATE SHIPPED FROM PREPARING MORTUARY 19 May 67 | 25. METHOD OF SHIPMENT <input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR | | 26. INTERIM DESTINATION |
| 27. PREPARING MORTUARY US Army Mortuary, Vietnam | | 28. LOCATION OF PREPARING MORTUARY APO 96307 | |
| 29. PREPARING EMBALMER (Name) FRANK J. FRATKA | | 30. LICENSE NO. AND STATE TEX 2292 | 31. SIGNATURE OF EMBALMER <i>Frank J. Fratka</i> |
| 32. SUBSEQUENT TREATMENT (Remains will be inspected daily prior to shipment and record of treatment entered here) Remarks: Body received with Post Mortem bruises, On left arm and left side of face, eyes, nose and right hip. Also the face is swollen. A Hexaphene pack was placed on the face to bleach bruises and reduce swelling. | | | |
| 33. SHIPPING PROCEDURES COMPLETED (Note Items 42a thru 42d) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) | | 34. DATE OF DEPARTURE FROM (Or release in) PREPARING COMMAND 19 May 67 | |
| 35. CHECK ONE IF RELEASED IN PREPARING COMMAND (Releases will be fully dressed & cosmetized) <input type="checkbox"/> FOR LOCAL INTERMENT <input type="checkbox"/> PRIVATE COMMERCIAL SHIPMENT | | 36. METHOD OF SHIPMENT IF DEPARTURE FROM COMMAND <input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR | |
| 37. POE DESTINATION (Place of final destination if not to a U.S. Port) | | | |
| 38. MORTUARY OFFICER (Person Responsible for Shipment) <i>FRANK J. FRATKA</i> | | 39. SIGNATURE <i>FRANK J. FRATKA</i> | |

| | | | |
|---|--|---|-------------------------------------|
| 40. PORT OF ENTRY QARB | | 41. DATE RECEIVED AT PORT OF ENTRY 21 May 67 | |
| 42. CHECK APPROPRIATE BLOCK FOR ITEMS LISTED BELOW. IF BLOCK CHECKED INDICATES AN IRREGULAR CONDITION, GIVE REASON FOR SUCH IN EXPLANATION SECTION AT END OF THIS ITEM. (Sub-Items a thru l refer to condition of remains upon receipt) | | YES | NO |
| a | CONDITION OF TRANSFER CASE OR SHIPPING CASE AND CASKET SATISFACTORY | <input checked="" type="checkbox"/> | |
| b | REMAINS PROPERLY WRAPPED | <input checked="" type="checkbox"/> | |
| c | PROPER AMOUNT OF MILDEW PREVENTATIVE ADDED TO CASKET OR TRANSFER CASE | | <input checked="" type="checkbox"/> |
| d | CLOTHING, DECORATIONS AND PERTINENT DOCUMENTS COMPLETE | <input checked="" type="checkbox"/> | See 50 |
| e | BODY BATHED TO PRESENT A CLEAN APPEARANCE | <input checked="" type="checkbox"/> | |
| f | FACE SHAVEN | <input checked="" type="checkbox"/> | |
| g | MUSTACHE, IF ANY, AND HAIRS PROTRUDING FROM EARS AND NOSE TRIMMED | <input checked="" type="checkbox"/> | |
| h | FACIAL FEATURES AND HANDS ARRANGED TO PRESENT A NATURAL APPEARANCE | <input checked="" type="checkbox"/> | |
| i | FINGERNAILS CLEAN AND TRIMMED | <input checked="" type="checkbox"/> | |
| j | ALL ORIFICES, ABRASIONS, MUTILATIONS, AND INCISIONS SEALED TO PREVENT DRAINAGE AND LEAKAGE | <input checked="" type="checkbox"/> | |
| k | REMAINS ADEQUATELY EMBALMED | <input checked="" type="checkbox"/> | |
| l | IDENTIFICATION TAGS WITH REMAINS | | <input checked="" type="checkbox"/> |
| m | IDENTIFICATION TAGS PLACED AROUND NECK OF REMAINS | | <input checked="" type="checkbox"/> |
| n | COSMETICS APPLIED TO PRESENT A NATURAL APPEARANCE TO HANDS AND FACE | <input checked="" type="checkbox"/> | |
| o | EYELIDS, EYEBROWS AND HAIR FREE OF COSMETICS | <input checked="" type="checkbox"/> | |
| p | RESTORATIVE WORK APPEARS NATURAL | | N/A |
| q | PROPER UNDERCLOTHING PLACED ON REMAINS | <input checked="" type="checkbox"/> | |
| r | ENTIRE UNIFORM CLEAN, PRESSED AND SATISFACTORY IN APPEARANCE AND FIT | <input checked="" type="checkbox"/> | |
| s | EPAULET ENDS UNDER COLLAR, TIE IN PLACE, BUTTONS AND BELT PROPERLY FASTENED AND DECORATIONS CORRECTLY PLACED | <input checked="" type="checkbox"/> | |
| t | REMAINS PRESENT AN APPEARANCE OF REPOSE IN CASKET | <input checked="" type="checkbox"/> | |
| u | MUTILATED REMAINS PROPERLY WRAPPED AND SECURED IN POSITION | | N/A |
| v | RECOMMEND THAT FAMILY BE ALLOWED TO VIEW REMAINS | <input checked="" type="checkbox"/> | |
| 43. EXPLANATION OF IRREGULAR CONDITIONS, IF ANY (Refer to Item reference letter) | | | |
| | | | |
| 44. DESCRIBE RESTORATIVE TREATMENT (State reason if features not restored) | | | |
| Cosmetized | | | |
| 45. REMARKS AND RECOMMENDATIONS TO RECEIVING FUNERAL DIRECTOR (Whether remains are viewable or non-viewable, etc.) | | | |
| Viewable | | | |
| 46. COMMENTS TO OVERSEA COMMAND CONCERNING INITIAL EMBALMING (Cite deficiencies, recommendations for corrective action, and/or favorable comments on condition of remains) | | | |
| | | | |
| 46. DATE SHIPPED TO RECEIVING FUNERAL DIRECTOR 23 May 67 QARB | | 47. PORT EMBALMER OR CONTRACT FUNERAL DIRECTOR (Name) Calif. Funeral Home Service | |
| 48. LICENSE NUMBER AND STATE Walter D. Smith 4809 | | 49. SIGNATURE Staurt J. Comer 6339 | |
| 50. REMARKS (Indicate item reference number when applicable) | | | |
| <p>Remains thoroughly examined, ID tag made. Abdominal and cranial cavities reaspirated. Carotid incision packed and sealed. Torso plastic wrapped. Dressed in proper uniform with decorations and gloves furnished by this command.</p> <p>SLIGHT LEAKAGE ANTICIPATED.</p> | | | |

| | | | |
|--|----------------|---|----------------|
| STATEMENT OF RECOGNITION | | | DATE 17 May 67 |
| The remains which I have XXXXXX personally viewed _____ seen photographs of are those of _____ | | | |
| NAME | GRADE | SERVICE NUMBER | ORGANIZATION |
| MOORE, RICHARD L. | PFC E-3 | US 17 702 456 | |
| Recognition is based upon personal acquaintance covering a period of <u>4</u> months. | | | |
| I recognize the remains because of the following (<u>Facial Features</u> , Soars, Birthmark or other unusual features): <div style="text-align: center;">Facial Features</div> | | | |
| TYPED NAME OF PERSON MAKING STATEMENT | | VERIFIED BY (TYPED NAME OF OIC) | |
| HOWARD LISTON | | JOE D. HOOD | |
| GRADE | SERVICE NUMBER | GRADE | |
| WO | US 3101017 | Sp-4 E-4 | |
| ORGANIZATION | | ORGANIZATION | |
| 188th Avn Co | | 483rd Fld Svc Co (GS)(FWD) | |
| SIGNATURE | | SIGNATURE | |
|  | |  | |

ED Form 565, 1 Feb 65 (Local Reproduction Authorized)

| | | | |
|--|-------------------------------|--|-------------------|
| STATEMENT OF RECOGNITION | | | DATE 17 May 67 |
| The remains which I have XXXXXX personally viewed _____ seen photographs of are those of | | | |
| NAME | GRADE | SERVICE NUMBER | ORGANIZATION |
| MOORE, RICHARD L. | PFC E-3 | US 17702456 | 188th Avn Co |
| Recognition is based upon personal acquaintance covering a period of <u>4</u> months. | | | |
| I recognise the remains because of the following (Facial Features, Scars, Birthmark or other unusual features): Facial Features | | | |
| TYPED NAME OF PERSON MAKING STATEMENT FLOYD W. ALLEN | | VERIFIED BY (TYPED NAME OF OIC) EUGENE J. JESSEMY | |
| GRADE S/Sgt | SERVICE NUMBER RA 54045584 | GRADE Sp-4 E-4 | |
| ORGANIZATION 188th Avn Co | | ORGANIZATION 483rd Fld Svc Co (GS)(F/D) | |
| SIGNATURE  | | SIGNATURE  | |

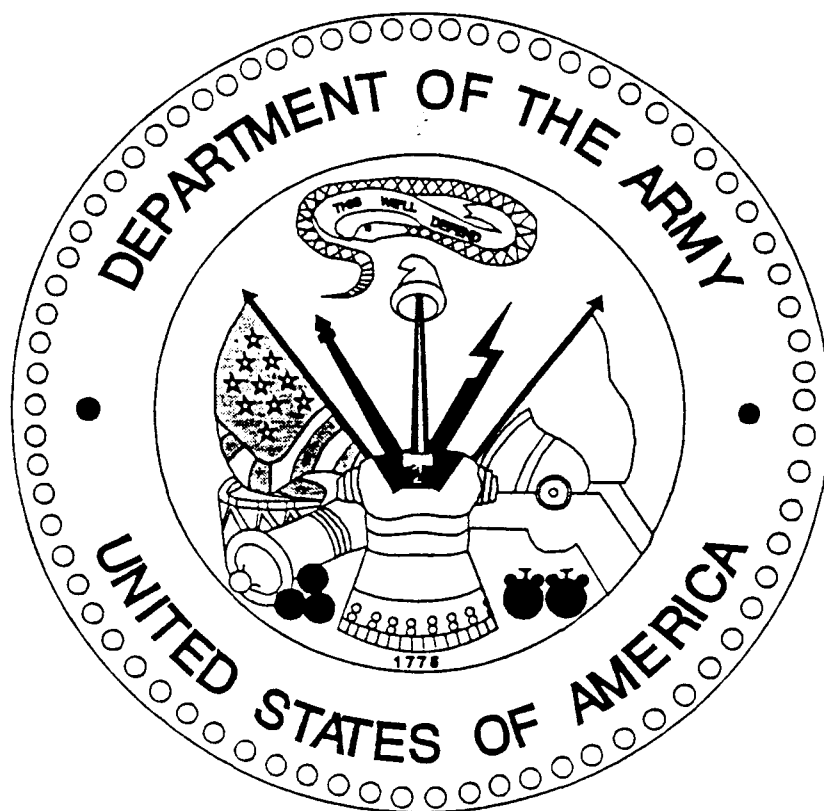
HEADQUARTERS
DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C. 20315

2(C) *WIR*

| | | | |
|--|--|---|--|
| REPORT OF CASUALTY | | REPORT NUMBER AND TYPE A 3141 INTERIM RVN 1239 | DATE PREPARED 1 June 1967 |
| 1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization) MOORE, RICHARD LYNN; US 17 702 456; PFC; AUS; 188TH AVN CO, VIETNAM | | | |
| 2. CASUALTY STATUS <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE DIED on 17 May 1967 in Vietnam as a result of injuries sustained while sitting under ship van resting on dollies and van gave way. Commenced tour in Vietnam 30 April 1967 | | | |
| 3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE 27 July 1946, East St. Louis, Illinois Caucasian; Nazarene | | | |
| 4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 12 August 1966, St. Louis, Missouri Collinsville, Illinois | | | |
| 5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY [REDACTED] E-3 Under 2 years \$121.80 | | | CHECK IF APPLICABLE <input type="checkbox"/> CREW <input type="checkbox"/> NON-CREW |
| 6. DUTY STATUS ACTIVE: ON DUTY | | | |
| 7. INTERESTED PERSONS (Name, Address, Relationship) Mr. Ben Moore, [REDACTED] Collinsville, Illinois. Father 1 Mrs. Bessie Moore, address same as above. Mother 2,3 notified 19 May 1967 DA Form 41 undated | | | |
| 8. REPORT FOR VA TO FOLLOW <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT CG USARV TSN RVN 19 May 1967 | |
| 10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services) 11 166 46 257 LB #166 Edwardsville, Illinois | | | |
| 11. PRIOR SERVICE DATA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| 12. REMARKS Servicemans Group Insurance Data: ELECTION: <input type="checkbox"/> Non Participant <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$10,000 Method of Payment: <input checked="" type="checkbox"/> Lump sum <input type="checkbox"/> 36 Installments Beneficiary Designation: Father. Claim for death benefits mailed, name and address shown above. "For VA: Certification of Basic Pay UP 38 USC 402. NONE. | | | |
| FOOTNOTES: 1 Adult next of kin. 2 Beneficiary for gratuity pay in event there is no surviving wife or child as designated on record of emergency data. 3 Beneficiary for unpaid pay and allowances as designated on record of emergency data. | | | |
| 13. DISTRIBUTION B- V | | 14. BY ORDER OF THE SECRETARY OF THE ARMY: <i>[Signature]</i> Adjutant General | |

DD FORM 1 MAR 60 1300

REPLACES DA FORM 50-1, WHICH IS OBSOLETE.



INDIVIDUAL DECEASED

PERSONNEL FILE

JERRY BECKHAM

JUN 5 1967

EXECUTIVE
ND 9-2-21 B*

Dear Mrs. Midgley:

I was saddened to learn of the death of your son,
Specialist Four Jerry L. ~~X~~Beckham, in Vietnam.

The loss of every American in combat weighs heavily
on me. I am strengthened, however, by the daily
evidence of a courage that will not break, and a
commitment that will not falter, when freedom is at
stake. Your son's example has strengthened our purpose
and brightened our hopes for peace.

Mrs. Johnson and I pray that you will find comfort in
that. We share your sorrow, as we join you in your pride.

Sincerely,

LYNDON B. JOHNSON

~~X~~
Mrs. Dorothy Midgley
7419 East Thirty-Eighth North Street
Tulsa, Oklahoma 74115

LBJ:JDG:pmm - 2

DISPOSITION FORM

(AR 340-15)

REFERENCE OR OFFICE SYMBOL

AGPB-C ()
6336

SUBJECT

Military Casualty in Vietnam as
the Result of Hostile Action

TO Chief of Staff
ATTN: LTC Van R. Baker
Room 3C 715, The Pentagon

FROM TAG

DATE 26 May 67 CMT 1
LTC Gard sch /72066

The following named individual has been reported dead in Vietnam as the result of hostile action:

NAME: SP4 Jerry L. Beckham, US 54 383 346

DATE OF CASUALTY: 19 May 67 *

CIRCUMSTANCES: Indiv was on bunker guard when bunker was hit by
recoilless rifle fire.

NAME AND ADDRESS OF NEXT OF KIN:

Mrs Dorothy Midgley mother
7419 East 38th Street
Tulsa, Oklahoma 74143

ARMY AREA: FOUR

CHILDREN:

NONE (single)

FOR THE ADJUTANT GENERAL:

WILLIAM A. McLELLAN
Colonel, AGC
Executive Officer, TAGO

* EM was previously reported missing on 19 May 67 and reported dead 25 May 67

DA FORM 2496
1 FEB 62

REPLACES DD FORM 98, EXISTING SUPPLIES OF WHICH WILL BE
ISSUED AND USED UNTIL 1 FEB 63 UNLESS SOONER EXHAUSTED.

COPY LBJ LIBRARY

| | |
|--|----------------------------------|
| CARD NUMBER 14142562 | |
| WARNING THIS CARD IS THE PROPERTY OF THE UNITED STATES GOVERNMENT IT IS LOANED TO YOU FOR YOUR INFORMATION ONLY IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM VIOLATION OF THESE TERMS IS A VIOLATION OF FEDERAL LAWS AND MAY BE PUNISHED BY FINE OR IMPRISONMENT | |
| DATE OF ISSUE 5 Mar 66 | DATE OF EXPIRATION 2d Lt, AGC |
| SIGNATURE OF ISSUING OFFICER <i>James E. Smith</i> | |
| HAIR Brown | EYES Blue |
| BLOOD TYPE B+ | HEIGHT 74" |
| DATE OF BIRTH 27 Sep 47 | WEIGHT 150 |
| FINGERPRINTS | |
| LEFT INDEX | RIGHT INDEX |

att

714-02



att

FILE DISP. BR AUG 11 1967

Bay

| | | | |
|--|--|---|---|
| RECORD OF PERSONAL EFFECTS-MILITARY OPERATIONS (See instructions on reverse side) | | PAGE NO 1 | NO OF PAGES 1 |
| 1. NAME (Last, First, Middle Initial) BECKMAN, JERRY L. | 2. GRADE SFA | 3. SERVICE NUMBER US 54 383 325 | |
| 4. ORGANIZATION AND STATION OR APO 188th Avn Co, ARL | 5. STATUS Deceased | 6. DATE OF STATUS 19 May 67 | |
| EFFECTS DATA | | | |
| 7. PLACE OF RECOVERY 188th Avn Co, ARL | 8. DATE OF RECOVERY | | |
| 9. INVENTORY OF EFFECTS | | 10. VERIFICATION OF INVENTORY | |
| QTY | DESCRIPTION | BY COMMAND EFFECTS DEPOT a. | BY CONUS EFFECTS OFFICE b. |
| | | REC'D DISPOSITION | REC'D DISPOSITION |
| 1 | Personal papers | 1 Puffel bag | |
| 1 | Aval bag | 4 Pair fatigue trousers | |
| 1 | Shaving bag | 4 Fatigue shirts | |
| 1 | Laundry | 1 Baseball cap | |
| 3 | Locks | 1 Pair glove shells with inserts | |
| 1 | Knife with sheaths | 1 Field jacket | |
| 12 | Teeshirts | 2 Khaki shirts | |
| 6 | Face cloths | 2 Khaki trousers | |
| 8 | Bath towels | 12 Pair socks | |
| 1 | Pair civ. shoes | 1 Pair low quarters | |
| 1 | Writing tablet | 1 Belt buckle | |
| 1 | Iron-on patch kit | 1 Misc. mil. items | |
| 1 | New Testament | 1 Key | |
| 3 | Civ. shirts | 1 Pair shoe laces | |
| 3 | Civ. trousers | Souvenir money | |
| 2 | Pair swim trunks | //////////LAST ITEM////////// | |
| 3 | Handkerchiefs | | |
| 1 | Cigarette lighter | | |
| 1 | Sheffield watch with broken band | | |
| 1 | Sewing kit | | |
| 11. | | TOTAL FUNDS | |
| | | FUNDS EXCHANGED, CONVERTED, DEPOSITED, ETC (To be completed by Summary Court-Martial or other responsible person) | |
| FUNDS TRANSMITTED WITH EFFECTS | | | |
| a. | | b. | |
| AMOUNT | DESCRIPTION | REC'D | DISPOSITION |
| 240 | Plasters | | US Treasury check will be forwarded at a later date to: Mrs. Dorothy Nigalay, Tulsa, Oklahoma |
| (Attach supplemental sheet for additional items and/or discrepancies) | | | |
| 12. SEAL NO. | 13. EFFECTS SHIPPED TO | 14. DTD (DATE) OF SHIPMENT | |
| | See item 11b | | |
| 15. THE ABOVE INVENTORY OF EFFECTS OF PERSON NAMED IN FORM #1 COMPLETES 070 | | | |
| <input checked="" type="checkbox"/> ALL KNOWN EFFECTS <input type="checkbox"/> ALL KNOWN EFFECTS EXCEPT THOSE REMOVED FROM REMAINS | | | |
| <input type="checkbox"/> ALL KNOWN EFFECTS REMOVED FROM REMAINS <input type="checkbox"/> ADDITIONAL EFFECTS 2D SHIPMENT | | | |
| 16. DATE | TYPED NAME, GRADE AND ORGANIZATION | SIGNATURE | |
| 20 June 67 | George P. ... Summary Court, Pers. Effects Division | George P. ... | |

DEPARTMENT OF THE ARMY
US ARMY MORTUARY, VIETNAM
APO US FORCES 96307


AVCA-SGN-MY

26 June 67
Date

CERTIFICATE OF DESTRUCTION

I certify that the following items belonging to BECKMAN, JERRY L. (Deceased) were found to be worn beyond repair and of obnoxious nature. These items were destroyed by me in accordance with paragraph 21C (2) AR 643-55, dated 2 June 1961.

- 1 Pair shower shoes
- 1 Belt
- 1 Wallet
- 1 Pair combat boots
- 1 Field cap w/flaps
- 1 Pair fatigue trousers
- Misc. cards & papers


ALLISON L. WATTS
CPT, ARMY
Summary Court Pers Eff Div.

DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST LOGISTICAL COMMAND
APO 96307

30 June 1967

Mrs. Dorothy Migeley
[REDACTED]
[REDACTED]

Dear Mrs. Migeley,

Enclosed herewith, please find one (1) U.S. Treasury Check, Number 83,966 dated 23 June 1967 in the amount of \$13.18. These were funds recovered that belonged to your son, SP/4 Gary L. Beckham, US 54 383 346.

Regulations require that i inform you that delivery of this check in itself does not necessarily vest title in you, but that it should be retained or disposed of in accordance with the laws of the state in which your husband was legally domiciled.

If I may be of further assistance, please do not hesitate to write me.

Respectfully,

1 Incl:
1 U.S. Treasury Check

THOMAS L. BOLAND
2LT, ARMOR
Summary Court

US ARMY MORTUARY, RVN
PERSONAL EFFECTS DIVISION
APO 96307

4405-67

AVCA-SGN-MY

23 JUN 67
(Date)

SUBJECT: Receipt for Purchase of US TREASURY CHECK

TO: 10TH FINANCE SECTION (DISBURSING) APO 96307

MRS DOROTHY MICKLEY

(Print Name of Payee)

THOMAS L BOLAND 2LT ARMOR

(Name of Purchaser)

\$ 13.18

(Amount of Check)

US Army Mortuary RVN
USASUPCOM, Saigon

(Address of Purchaser)

[REDACTED]
(Print Address of Payee)

RS

(Initials of Cashier)

Tulsa Oklahoma

(Print City, State & Zip Code)

96307

(APO of Purchaser)

(Signature of CCO)

I certify that the amount indicated above represents the amount of
currency received with the effects of SP4 Jerry L Beckham US 54 383 346

MPC 11.15

Piasters 240 = 2.43

US Currency _____

Thomas L Boland

(Signature of Purchaser)

4405-67

DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST LOGISTICAL COMMAND
APO SAN FRANCISCO, 96307

31 May 1967

Mrs. Dorothy Migeley
[REDACTED]
[REDACTED]

Dear Mrs. Migeley,

Regulations require that, in the event of death of a military member a Summary Court be appointed to secure and insure delivery of the personal effects of the deceased to those entitled to take custody. I have been selected for this assignment with respect to your son, SP4 Gary L. Beckham, US 54 383 346.

In order to confirm information extracted from your son's records, it is requested that you complete the enclosed questionnaire and return it to me in the self-addressed envelope. I shall then arrange for shipment of all personal property received by me.

May I extend my personal sympathy to you and other members of SP4 Beckham's family.

Respectfully,

THOMAS L. ROLAND
2LT, ARMOR
Summary Court

at

The following expenses were incurred at OARB for the remains of the late:

SP4 JERRY L. BECKHAM US 54 383 346

Date of Death 19 May 67

Place of Death Vietnam

Interment Expense\$ 292.00

Payee - Mrs. Dorothy Midgley

Tulsa, Okla.

F. O. Voucher No. - 660107 - 9 Jun 67

Contractual Services:

Delivery \$

Type I Casket Standard \$ 148.00

Type I Casket O/S \$

Type II Casket Standard \$

Type II Casket O/S \$

Type I Casket Standard W/O S/C \$

Type I Casket O/S W/O S/C \$

Other Services \$

Total Contractual Services\$ 148.00

Government Transportation (Pick up)\$ 5.00

Clothing, Decorations, Insignia\$ 68.16

Flag\$ 5.70

Transportation of Remains GEL.E-6972289.....UNITED.....\$ 264.00

Transportation Railhead to Destination\$ 25.00

Allowance for Burial Container\$

Transportation Escort, including TDY\$ 328.99

TOTAL EXPENSE\$ 1136.85

MTW Form 4222

5 Oct 66 - Previous edition may be used.

FILE DISPOSITION ON 8-13-67

| REQUEST FOR PAYMENT OF FUNERAL AND/OR INTERMENT EXPENSES | | Form Approved Budget Bureau No. 22-R229 |
|---|---|---|
| PART I - TO BE COMPLETED BY MILITARY AUTHORITIES | | |
| 1. MILITARY ACTIVITY PREPARING THIS FORM HQ, USA, 8TH AF, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626 | 2. MILITARY ACTIVITY TO WHICH FORM IS TO BE MAILED FOR PAYMENT (Name and Address, Including ZIP Code) HQ, USA, 8TH AF, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626 | |
| 3. DECEDENT (Last Name, First Name, Middle Initial) BECKHAM, GAYL. Jerry L. | 4. GRADE/RANK SPO | 5. SERVICE NUMBER 03 54 383 346 |
| 6. PLACE OF DEATH | | 7. DATE OF DEATH 19 May 67 |
| 8. NAME OF NEXT OF KIN Mrs. Dorothy Midgley, [REDACTED], No., Tulsa, Okla. | | 9. RELATIONSHIP Mother |
| 10. NAME AND ADDRESS OF FUNERAL DIRECTOR AND/OR NAME OF NATIONAL CEMETERY SELECTED BY NEXT OF KIN (Include ZIP Code) Bendricks Funeral Home, 102 No. Birch, Jenks, Okla. | | |
| 11. GOVERNMENT CONTRACT FOR CARE OF REMAINS IN EFFECT AT PLACE OF DEATH (Not applicable to Air Force) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | a. IF YES, ENTER NAME OF CONTRACTING ACTIVITY n/a |
| PART II - TO BE COMPLETED BY NEXT OF KIN (Proper completion will expedite settlement.) <small>COMPLETE ITEMS 12 AND 13. FILL IN EITHER ITEM 14 OR 15. (Do not fill in both.) COMPLETE ITEM 16, IF APPLICABLE.</small> | | |
| 12. CEMETERY, MAUSOLEUM OR OTHER DISPOSITION (Name and Address, Including ZIP Code) MEMORIAL PARK 5131 S MEMORIAL DRIVE TULSA, OKLA. | | 13. DATE OF INTERMENT 31 May 67 |
| 14. TO BE COMPLETED WHEN NEXT OF KIN ARRANGED FOR INTERMENT ONLY (If next of kin arranged for preparation and casketing, leave this item blank and fill in item 15.) | | |
| a. INTERMENT COSTS (Enter total amount paid or incurred for one or more of the following: Cost of grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director - including use of his facilities, and motor service.) | | \$ \$292.00 |
| 15. TO BE COMPLETED WHEN NEXT OF KIN MADE ALL ARRANGEMENTS (Fill in appropriate amounts opposite a, b, c and d.) | | |
| a. REMOVAL, CASKET, PRESERVATION AND RELATED SERVICES | | \$ n/a |
| b. CREMATION AND URN | | \$ n/a |
| c. CLOTHING | | \$ n/a |
| d. INTERMENT COSTS (Enter total amount paid or incurred for items listed in 14 above.) | | \$ n/a |
| 16. TO BE COMPLETED WHEN NEXT OF KIN PAID OR INCURRED COST FOR SHIPMENT OF REMAINS | | |
| a. SHIPPING COST | | \$ n/a |
| b. SHIPPED FROM (Place) n/a | c. SHIPPED TO (Place) n/a | d. MODE OF SHIPMENT <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> HEARSE |
| 17. STATEMENT OF NEXT OF KIN: I HAVE PAID OR INCURRED EXPENSES IN THE AMOUNTS ENTERED IN ITEMS 14, 15, AND OR 16. I DESIRE THAT THE AMOUNT ALLOWABLE BY THE GOVERNMENT BE PAID TO: | | |
| a. NAME (Print or Type) MRS DOROTHY MIDGLEY | | b. DATE June 3, 67 |
| c. ADDRESS (Include ZIP Code) 7419 E 38TH ST, No TULSA OKLA 74115 | | d. SIGNATURE OF NEXT OF KIN |

DD FORM 1375
1 MAY 62

REPLACES DA FORM 10-154 AND NAVMED-1347 (7-59), WHICH ARE OBSOLETE. 7
AND REPLACES AF FORM 549 AND AF FORM 714, WHICH MAY BE USED

| CONDITIC OF REMAINS AND CASKET AT FINA ESTINATION | |
|---|--|
| I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF REMAINS OF THE LATE <div style="text-align: center;"> Jerry SP4 EARL L. BECKHAM US 54 383 346 </div> <div style="text-align: center; font-size: small;">Name of Decedent</div> | |
| THIS <u>29</u> DAY OF <u>May</u> 19 <u>69</u> | |
| CONDITION OF REMAINS <u>Good</u> CONDITION OF CASKET <u>Good</u> CONDITION OF SHIPPING CASE <u>Good</u> | INSTRUCTIONS: EXCELLENT, GOOD OR UNSATISFACTORY If GOOD or UNSATISFACTORY, explain in detail in remarks section, below |
| REMARKS <ol style="list-style-type: none"> 1. slight odor eliminated by placing embalming powder in casket. 2. 2 slight dents - one on handle - one on side of casket 3. damage (broken board) to side | |
| WITNESS (Escort) <u>Joseph F. Wason</u> | CONSIGNEE <u>Don'tricher Funeral Home</u> <u>6. 11. 1969</u> |

CZCFAB095

RFTU JAV RUWMTGH0509 1471259-UUUU--RUEOFAF.

DE RUWPTP 2345 1462358

ZNR UUUUU

R 262238Z MAY 67

FM CG WA MTMTS OAK CALIF

TO RUEOFAF/CHIEF SPTS DA WASHDC

FUEDANA/MORTUARY OFFICER APOE DOVER AFB DOVER DEL

BT

UNCLAS RTW-NEM 5356 FOR SPTS-MD

FOLLOWING TWENTY SIX REMAINS RECD OARB 1030 HRS 26 MAY:

E2 ROBERT C ANDERSON US56497651 PFC CHARLES O REED US53754920

E4 LONNY L SMITH RA12605631 PFC GARY L CARLE US55353081

PFC CARL R STOVAL RA14968469 E5 THOMAS MODISETTE RA18738449

SP4 WALLACE S DWORACZYK US54374267 E4 JAMES L FOREMAN US55843405

PVT JERRY HOUSER RA19095935 1LT KARL F ERB US5530492

E1 JAMES W CARTWRIGHT US56409366 E3 GARY W RITCHEY US51376765

SP4 LARRY A WILLIAMSON US55857934 SP4 LAURENCE N WELK US55350133

PFC CLIFFORD E KELSEY RA16379551 PFC LARRY L REISSIG RA16953069

E3 LELAND THOMPSON RA19757951 E3 ELISEO E TARIN RA18745700

SP4 TERRY M ELSHIRE RA19878900 E3 LESLIE A BELLRICHARD RA56324003

E4 LEONARD A MANGERLIN US55857544 E4 GARY L BECKHAM US54333340

PFC RALPH W BLACKERRY RA16795930 E3 RANDAL A AYLWORTH US54956337

SP4 LEONARD A MORGAN US55895803 SP5 EDWARD A KNOOP RA12314675

BT

FILE

DISPOSITION BRANCH
MEMORIAL DIVISION

Name: 210
Date: 2 June 67

SUMMARY OF ACTION TAKEN

BECKHAM, Jerry L.
NAME OF DECEDENT

SP4
RANK

US 54 383 346
SERVICE NUMBER

19 May 67 RVN
DATE & PLACE

RACE Cau

VERIFIED

RELIGION Protestant

CONGRESSIONAL

 NOK IN COMMAND

DATE ACTION TAKEN

INITIALS OF CLERK

1. CROWN REPORT Received:

22 May 67

baj

2. Remains Reported: ~~XXXXX~~ READY

22 May 67

baj

~~XXXX~~/PUNCH WASTE DETER COVER

3. Initial Action requesting instructions from NOK

25 May 67

bay

4. Disposition Instructions
received from NOK

25 May 67

sp

5. Receipt of Instructions
Acknowledged to NOK

25 May 67

sp

6. Disposition Instructions relayed to
POE & appropriate Army Commander

25 May 67

sp

7. ETD, ETA & Mode of Shipment recd from Overseas command

8. NOK informed of Enroute

9. Date reshipment to final destination recd from POE

 NOK'S CONUS Address furnished TAGO

Date & Clerk Informed

 NOK'S Changed Address Furnished TAGO

☐ SUMMARY COURT INFORMED

DATE

Tracer msg to o/s comd for ETA.

DATE

☐ Person to be kept informed other than NOK

REMARKS: a AWARDS: NDSM, VCM, VSM

FILE

NAME

DATE _____

UNCLASSIFIED

RECEIVED

M

07 MAY 25 18 21

PRIORITY
ROUTINE

CHIEF SPTS DA WASH DC

~~NO FILE~~
DIST. OF WASH.

CGMA MIMTS OAK CALIF

INFO: CO USAR PERSONNEL CENTER OAKLAND CALIF
CG XIX USA CORPS FT CHAFFEE ARK
CGUSARFOUR FT SAN HOUSTON TEXAS

UNCLAS from SPTS-MD 4097 ATTN: Mem Div & AMPCS-TRC

SUBJECT: Shipping Instructions

Ship remains SP4 Gary L. Beckham, US 54 383 346, Army, DOD 54 383 346

19 May 67 (Hostile Action) to Hendricks Funeral Home, 102 North

Birch, Jenks Oklahoma. Decedent Cau male; religion Protestant; NOK

mother, Mrs. Dorothy Midgley, [REDACTED] Tulsa,

Oklahoma. Notify also info adrs. Awards: NDSM, VCM, VSM

Whittingham
54309
Kerscher
77756

Pendleton
77472

X 71402 Beckham, Gary L.

25 1610~
May 67
1 1

Ext 77756

F. J. Kerscher, Chief,
Operations Sec.

OREN WOMACK, Disp. Br.
Memorial Division

UNCLASSIFIED

Returns to Disposition [REDACTED]

MBA020 811A EDT MAY 25 67 SPOC068 (45)AA577 KA831

K TUB537 COLLECT TULSA OKLA 24 922P CDT

DISPOSITION BRANCH MEMORIAL DIVISION

DEPARTMENT OF THE ARMY ANS DT SYWA440 655P WUX MB WASHDC

NAME OF FUNERAL DIRECTOR TO HANDLE REMAINS OF MY SON SP4 JERRY
L BECKHAM IS HENDRICKS FUNERAL HOME 102 NORTH BIRCH JENKS OKLAHOMA

AND BURIAL WILL BE IN MEMORIAL CEMETARY IN TULSA OKLAHOMA

MRS DOROTHY MIDGELEY

(23).

Per Blue Bk

4097

~~FOR OFFICIAL USE ONLY~~

DEPARTMENT OF THE ARMY

STAFF COMMUNICATIONS DIVISION

IMMEDIATE (INFO ADDEES PRIORITY)

O P 240034Z MAY 17 ZFF-1
FM CG USARV TSN RVN
TO RUEOAF/CAS BR DA
INFO RUEPDA/TAG DA
ZEN/CINCUSARPAC
ZEN/COMUSMACV
RUEOAF/CH SPT SVCS DA
RUCIDOA/CH SP CLMS BR STLMTS OPNS FCUSA INDPLS
ZEN/CG 1ST AVN BDE TSN RVN
RUMSTL/CO 269TH AVN BN CCI RVN
ZEN/CO USA MORT TSN
BT
UNCLAS E F T O ~~FOUO~~ AVHAG-CC 35090 A FOR AGPB-C
PROTECTIVE MARKING AUTOMATICALLY REMOVED IAW PARA 19B(2)AR360-5
REF: MY UNCLAS 34480 DTG211430Z MAY 67(PUNCH REPT NO 688)
ETHER REPT NO 6786 RPT NO 6786
A. BECKHAM ~~REPT L~~
B. US 54 383 346 RPT US 54 383 346
C. SP4 E4 NOT OFFICIALLY RECM FOR PROMOTION PL89-622(NO)

I. BP: 121.80 ADD PAY: POWER, FORGE BPED: 4 MAR 66
SGLI-TEN-NO OPT-MOTHER TIME LOST UCMJ: NONE
J. WOUNDS METAL FRAGS ENTIRE BODY
K. READY ✓
L. 28 APR 67
M DMOS: 45J20 AWDS NDSM VCM VSM
N NA
O BAPTIST
DOB: 27 SEP 47
BT

NOTE: REF IS NOT IDENTIFIED

ACTION: TAG
DISTR : OCOFSA, OSA, DCSPER, CINFO, CLL, COPO, COFSPTS
DA IN 203540

~~FOR OFFICIAL USE ONLY~~

| | | | | | | | |
|--|-----------------------------|--|---|--|-------------------|--|--|
| Standard Form 1034-a 7 GAO 5000 1034-114-05 | | PL IC VOUCHER FOR PURCHASES ID SERVICES OTHER THAN PERSONAL | | | | VOUCHER NO. 660107 | |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY OAKLAND ARMY BASE, WAMTMS OAKLAND, CALIF. 94626 | | | | DATE VOUCHER PREPARED 6-8-67 hlp | | SCHEDULE NO. PAID BY 37N 5066 9 JUN 1967 Finance & Accounting Office, WAMTMS Oakland Army Base Oakland, Calif. DATE INVOICE RECEIVED 11P. | |
| | | | | CONTRACT NUMBER AND DATE | | | |
| | | | | REQUISITION NUMBER AND DATE | | | |
| PAYEE'S NAME AND ADDRESS <div style="text-align: center;"> MRS. DOROTHY MIDDLEY <div style="background-color: black; width: 100px; height: 1em; margin: 2px 0;"></div> TULSA, OKLA. </div> <div style="position: absolute; top: 20px; right: 20px; border: 1px solid black; padding: 2px;"> FORWARDED TO: PERSONAL DIV. SO. OARB </div> | | | | DISCOUNT TERMS | | | |
| | | | | PAYEE'S ACCOUNT NUMBER | | | |
| | | | | GOVERNMENT B/L NUMBER | | | |
| | | | | SHIPPED FROM | | TO | |
| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small> | QUANTITY | UNIT PRICE COST PER | AMOUNT | | |
| | | PAYMENT OF AUTHORIZED INTERMENT ALLOWANCE: BECKHAM, JERRY L. SPL US 54 383 346 | | | 292.00 | | |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below) | | | | | TOTAL | | |
| PAYMENT: <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE | | | DIFFERENCES | | 292.00 | | |
| | | | Amount verified; correct for (Signature or initials) | | | | |
| 6-8-67 MEMORANDUM | | | | | | | |
| ACCOUNTING CLASSIFICATION | | | | | | | |
| 2172020 32-22 P25 P2530-25 S99999 F1 L2 292.00 | | | | | | | |
| PAID BY | CHECK NUMBER | | ON TREASURER OF THE UNITED STATES | | CHECK NUMBER | | |
| | CASH | | DATE | | ON (Name of bank) | | |
| | \$ | | | | | | |

| DOMESTIC SERVICE | |
|--|-------------------------------------|
| Check the class of service desired; otherwise this message will be sent as a fast telegram | |
| TELEGRAM | <input checked="" type="checkbox"/> |
| DAY LETTER | <input type="checkbox"/> |
| NIGHT LETTER | <input type="checkbox"/> |

WESTERN UNION TELEGRAM

W. P. MARSHALL
CHAIRMAN OF THE BOARD

R. W. MCFALL
PRESIDENT

| INTERNATIONAL SERVICE | |
|---|--------------------------|
| Check the class of service desired; otherwise the message will be sent at the full rate | |
| FULL RATE | <input type="checkbox"/> |
| LETTER TELEGRAM | <input type="checkbox"/> |
| SHORE SHIP | <input type="checkbox"/> |

| NO. WDS.-CL. OF SVC. | PD OR COLL. | CASH NO. | CHARGE TO THE ACCOUNT OF | TIME FILED |
|----------------------|-------------|----------|---------------------------------|------------|
| | | | SPT MEM DIV DISP BR(DA) F-HT 4/ | |

Send the following message, subject to the terms on back hereof, which are hereby agreed to

MRS. DOROTHY MIDGLEY

24 May 67

This concerns your son SP4 Jerry L. ~~Beck~~ Beckham. The Army will return your loved one to a port in the United States by first available military airlift. At the port remains will be placed in a metal casket and delivered (accompanied by a military escort) by most expeditious means to any funeral director designated by the next of kin or to any national cemetery in which there is available grave space. You will be advised by the United States port concerning the movement and arrival time at destination.

Forms on which to claim authorized interment allowance will accompany remains. This allowance may not exceed \$75 if consignment is made directly to the superintendent of a national cemetery. When consignment is made to a funeral director prior to interment in a national cemetery, the maximum allowance is \$150; if burial takes place in a civilian cemetery, the maximum allowance is \$300.

Request next of kin advise by collect telegram addressed: Disposition Branch, Memorial Division, Department of the Army WUX MB, Washington, D. C., name and address of funeral director or name of national cemetery selected.

If additional information concerning return of remains is needed you may call collect AREA CODE 202, OXFORD ~~22156~~ 70736.

DISPOSITION BRANCH MEMORIAL DIVISION DEPARTMENT OF ARMY WUX MB

BECKHAM, Jerry L.
US 54 383 346

MSG #1 (Initial)
Oct 1966
WU1211(R2-66)

HOUR: _____ REL AUTH: OREN WOMACK

| PERSONAL NOTIFICATION OF PRIMARY NEXT OF KIN | | CASUALTY CODE AND REPORT NUMBER ETHER 6786 (Prev PUNCH 6588) | |
|--|--|---|---|
| SECTION I - CASUALTY INFORMATION | | | |
| 1 | a. NAME (Last - First - Middle Initial) BECKHAM, Jerry Lee | b. GRADE (and Br for Off) SP4 E-4 | c. SERVICE NUMBER US 54 383 346 |
| | d. RELIGION Prot | | |
| | e. ORGANIZATION 188th Avn Co APO SF 96268 | f. RACE Cau | |
| | a. PRIMARY NEXT OF KIN Mrs Dorothy Midgley | b. RELATIONSHIP Mother | |
| 2 | c. ADDRESS (Include Zip Code) Tulsa, Oklahoma 74145 | | |
| | d. RELOCATION OF PRIMARY NEXT OF KIN | | |
| | a. PLACE MISSING OR DEAD RVN | b. DATE 19 May 67 | c. TIME 2127 |
| | d. STATUS OF REMAINS Ready | | |
| 3 | e. CIRCUMSTANCES (Explain) Indiv died as result of wounds received in the incident previously reported to you. | | |
| ADDITIONAL INFORMATION TO BE OBTAINED | | | |
| 4 | a. <input type="checkbox"/> CUSTODY | | |
| | b. <input type="checkbox"/> MARITAL STATUS | | |
| | c. <input type="checkbox"/> ADDRESS OF: | | |
| | d. <input type="checkbox"/> OTHER: | | |
| 5 | a. ORIGINATOR RVN | b. RECEIVED BY PNU | c. TIME 0858 |
| | | | d. DATE 24 May 67 |
| SECTION II - NOTIFICATION ACTIONS | | | |
| | ACTION | NAMES OF PERSONS PASSING AND RECEIVING THE ACTION (and msg No.) | ZULU TIME |
| 6 | ITEMS 1 THROUGH 4 PASSED FOR NOTIFICATION ACTION TO HQ: 4A | G Wilson / Lamont | 1450 |
| 7 | PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY | McChesney | 1540 |
| 8 | COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY BRANCH OR ORIGINATOR | G Wilson / Lamont | 1625 |
| 9 | CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN | | |
| 10 | WESTERN UNION MESSAGE DISPATCHED TO SECONDARY NEXT OF KIN | | |
| 11 | DEATH GRATUITY PAYMENT MESSAGE DISPATCHED TO SURVIVOR ASSISTANCE OFFICER BY | | |
| 12 | DATA ENTERED ON INFORMATION MESSAGE NO. BY DA CASUALTY BRANCH | | |
| 13 | a. SURVIVOR ASSISTANCE OFFICER | b. ADDRESS | |
| 14 | a. INDIVIDUAL (has) (has not) BEEN POSTHUMOUSLY PROMOTED TO WITH EFFECTIVE DATE AND DATE OF COMMISSION | | |
| | b. RECEIVED FROM | c. RECEIVED BY | d. TIME e. DATE |

| PERSONAL NOTIFICATION OF PRIMARY NEXT OF KIN | | | | CASUALTY CODE AND REPORT NUMBER | |
|--|--|---|-------------------|---------------------------------|--|
| SECTION I - CASUALTY INFORMATION | | | | | |
| 1 | a. NAME (Last - First - Middle Initial) | b. GRADE (and Br for Off) | c. SERVICE NUMBER | d. RELIGION | |
| | BECKham, Jerry Lee | Sgt EH | US 54 383 346 | Prot | |
| | e. ORGANIZATION | f. RACE | | | |
| | 188 Avn Co 96268 | Cau | | | |
| 2 | a. PRIMARY NEXT OF KIN | b. RELATIONSHIP | | | |
| | Mrs Dorothy Midgley | M | | | |
| | c. ADDRESS (Include Zip Code) | | | | |
| | Tulsa OKla 74145 | | | | |
| | d. RELOCATION OF PRIMARY NEXT OF KIN | | | | |
| | | | | | |
| 3 | a. PLACE MISSING OR DEAD | b. DATE | c. TIME | d. STATUS OF REMAINS | |
| | RVN | 19 May | 2127 | N/A | |
| | e. CIRCUMSTANCES (Explain) | | | | |
| | HOSTILE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | | | | |
| | dndr last seen as bunker guard when bunker was hit by RR fire | | | | |
| ADDITIONAL INFORMATION TO BE OBTAINED | | | | | |
| 4 | a. <input type="checkbox"/> CUSTODY | | | | |
| | b. <input type="checkbox"/> MARITAL STATUS | | | | |
| | c. <input type="checkbox"/> ADDRESS OF: | | | | |
| | d. <input type="checkbox"/> OTHER: | | | | |
| 5 | a. ORIGINATOR | b. RECEIVED BY | c. TIME | d. DATE | |
| | CGUSARV | PRVU | 0107 | 22 May | |
| SECTION II - NOTIFICATION ACTIONS | | | | | |
| | ACTION | NAMES OF PERSONS PASSING AND RECEIVING THE ACTION (and msg No.) | ZULU TIME | ZULU DAT | |
| 6 | ITEMS 1 THROUGH 4 PASSED FOR NOTIFICATION ACTION TO HQ: 4A | Sgt Dupont / Sp Fisher | 0840 | 22 May | |
| 7 | PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY | SFC Abernathy | 1130 | 22 May | |
| 8 | COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY BRANCH OR ORIGINATOR | Sgt Dupont & Mr Jones | 1210Z | 22 May | |
| 9 | CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN | | | | |
| 10 | WESTERN UNION MESSAGE DISPATCHED TO SECONDARY NEXT OF KIN | | | | |
| 11 | DEATH GRATUITY PAYMENT MESSAGE DISPATCHED TO SURVIVOR ASSISTANCE OFFICER BY | | | | |
| 12 | DATA ENTERED ON INFORMATION MESSAGE NO. BY DA CASUALTY BRANCH | | | | |
| 13 | a. SURVIVOR ASSISTANCE OFFICER | b. ADDRESS | | | |
| | | | | | |
| 14 | a. INDIVIDUAL (has) (has not) BEEN POSTHUMOUSLY PROMOTED TO WITH EFFECTIVE DATE AND DATE OF COMMISSION | | | | |
| | | | | | |
| | b. RECEIVED FROM | c. RECEIVED BY | d. TIME | e. DATE | |
| | | | | | |

DA FORM 41 (REVISED EDITION OF FORM 41-1) MAY 1964 EDITION
1 OCT 64
RECORD OF EMERGENCY DATA
SEE 54-497

1. 27 Sep 47 Tulsa, Okla.
2. 4-Mar-66
3. [REDACTED] Tulsa, Okla.
4. 34-74-47-215 LB # 74, Tulsa, Okla
5. None 4-Mar-66
6. [REDACTED] Protestant.
7. a. Single
8. b. DECEASED
9. c. DOROTHY MCGLEY, [REDACTED] Tulsa, Okla.
10. d. None

1
2 DOBSONYI WILLY, 7419 E. 36th St., Tulsa, Okla., 1903
3 DOBSONYI WILLY, -do-, 1903
4 DOBSONYI WILLY, -do-, 1903
5 NAME
6 NAME
7 NAME

[illegible]

R. Lee F. B. Co.
 J. P. D. L. Co.
 ORIGINAL - Carbon copy, 10% of the original
 DUPLICATE - Yellow paper, 10% of the original

CZCFAA99Z

BT

OTL JAN RUEOESA2378 141000Z-EEEE--RUEOAF.

ZNY EEEEE

DE RUMSVA 5100 141144Z

ZNY EEEEE

O P 211430Z MAY 67 ZFF-1

FM CG USARV ISN RVN

TO RUEOAF/CAS BR DA

INFO RUEPDA/CINCUSARPAC

ZEN/COMUSMACV

RUEOAF/CH SPT SVC DA

RUCIDRA/CH SPHYLMS BR STLNTS OPNS FOUSA INDPLS IND

ZEN/CG 1ST AVN BDE TSN RVN

RUMSTL/CO 239TH AVN BN CCI RVN

ZEN/CO USA MORT TSN RVN

BT

UNCLAS E F T O FOUC AVHAG-CC 34400 DA FOR AGPB-C

PROTECTIVE MARKING AUTOMATICALLY REMOVED IAW PARA 193 (2)AR360-2

PUNCH REPT NO 6588, REPEAT, NO 6588 (MISSING IN ACTION)

A. BECKHAM, *James L.*

B. US 54 383 346, REPEAT, US 54 383 346

C. SP4 E-4 NOT OFFICIALLY RECM FOR PROMOTION. PL 89-622 (NO)

D. 19 MAY 67 AT 2127 HRS, REPEAT, 19 MAY 67 AT 2127 HRS

E. INDIV LAST SEEN AS BUNKER GUARDED VIC COORD: LT 490 470, RVN

PAGE 2 RUMSVA 5100 UNCLAS E F T O FOUC

WHEN BUNKER WAS HIT BY RR FIRE FROM UNK SOURCE. STATUS IS THE
RESULT OF HOSTILE ACTION. SEARCH IN PROGRESS.

F. CAU

A990
gr
OS
f

PUNCH

USARV

CHIEF

22 May 67
Bay

| | | | |
|---|--|--|----|
| 40. PORT OF ENTRY <div style="text-align: center;">OARB</div> | | 41. DATE RECEIVED AT PORT OF ENTRY <div style="text-align: center;">26 May 67</div> | |
| 42. CHECK APPROPRIATE BLOCK FOR ITEMS LISTED BELOW. IF BLOCK CHECKED INDICATES AN IRREGULAR CONDITION, GIVE REASON FOR SUCH IN EXPLANATION SECTION AT END OF THIS ITEM. (Sub-Items a thru l refer to condition of remains upon receipt) | | YES | NO |
| a | CONDITION OF TRANSFER CASE OR SHIPPING CASE AND CASKET SATISFACTORY | x | |
| b | REMAINS PROPERLY WRAPPED | x | |
| c | PROPER AMOUNT OF MILDEW PREVENTATIVE ADDED TO CASKET OR TRANSFER CASE | | x |
| d | CLOTHING, DECORATIONS AND PERTINENT DOCUMENTS COMPLETE | x | |
| e | BODY BATHED TO PRESENT A CLEAN APPEARANCE | x | |
| f | FACE SHAVEN | x | |
| g | MUSTACHE, IF ANY, AND HAIRS PROTRUDING FROM EARS AND NOSE TRIMMED | x | |
| h | FACIAL FEATURES AND HANDS ARRANGED TO PRESENT A NATURAL APPEARANCE | See #50 | |
| i | FINGERNAILS, CLEAN AND TRIMMED | x | |
| j | ALL ORIFICES, ABRASIONS, MUTILATIONS, AND INCISIONS SEALED TO PREVENT DRAINAGE AND LEAKAGE | x | |
| k | REMAINS ADEQUATELY EMBALMED | x | |
| l | IDENTIFICATION TAGS WITH REMAINS | | x |
| m | IDENTIFICATION TAGS PLACED AROUND NECK OF REMAINS | See #50 | |
| n | COSMETICS APPLIED TO PRESENT A NATURAL APPEARANCE TO HANDS AND FACE | See #50 | |
| o | EYELIDS, EYEBROWS AND HAIR FREE OF COSMETICS | See #50 | |
| p | RESTORATIVE WORK APPEARS NATURAL | See #50 | |
| q | PROPER UNDERCLOTHING PLACED ON REMAINS | x | |
| r | ENTIRE UNIFORM CLEAN, PRESSED AND SATISFACTORY IN APPEARANCE AND FIT | x | |
| s | EPAULET ENDS UNDER COLLAR, TIE IN PLACE, BUTTONS AND BELT PROPERLY FASTENED AND DECORATIONS CORRECTLY PLACED | x | |
| t | REMAINS PRESENT AN APPEARANCE OF REPOSE IN CASKET | x | |
| u | MUTILATED REMAINS PROPERLY WRAPPED AND SECURED IN POSITION | x | |
| v | RECOMMEND THAT FAMILY BE ALLOWED TO VIEW REMAINS | | x |
| EXPLANATION OF IRREGULAR CONDITIONS, IF ANY (Refer to Item reference letter) | | | |
| 43. DESCRIBE RESTORATIVE TREATMENT (State reason if features not restored) | | | |
| None | | | |
| 44. REMARKS AND RECOMMENDATIONS TO RECEIVING FUNERAL DIRECTOR (Whether remains are viewable or non-viewable, etc.) | | | |
| NON-VIEWABLE | | | |
| 45. COMMENTS TO OVERSEA COMMAND CONCERNING INITIAL EMBALMING (Cite deficiencies, recommendations for corrective action, and/or favorable comments on condition of remains) | | | |
| 46. DATE SHIPPED TO RECEIVING FUNERAL DIRECTOR 28 May 67 | | 47. PORT EMBALMER OR CONTRACT FUNERAL DIRECTOR (Name) California Funeral Service | |
| 48. LICENSE NUMBER AND STATE John H. Mahar 3054 | | 49. SIGNATURE Jerry Vanderhule 4967 | |
| 50. REMARKS (Indicate item reference number when applicable) | | | |
| <p>Remains thoroughly examined. ID tag made. Placed in plastic with cotton and compound, wrapped in sheet and blanket, placed in plastic pouch. Proper uniform with decorations furnished by this command.</p> <p>NON-VIEWABLE TAG ON CASKET.</p> | | | |

INSTRUCTIONS AND DISTRIBUTION

1. USE: This form will be completed for remains prepared in Department of Army Mortuaries or in contract mortuaries overseas.

2. COMPLETION OF ITEMS: Item 32 will be completed by the preparing and central mortuary when applicable. Item 50 will be completed by all concerned when applicable, or when additional space is required for answering other items. Item 45 will be omitted on copy furnished the receiving funeral director.

a. PREPARING MORTUARY:

(1) Prepares original and 6 copies (7 when applicable - See Note) and completes Items 1 thru 31. Retains copy and forwards original and 4 copies (or 5) to central mortuary. Forwards 1 copy by Air Mail to Chief of Support Services, ATTN: Memorial Division, at the time remains are shipped to central mortuary or released for local burial.

(2) When remains are shipped directly to POE, preparing mortuary prepares original and 5 copies (or 6), completing Items 1 thru 39. Retains one copy and forwards 1 copy by Air Mail to the Chief of Support Services, ATTN: Memorial Division and forwards remainder to POE.

b. CENTRAL MORTUARY:

(1) When receiving remains from preparing mortuary, completes Items 32 thru 39 on original and 4 copies (or 5). Retains one copy and forwards remaining to POE.

(2) When remains are initially prepared in central mortuary, same procedure applies as in Item a(2) above.

c. PORT OF ENTRY:

(1) Completes Items 40 thru 49 on original and 3 copies (or 4). Leaves Item 45 blank on copy for receiving Funeral Director.

(2) Retains one copy.

(3) Forwards copy with remains to receiving Funeral Director.

(4) Forwards copy to Office of The Chief of Support Services, ATTN: Memorial Division.

(5) Returns original to oversea command.

NOTE: Additional distribution to be made by port of entry or by overseas mortuary for burial overseas:

COPY TO: Air Materiel Command, Wright Patterson Air Force Base, Ohio, 45433 (for Air Force Personnel)*

COPY TO: Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C., 20390 (for Navy, Marine and MSTs Personnel)*

*Distribution to be made by installation making last entry on form.

| | | | |
|---|--|--|----------------------------------|
| 1. REMAINS OF (Last Name - First Name - Middle Initial) BECKHA, JERRY L. JERRY L. | | 2. GRADE SP4 | 3. SERVICE NUMBER US 54383346 |
| 4. BRANCH OF SERVICE (Include civilian employees) <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER (Specify) | | 5. UNIT DESIGNATION 603rd, Transportation Detachment | |
| 6. CAUSE OF DEATH (As stated on Death Certificate) Multiple fragment wounds from recoilless rifle | | 7. PLACE OF DEATH Vietnam | |
| 8. DATE OF DEATH 19 May 67 | 9. DATE OF RECEIPT AT MORTUARY 20 May 67 | 10. DATE OF EMBALMING 23 May 67 | |
| 11. CONDITION OF REMAINS (Prior to embalming) Very Bad | | 12. HOW IDENTIFIED (Personal recognition, Finger Prints, Identification Tags, etc.) I.D. Procedures | |
| 13. TYPE OF CASE <input type="checkbox"/> NORMAL <input type="checkbox"/> AUTOPSIED <input checked="" type="checkbox"/> MUTILATED | | 14. PRE-EMBALMING PROCEDURES COMPLETED (Note Items 42e thru 42i) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) | |
| 15. TOTAL OUNCES CONCENTRATED FLUID USED ARTERIAL: N/A CAVITY: 96 | | 16. NAME POINTS OF INJECTION N/A | |
| 17. AMOUNT HARDENING COMPOUND USED (Lbs) 30 | | 18. AREAS HYPODERMICALLY EMBALMED ENTIRE REMAINS | |
| 19. POST-EMBALMING PROCEDURES COMPLETED (Note Items 42j thru 42l) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) | | 20. IF REMAINS PREPARED ON REIMBURSABLE BASIS (Check one) <input type="checkbox"/> CROSS SERVICE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> OTHER (Specify) | |
| 21. SPONSOR (Person, Firm or Agency responsible for reimbursement) | | 22. TOTAL AMOUNT OF REIMBURSEMENT | |
| 23. DATE REIMBURSEMENT EFFECTED (If not effected, state action being taken to effect collection) | | | |
| 24. DATE SHIPPED FROM PREPARING MORTUARY 24 May 67 | 25. METHOD OF SHIPMENT <input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR | 26. INTERIM DESTINATION | |
| 27. PREPARING MORTUARY US Army Mortuary Vietnam | | 28. LOCATION OF PREPARING MORTUARY APO 96307 | |
| 29. PREPARING EMBALMER (Name) CHESTER L. KRATZER | 30. LICENSE NO. AND STATE NEB 1986 | 31. SIGNATURE OF EMBALMER <i>Chester Kratzer</i> | |
| 32. SUBSEQUENT TREATMENT (Remains will be inspected daily prior to shipment and record of treatment entered here) REMARKS: Remains completely dismembered and torso very badly mutilated; in advance decomposition stage, placed in cavity fluid bath 12 hours prior to packing. | | | |
| 33. SHIPPING PROCEDURES COMPLETED (Note Items 42a thru 42d) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) | | 34. DATE OF DEPARTURE FROM (Or release in) PREPARING COMMAND 24 May 67 | |
| 35. CHECK ONE IF RELEASED IN PREPARING COMMAND (Releases will be fully dressed & cosmetized) <input type="checkbox"/> FOR LOCAL INTERMENT <input type="checkbox"/> PRIVATE COMMERCIAL SHIPMENT | | 36. METHOD OF SHIPMENT IF DEPARTURE FROM COMMAND <input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR | |
| 37. POE DESTINATION (Place of final destination if not to a U.S. Port) Travis AFB, CALIF | | | |
| 38. MORTUARY OFFICER (or Person Responsible for Shipment) | | 39. SIGNATURE <i>[Signature]</i> | |




FILE DISPOSITION BR. JUN 12 1967

| 4405-67 CERTIFICATE OF DEATH (OVERSEAS) (AR 638-40) 20-1-67 | | | | | |
|--|--|---|---|--|-------------------------------------|
| NAME OF DECEASED (Last, First, Middle) Beckham, John L. <i>John L.</i> | | GRADE E-4 | BRANCH OF SERVICE USA | SERVICE NUMBER US54383346 | |
| ORGANIZATION 603d Transportation Detachment (CHEM) | | DATE OF BIRTH 27 Sept 47 | | SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| COLOR OR RACE <input checked="" type="checkbox"/> WHITE | | MARITAL STATUS <input checked="" type="checkbox"/> SINGLE | | RELIGION <input checked="" type="checkbox"/> PROTESTANT | |
| <input type="checkbox"/> NEGRO | | <input type="checkbox"/> MARRIED | | <input type="checkbox"/> CATHOLIC | |
| <input type="checkbox"/> OTHER (Specify) | | <input type="checkbox"/> WIDOWED | | <input type="checkbox"/> JEWISH | |
| NAME OF NEXT OF KIN Dorothy Midgeley | | | RELATIONSHIP TO DECEASED Mother | | |
| STREET ADDRESS [REDACTED] | | | CITY OR TOWN AND STATE Tulsa, Oklahoma | | |
| MEDICAL STATEMENT | | | | | |
| CAUSE OF DEATH (Enter only one cause per line) | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ | | Multiple fragment wounds from recoilless rifle round. | | | Immediate |
| ANTECEDENT CAUSES | MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE | | | | |
| | UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE | | | | |
| OTHER SIGNIFICANT CONDITIONS ² | | | | | |
| MODE OF DEATH | AUTOPSY PERFORMED | MAJOR FINDINGS OF AUTOPSY | | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES | |
| <input type="checkbox"/> NATURAL | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | Death due to Hostile Action | |
| <input type="checkbox"/> ACCIDENT | | | | | |
| <input type="checkbox"/> SUICIDE | | | | | |
| <input checked="" type="checkbox"/> HOMICIDE | | | | | |
| DATE OF DEATH (Hour, day, month, year) 2045 19 May 1967 | | PLACE OF DEATH RVN, Dau Tieng, Coordinates XT493472 | | | |
| I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. | | | | | |
| NAME OF MEDICAL OFFICER William E. Atlas, Jr. | | | | TITLE OR DEGREE Capt, MC/ANO | |
| GRADE Capt | SERVICE NUMBER 02320686 | INSTALLATION OR ADDRESS 188th Avn Co (AML) APO San Francisco 96268 | | | |
| DATE 20 May 1967 | | SIGNATURE <i>William E. Atlas Jr.</i> | | | |
| DISPOSITION OF REMAINS | | | | | |
| NAME OF MORTICIAN PREPARING REMAINS CHESTER L. KRATZER | | GRADE GS 9 | LICENSE NUMBER | STATE NEB | OTHER 1986 |
| INSTALLATION OR ADDRESS US Army Mortuary Vietnam APO 96307 | | DATE 23 May 67 | SIGNATURE <i>Chester L. Kratzer</i> | | |
| NAME OF CEMETERY OR CREMATORY | | | LOCATION OF CEMETERY OR CREMATORY | | |
| TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) | | | | | DATE OF DISPOSITION |
| REGISTRATION OF VITAL STATISTICS | | | | | |
| REGISTRY (Town and Country) | | DATE REGISTERED | FILE NUMBER | STATE | OTHER |
| NAME OF FUNERAL DIRECTOR | | ADDRESS | | | |
| SIGNATURE OF AUTHORIZED INDIVIDUAL | | | | | |

¹State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
²State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 10-249
1 APR 59

PPC-Ja1

| RECORD OF IDENTIFICATION PROCESSING ANATOMICAL CHART | | | | | | | |
|---|--|--|--|--|--|-------------------------------------|--|
| 4405-67 LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number) | | | | GRADE SP14 | | SERVICE NUMBER 54 983 346 | |
| PECKHAM, JAMES L. NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO. | | | | PLOT 11 | | ROW 11 | |
| 11 GRAVE 11 | | | | ESTIMATED AGE (Yrs) 34 | | ESTIMATED HEIGHT 5'6" | |
| BLACK OUT PORTIONS NOT RECOVERED | | | | | | | |
| RIGHT  ANTERIOR | | | | LEFT LEFT  POSTERIOR | | | |
| CONDITION OF REMAINS (Check pertinent blocks) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> SEMI-SKELETAL </div> <div> <input type="checkbox"/> FLESH COVERED </div> <div> <input type="checkbox"/> INTACT </div> <div> <input checked="" type="checkbox"/> DECOMPOSED </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> BURNED (Degree: <input type="checkbox"/> 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d) </div> </div> | | | | | | | |
| REMARKS (Continue on reverse if additional space is required) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>RACE - CAUC</p> <p>TABLE MEASUREMENT - UTD</p> <p>BODY MARKINGS - SEE ABOVE</p> <p>ID TAGS - NONE</p> <p>ID CARD - NONE</p> <p>CLOTHING - NONE</p> </div> <div style="width: 35%; text-align: right;"> <p><i>Both hands finger printed.</i></p> </div> </div> | | | | | | | |
| NAME OF PREPARING OFFICIAL (Print or type) M. J. Bouffie | | | | SIGNATURE  | | | |

| 4405-67 RECORD OF IDENTIFICATION PROCESSING DENTAL CHART | | | | | | | | | | | | | | | | | | | |
|---|--------------|--|---|---------------------|---|---|---|-----------------------------|---|---|--|---------------------------|----------------|----|-------|-------|--------------|--------------|--|
| LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number) | | | | | | | | | | | GRADE | | SERVICE NUMBER | | | | | | |
| BECKHAM <i>James L.</i> | | | | | | | | | | | E-4 | | 5438346 | | | | | | |
| NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER | | | | | | | | | | | PLOT | | ROW | | GRAVE | | | | |
| MARKING ABBREVIATIONS: F-Facial O-Occlusal D-Distal AM-Amalgam -Fill-Filling Porc-Porcelain Back-Backing L-Lingual M-Mesial I-Incisor CR-Crown Plas-Plastic Sil-Silicate Fac-Facing | | | | | | | | | | | | | | | | | | | |
| CRIES | RESTORATIONS | | | | | | | | | | | | | | | CRIES | RESTORATIONS | | |
| | | <i>unrupted</i> F <i>MISSING</i> <i>restored</i> | | | | | | | | | | | | | | | | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | |
| UPPER RIGHT | | | | | | | | | | | | | | | | | | UPPER LEFT | |
| LOWER RIGHT | | | | | | | | | | | | | | | | | | LOWER LEFT | |
| RESTORATIONS | | <i>EXT</i> <i>EXT</i> <i>EXT</i> <i>EXT</i> <i>EXT</i> <i>EXT</i> <i>EXT</i> <i>EXT</i> <i>EXT</i> <i>EXT</i> <i>EXT</i> <i>EXT</i> <i>EXT</i> <i>EXT</i> <i>EXT</i> <i>EXT</i> <i>EXT</i> | | | | | | | | | | | | | | | | RESTORATIONS | |
| CRIES | | <i>5mm</i> <i>5mm</i> <i>5mm</i> <i>5mm</i> <i>5mm</i> <i>5mm</i> <i>5mm</i> <i>5mm</i> <i>5mm</i> <i>5mm</i> <i>5mm</i> <i>5mm</i> <i>5mm</i> <i>5mm</i> <i>5mm</i> <i>5mm</i> <i>5mm</i> | | | | | | | | | | | | | | | | CRIES | |
| THE FOLLOWING CONDITIONS WILL BE INDICATED IF PRESENT (Describe in detail in Remarks section) | | | | | | | | | | | | | | | | | | | |
| MOTTLED ENAMEL | | | | ROTATION | | | | FRACTURED ENAMEL | | | | IRREGULARITY OF ALIGNMENT | | | | | | | |
| ENAMEL HYPOPLASIA | | | | UNERUPTED TEETH | | | | FRACTURES OF TEETH | | | | UNUSUAL RESTORATIONS | | | | | | | |
| EROSION | | | | MALOCCLUSION | | | | RETAINED DECIDUOUS TEETH | | | | UNUSUAL APPLIANCES | | | | | | | |
| ABRASION | | | | SUPERNUMERARY TEETH | | | | ABNORMAL INTERDENTAL SPACES | | | | MALPOSED TEETH | | | | | | | |
| PREPARED BY (Typed Name and Signature) | | | | | | | | | | | VERIFIED BY (Typed Name and Signature) | | | | | | | | |
| <i>Alexander J McKinley</i> | | | | | | | | | | | <i>W F McNelly</i> | | | | | | | | |

DD FORM 891

REPLACES DD FORM 569, 1 SEP 51, WHICH IS OBSOLETE (for Army use only).

DEPARTMENT OF THE ARMY
198TH AVIATION COMPANY (AIR MOBILE)(LIGHT)
APO SAN FRANCISCO 96268


23 May 1967

SUBJECT: Letter of Transmittal

TO: Commanding Officer
American Graves Registration Service
Saigon, RVN

Attached are four (4) witness statements requested by your office. This organization can only furnish four (4) statements due to nonavailability of witnesses with possitive knowledge of SP4~~24~~ Beckham's presence in Bunker Number 4 $\frac{1}{2}$ at the time of the explosion.

4 Incls
as



BOBBY E. WOFFORD
Major, Inf
Commanding

DEPARTMENT OF THE ARMY
188TH AVIATION COMPANY (AIR MOBILE)(LIGHT)
APO SAN FRANCISCO 96268

22 May 1967

S T A T E M E N T

I, PSGE7 Darrow C. Smith, RA17 282 611, 188th Aviation Company (Air Mobile)(Light), APO San Francisco 96268, was Sergeant of the Guard on 19 May 1967. It was that night that I assigned SP4E4 Jerry L. Beckham to Bunker Number 4 $\frac{1}{2}$, as his place of duty for the night. At approximately 2100 hours, 19 May 1967, this bunker received an explosion which destroyed it and killed SP4E4 Jerry L. Beckham.

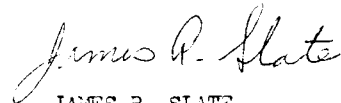

DARROW O. SMITH
PSGE7 RA17 282 611

DEPARTMENT OF THE ARMY
188TH AVIATION COMPANY (AIR MOBILE)(LIGHT)
APO SAN FRANCISCO 96268

22 May 1967

S T A T E M E N T

I, James R. Slate, PFCE3, RA16 973 082, 603d Transportation Detachment (CHFM), APO San Francisco 96268, identified SP4E4 Jerry L. Beckham's remains by his tattoo on the right upper bicep. It was two entwined hearts, red in color, with the inscription, "True Love".



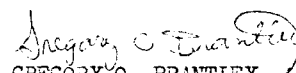
JAMES R. SLATE
PFCE3 RA16 973 082

DEPARTMENT OF THE ARMY
188TH AVIATION COMPANY (AIR MOBILE)(LIGHT)
APO SAN FRANCISCO 96268

22 May 1967

S T A T E M E N T

I, PFCD3 Gregory O. BRANTLEY, RA14 972 116, 188th Aviation Company (Air Mobile)(Light), APO San Francisco 96268, testify that SP4~~34~~ Jerry L. Beckham was in Bunker Number 4 $\frac{1}{2}$ on the night of 19 May 1967, approximately three minutes prior to the explosion which killed him.


GREGORY O. BRANTLEY
PFCE3 RA14 972 116

DEPARTMENT OF THE ARMY
188TH AVIATION COMPANY (AIR MOBILE)(LIGHT)
APO SAN FRANCISCO 96268

22 May 1967

S T A T E M E N T

I, William L. Bramlett, SP4E4, US53 407 348, 603d Transportation Detachment (CHFM), APO San Francisco 96268, was present when SP4E4 Beckham was killed in an explosion on 19 May 1967. SP4E4 Beckham was inside the bunker and I was on top of it.

Further, I identified SP4E4 Beckham's remains by his tattoo on the right upper bicep. It was two entwined hearts, red in color, with the inscription "True Love".

William L. Bramlett

WILLIAM L. BRAMLETT
SP4E4 US53 407 348

| | | | |
|---|--------------|---------------------------------|---------------------------------------|
| STATEMENT OF RECOGNITION | | | DATE |
| | | | 20 May 67 |
| NAME Beckham, James <i>James E.</i> | GRADE E-4 | SERVICE NUMBER US 54 383 346 | ORGANIZATION 603d Trans Det (CHEN) |

Recognition is based upon personal acquaintance covering a period of 4 weeks
~~months~~

I recognize the remains because of the following (Facial Features, scars, birth-marks, or toher unusual features):

Tattoo on right arm

| | | | |
|---------------------------------------|----------------|----------------------------|----------------|
| TYPED NAME OF PERSON MAKING STATEMENT | | VERIFIED BY (TYPE NAME) | |
| William L. Bramlett | | Raymond P. Bascelli | |
| GRADE | SERVICE NUMBER | GRADE | SERVICE NUMBER |
| E-4 | US 53 407 848 | 1/Lt | 05023609 |
| ORGANIZATION | | ORGANIZATION | |
| 188th AVN (603d TC Det) | | 3d S&T Co (Prov) APO 96268 | |
| SIGNATURE | | SIGNATURE | |
| <i>William L. Bramlett</i> | | <i>Raymond P. Bascelli</i> | |

DD Form 565, 1 Feb 56

Edition of 1 Sep 51 is obsolete

| | | | |
|---|----------------------|---------------------------------|---------------------------------------|
| STATEMENT OF RECOGNITION | | | DATE 20 May 67 |
| NAME REX Bookham, Jerry | GRADE JERRY L E-4 | SERVICE NUMBER US 54 363 346 | ORGANIZATION 603d Trans Det (CHFM) |
| Recognition is based upon personal acquaintance covering a period of <u>3</u> months. | | | |

I recognize the remains because of the following (Facial Features, scars, birth-marks, or toher unusual features):

Tattoo on right arm

| | | | |
|---|---------------------------------|---|----------------------------|
| TYPED NAME OF PERSON MAKING STATEMENT James R. Slate | | VERIFIED BY (TYPE NAME) Raymond P. Bascoli | |
| GRADE E-3 | SERVICE NUMBER RA 16 973 082 | GRADE 1/Lt | SERVICE NUMBER 09023609 |
| ORGANIZATION 603 TC Det | | ORGANIZATION 3d S&T Co (Prov) APO 96268 | |
| SIGNATURE James R. Slate | | SIGNATURE Raymond P. Bascoli | |

DD Form 565, 1 Feb 56

Edition of 1 Sep 51 is obsolete

INSTRUCTIONS: 1. Prepare in triplicate and distribute as follows:
a. Original to OCO of Spts S, Attn: Memorial Division.
b. Copy to Army Command.
c. Copy retained at preparing installation.

4405-67 s.n. 2. This statement will be supplemented by signed copies of appropriate Records of Identification Processing (DD Forms 890 through 894).

| | | | |
|---|--|--|---------------------------------|
| NAME OF DECEASED (Last, First, Middle) BECKHAM, Sergeant <i>JERRY L</i> | | GRADE SP4 | SERVICE NUMBER US 54 383 316 |
| BRANCH OF SERVICE US Army | | ORGANIZATION AND BASE 183th Avn Co. | |
| DATE OF DEATH 19 May 1967 | | PLACE OF DEATH Vicinity Coord: XT 490 470 | |
| CONDITION OF REMAINS (Describe briefly in Remarks) | | | |
| RECOGNIZABLE | | <input checked="" type="checkbox"/> | EVIDENCE OF DECOMPOSITION |
| <input checked="" type="checkbox"/> NOT RECOGNIZABLE | | <input checked="" type="checkbox"/> | MANGLED OR MUTILATED |
| COMMINGLED | | | EVIDENCE OF BURNS |
| MEANS OF IDENTIFICATION (Check all appropriate boxes and indicate appropriate Inclosures. Specify supporting data in Remarks.) | | | |
| IDENTIFICATION TAGS | | | INCLOSURES |
| PERSONAL EFFECTS | | | DD FORM 890 |
| DENTAL COMPARISON | | | DD FORM 891 AND SF 603 |
| SKELETAL AND ANATOMICAL COMPARISON | | | DD FORM 892 AND/OR DD FORM 893 |
| FINGERPRINTS | | | DD FORM 894 |
| <input checked="" type="checkbox"/> VISUAL RECOGNITION | | | |
| <input checked="" type="checkbox"/> OTHER (Specify in Remarks) Tattoo and on the scene witness statements | | | |

REMARKS (If additional space is required, continue on separate sheet)

Remains received in mangled, mutilated and decomposed state.

Race - Caucasian

Hair - Brown

No Medical or Dental records received.

No ID tags or ID card received.

Both hands fingerprinted.

Statement of Recognition based on a tattoo (Two entwined hearts, red in color, with inscription "True Love" on upper right bicep.

Four on the scene witness statements made by PSG E-7 Darrow O. Smith, SP4 William L. Brantlett, Gregory O. Brantley and PFC James R. Slate who place BECKHAM in the bunker at time of the explosion.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE.

| | |
|---|---|
| DATE 23 May 67 | TYPED NAME, GRADE AND TITLE OF IDENTIFYING OFFICER ERNEST J. OASSTER, DAC, GS-11 |
| | SIGNATURE OF IDENTIFYING OFFICER <i>Ernest J. Oasster</i> |
| NAME AND ADDRESS OF INSTALLATION US Army Mortuary, Wiesbaden APO 96307 | |

INSTRUCTIONS AND DISTRIBUTION

1. USE: This form will be completed for remains prepared in Department of Army Mortuaries or in contract mortuaries overseas.

2. COMPLETION OF ITEMS: Item 32 will be completed by the preparing and central mortuary when applicable. Item 50 will be completed by all concerned when applicable, or when additional space is required for answering other items. Item 45 will be omitted on copy furnished the receiving funeral director.

a. PREPARING MORTUARY:

(1) Prepares original and 6 copies (7 when applicable - See Note) and completes Items 1 thru 31. Retains copy and forwards original and 4 copies (or 5) to central mortuary. Forwards 1 copy by Air Mail to Chief of Support Services, ATTN: Memorial Division, at the time remains are shipped to central mortuary or released for local burial.

(2) When remains are shipped directly to POE, preparing mortuary prepares original and 5 copies (or 6), completing Items 1 thru 39. Retains one copy and forwards 1 copy by Air Mail to the Chief of Support Services, ATTN: Memorial Division and forwards remainder to POE.

b. CENTRAL MORTUARY:

(1) When receiving remains from preparing mortuary, completes Items 32 thru 39 on original and 4 copies (or 5). Retains one copy and forwards remaining to POE.

(2) When remains are initially prepared in central mortuary, same procedure applies as in Item a(2) above.

c. PORT OF ENTRY:

(1) Completes Items 40 thru 49 on original and 3 copies (or 4). Leaves Item 45 blank on copy for receiving Funeral Director.

(2) Retains one copy.

(3) Forwards copy with remains to receiving Funeral Director.

(4) Forwards copy to Office of The Chief of Support Services, ATTN: Memorial Division.

(5) Returns original to oversea command.

NOTE: Additional distribution to be made by port of entry or by overseas mortuary for burial overseas:

COPY TO: Air Materiel Command, Wright Patterson Air Force Base, Ohio, 45433 (for Air Force Personnel)*

COPY TO: Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C., 20390 (for Navy, Marine and MSTs Personnel)*

*Distribution to be made by installation making last entry on form.

| | | | |
|---|---|--|----------------------------------|
| 1. REMAINS OF (Last Name - First Name - Middle Initial) G.A.C. / Jerry L. Beckham | | 2. GRADE SP4 | 3. SERVICE NUMBER US 54383346 |
| 4. BRANCH OF SERVICE (Include civilian employees) <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER (Specify) | | 5. UNIT DESIGNATION 603rd, Transportation Detachment | |
| 6. CAUSE OF DEATH (As stated on Death Certificate) Multiple fragment wounds from recoilless rifle | | 7. PLACE OF DEATH Vietnam | |
| 8. DATE OF DEATH 19 May 67 | 9. DATE OF RECEIPT AT MORTUARY 20 May 67 | 10. DATE OF EMBALMING 23 May 67 | |
| 11. CONDITION OF REMAINS (Prior to embalming) Very Bad | 12. HOW IDENTIFIED (Personal recognition, Finger Prints, Identification Tags, etc.) I.D. Procedures | | |
| 13. TYPE OF CASE <input type="checkbox"/> NORMAL <input type="checkbox"/> AUTOPSIED <input checked="" type="checkbox"/> MUTILATED | 14. PRE-EMBALMING PROCEDURES COMPLETED (Note Items 42e thru 42i) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) | | |
| 15. TOTAL OUNCES CONCENTRATED FLUID USED ARTERIAL: N/A CAVITY: 96 | 16. NAME POINTS OF INJECTION N/A | | |
| 17. AMOUNT HARDENING COMPOUND USED (Lbs) 30 | 18. AREAS HYPODERMICALLY EMBALMED ENTIRE REMAINS | | |
| 19. POST-EMBALMING PROCEDURES COMPLETED (Note Items 42j thru 42l) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) | | 20. IF REMAINS PREPARED ON REIMBURSABLE BASIS (Check one) <input type="checkbox"/> CROSS SERVICE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> OTHER (Specify) | |
| 21. SPONSOR (Person, Firm or Agency responsible for reimbursement) | | 22. TOTAL AMOUNT OF REIMBURSEMENT | |
| 23. DATE REIMBURSEMENT EFFECTED (If not effected, state action being taken to effect collection) | | | |
| 24. DATE SHIPPED FROM PREPARING MORTUARY 24 May 67 | 25. METHOD OF SHIPMENT <input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR | | 26. INTERIM DESTINATION |
| 27. PREPARING MORTUARY US Army Mortuary Vietnam | | 28. LOCATION OF PREPARING MORTUARY APO 96307 | |
| 29. PREPARING EMBALMER (Name) CHESTER L. KRATZER | 30. LICENSE NO. AND STATE NEB 1986 | 31. SIGNATURE OF EMBALMER <i>Chester L. Kratzer</i> | |
| 32. SUBSEQUENT TREATMENT (Remains will be inspected daily prior to shipment and record of treatment entered here) REMARKS: Remains completely dismembered and torso very badly mutilated; in advance decomposition stage, placed in cavity fluid bath 12 hours prior to packing. | | | |
| 33. SHIPPING PROCEDURES COMPLETED (Note Items 42a thru 42d) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) | | 34. DATE OF DEPARTURE FROM (Or release in) PREPARING COMMAND 24 May 67 | |
| 35. CHECK ONE IF RELEASED IN PREPARING COMMAND (Releases will be fully dressed & cosmetized) <input type="checkbox"/> FOR LOCAL INTERMENT <input type="checkbox"/> PRIVATE COMMERCIAL SHIPMENT | | 36. METHOD OF SHIPMENT IF DEPARTURE FROM COMMAND <input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR | |
| 37. POE DESTINATION (Place of final destination if not to a U.S. Port) Travis AFB, CALIF | | | |
| 38. MORTUARY OFFICER (or Person Responsible for Shipment) <i>[Signature]</i> | | 39. SIGNATURE <i>[Signature]</i> | |

SUMMARY

REMARKS

RECOMMENDATIONS

In view of parent unit association with specific casualty BLOCKHAM, the statement of recognition based on an unusual tattoo, the four on the scene witness statements and the absence of contradictory evidence it is concluded that this is the remains of Gary L. BECKHAM.

RECOMMENDATIONS PRESENTED

DATE

23 May 67

TYPED NAME AND TITLE OF IDENTIFICATION SPECIALIST

ERNEST J. DEMESTER, DAC, GS-11

SIGNATURE OF IDENTIFICATION SPECIALIST

Ernest J. Demester

NAME AND ADDRESS OF INSTALLATION

US Army Mortuary, Vietnam APO 96307

RECOMMENDATIONS ACCEPTED

DATE

23 May 67

TYPED NAME, GRADE AND TITLE OF ACCEPTING OFFICER

JAMES W. PRICE, LTC/DC, Commanding

SIGNATURE OF ACCEPTING OFFICER

James W. Price

NAME AND ADDRESS OF INSTALLATION

US Army Mortuary, Vietnam APO 96307

HEADQUARTERS
DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C. 20315

2(D) WJR

| | | | | |
|---|--|---|--|--|
| REPORT OF CASUALTY | | REPORT NUMBER AND TYPE A 3272 FINAL RVN 6356 | | DATE PREPARED 3 June 1967 |
| 1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization) BECKHAM, JERRY LEE US 54 383 346; SP4; AUS; 188TH AVN CO, VIETNAM | | | | |
| 2. CASUALTY STATUS <input checked="" type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE DIED on 19 May 1967 in Vietnam as the result of metal fragment wounds received in hostile ground action. Commenced tour in Vietnam 28 April 1967 | | | | |
| 3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE 27 September 1947 Tulsa, Oklahoma Caucasian Protestant | | | | |
| 4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 4 March 1966 Tulsa, Oklahoma Tulsa, Oklahoma | | | | |
| 5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY [REDACTED] E-4 Under 2 years \$168.60 | | | | CHECK IF APPLICABLE <input type="checkbox"/> CREW <input type="checkbox"/> NON-CREW |
| 6. DUTY STATUS ACTIVE: ON DUTY | | | | |
| 7. INTERESTED PERSONS (Name, Address, Relationship) Mrs. Dorothy Midgley, [REDACTED] Tulsa, Oklahoma, Mother 1,2,3 notified 24 May 1967 DA Form 41 undated | | | | |
| 8. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT CG USARV TSN RVN 24 May 1967 | | |
| 10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services) [REDACTED] LB #74 Tulsa, Oklahoma | | | | |
| 11. PRIOR SERVICE DATA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | |
| 12. REMARKS Servicemans Group Insurance Data: ELECTION: <input type="checkbox"/> Non Participant <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$10,000 Method of Payment: <input type="checkbox"/> Lump sum <input type="checkbox"/> 36 Installments No option Beneficiary Designation: Mother, name and address same as shown above, claim for death benefits mailed. FOR VA: Certification of Basic Pay UP 38 USC 402, <u>NONE</u> . "The individual named in this report is held by the Department of the Army to have been absent in a pay status pursuant to the provisions of Section 1002, 50 USC App, (PL 490, 77th Congress), as amended, from 19 May 1967, date of death to 24 May 1967, date evidence of death was received by the Department of the Army." | | | | |
| FOOTNOTES: 1 Adult next of kin. 2 Beneficiary for gratuity pay in event there is no surviving wife or child-as designated on record of emergency data. 3 Beneficiary for unpaid pay and allowances-as designated on record of emergency data. | | | | |
| 13. DISTRIBUTION B-3-2 IV | | 14. BY ORDER OF THE SECRETARY OF THE ARMY: E. W. Hall Adjutant General | | |

DD FORM 1 MAR 63 1300

REPLACES DA FORM 52-1, WHICH IS OBSOLETE.

| MORTUARY OFFICE - OAB ESCORT'S REPORT OF MISSION | | |
|---|---|--|
| DECEDENT SP4 JERRY L. BECKHAM US 54 383 346 | | |
| CONSIGNEE Hendricks Funeral Home, 102 No. Birch, Jenks, Okla. | | |
| NEXT OF KIN Mrs. Dorothy Midgley, [REDACTED] Tulsa, Okla. | | |
| ESCORT SP5 Joseph Warren US 51 569 504 | DATE DEPARTED OAB 29 May 67 | DATE ARRIVED DESTINATION 29 May 67 |
| DID YOU MEET NEXT OF KIN (IF NOT, EXPLAIN) Yes | | |
| WERE YOU ASKED TO STAY FOR FUNERAL Yes | WERE MILITARY SERVICES RENDERED Yes | DATE AND HOUR OF FUNERAL 1530 Hours 31 May 67 |
| NAME AND LOCATION OF CEMETERY Memorial Park Cemetery, 5137 S. Memorial Drive, Tulsa, Okla. | | |
| FLAG PRESENTED TO Mrs. Dorothy Midgley | DATE DEPARTED ON RETURN TRIP 31 May 67 | DATE ARRIVED DUTY STATION 31 May 67 |
| DETAILED REPORT ON YOUR MISSION (INCLUDE ALL PERTINENT DATA, SPECIAL REQUESTS OR UNUSUAL CIRCUMSTANCES) <p>On arrival at S. F. Airport, I received a message from Fred Shot, United Freight office. Mr. Shot informed me the shipping container was damaged by the forklift truck the night before. The S.F. mortuary told him to ship remains. I was unable to reach the escort division at OARB. Took responsibility and left with the remains for Los Angeles, where I had a half-hour layover. I called OART and talked with Mr. Simmons; he directed me to take remains to Tulsa, Okla and call him.</p> <p>I was met at Tulsa by Mr. Brown from the funeral home and upon arrival at the home he inspected the casket. There was a small dent in the handle on viewing side but he decided it did not warrant a new casket. I called Mr. Simmons informing him of this. At this time also, I also advised him that the first name on all papers were incorrect; the paper read Gray instead of "Jerry". Mr. Simmons advised me to cross out the name on all papers and print incorrect name; this I did.</p> <p>The application for headstone or marker and request for payment of interment expenses was left with next of kin with instructions to mail in preaddressed envelope as soon as possible.</p> | | |
| DATE 1 Jun 67 | SIGNATURE OF ESCORT s/ Joseph F. Warren | |