



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.

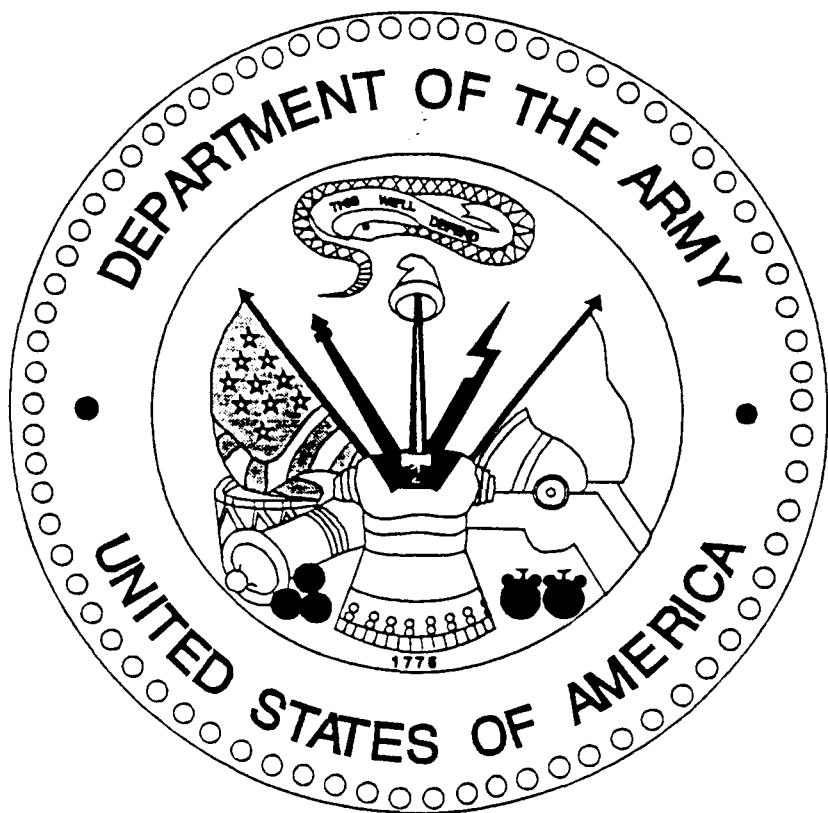
If you desire, you may appeal this partial denial within 60 days from the date of this letter. An appeal, if any, must be sent through the address below to the Secretary of the Army, Attention: Office of the General Counsel.

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

MX

Dear Mr. and Mrs. Moore:

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

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 LTC Gard / abc /72066
<p>The following named individual has been reported dead in Vietnam as the result of non-hostile action:</p> <p>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.</p> <p>NAME AND ADDRESS OF NEXT OF KIN: Mr. and Mrs. Ben Moore, Parents Route 40 &amp; 157th St Louis Road Collinsville, Illinois 62234 ARMY AREA: FIVE</p> <p>CHILDREN: NONE (Single)</p> <p>FOR THE ADJUTANT GENERAL:</p> <p>WILLIAM A. McLELLAN Colonel, AGC Executive Officer, TAGO</p>		

DA FORM 1 FEB 62 2496

REPLACES DD FORM 96, EXISTING SUPPLIES OF WHICH WILL BE  
ISSUED AND USED UNTIL 1 FEB 63 UNLESS SOONER EXHAUSTED.

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] sad, 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

RECORD OF PERSONAL EFFECTS-MILITARY OPERATIONS (See instructions on reverse side)			PAGE NO	NO OF PAGES
1. NAME (Last, First, Middle Initial) <b>MCREE, RICHARD</b>		2. GRADE <b>4C</b>	3. SERVICE NUMBER <b>US 17 702 456</b>	
4. ORGANIZATION AND STATION OR APO <b>188th AVN Co.</b>		5. STATUS <b>Decoased</b>	6. DATE OF STATUS <b>17 May 67</b>	
EFFECTS DATA				
7. PLACE OF RECOVERY <b>188th AVN Co.</b>		8. DATE OF RECOVERY		
9. INVENTORY OF EFFECTS		10. VERIFICATION OF INVENTORY		
QTY	DESCRIPTION <b>Misc. mil. items</b>	BY COMMAND EFFECTS DEPOT a.		BY CONUS EFFECTS OFFICE b.
		REC'D	DISPOSITION	REC'D
1	Personal papers			
2	Avol 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	Teehirts			
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 ITEMS//				
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	
♦	ALL EFFECTS TRANSMITTED THIS STATION.			
(Attach supplemental sheet for additional items and/or discrepancies)				
12. SEAL NO. 13. EFFECTS SHIPPED TO <b>St. 40, 12. 0 75 0 0000 00000</b> SILENT and 157th St. Louis Road, Collingwood, 671 AIR MOV DSG NO D3063381				
14. THE ABOVE INVENTORY OF EFFECTS OF PERSON NAMED IN ITEM 1 COMPRSES <input checked="" type="checkbox"/> ALL KNOWN EFFECTS OR 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 <b>9 June 67</b>		TYPED NAME, GRADE AND ORGANIZATION <b>THOMAS L. DELAND, 2LT, ARVN Summary Court, Pers. Effects Division</b>		SIGNATURE <b>Harold C. Hammick Jr</b>

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

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. - 658894 - 6 Typ 67

#### Contractual Services:

Delivery ..... \$

Type I Casket Standard ..... \$

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 ..... \$ 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, MMTS, 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, MMTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626		
3. DECEASED (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]	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)	a. IF YES, ENTER NAME OF CONTRACTING ACTIVITY  n/a		
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
PART II - TO BE COMPLETED BY NEXT OF KIN (Proper completion will expedite settlement.)			
COMPLETE ITEMS 12 AND 13. FILL IN EITHER ITEM 14 OR 15. (Do not fill in both.) COMPLETE ITEM 16, IF APPLICABLE.		COMPLETE ITEM 17. MAIL TO ADDRESSEE IN ITEM 2.	
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  Ben Moore	

DD FORM 1 MAY 62 1375

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. <b>655861</b>			
U. S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  <b>DEPARTMENT OF THE ARMY WA, WAMTMS, Oakland Army Base Oakland, California. 94626</b>			DATE VOUCHER PREPARED <b>6-2-67 fmk</b> CONTRACT NUMBER AND DATE		SCHEDULE NO.			
			REQUISITION NUMBER AND DATE					
PAYEE'S NAME AND ADDRESS  <b>Mr. Ben Moore [REDACTED] Collinsville, Illinois. 62234</b>			PAID BY  <b>S/N 5055</b>					
			6 JUN 1967					
			Finance & Accounting Office, WAMTMS Oakland Army Base [REDACTED] [REDACTED]					
			DATE INVOICE RECEIVED					
			FORWARD TO: MEMORIAL DIV. DIDC 90, OA		DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER			
SHIPPED FROM			TO		WEIGHT		GOVERNMENT B/L NUMBER	
NUMBER AND DATE OF ORDER		ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUAN-TITY	UNIT PRICE		AMOUNT	
		<b>PAYMENT OF AUTHORIZED INTERMENT ALLOWANCE:</b>					<b>\$300.00</b>	
MOORE, RICHARD US 17 702 458		PFC						
(Use continuation sheet(s) if necessary)			(Payee must NOT use the space below)			TOTAL	<b>\$300.00</b>	
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)		
<b>6-2-67</b>								
<b>MEMORANDUM</b>								
ACCOUNTING CLASSIFICATION								
2172020 32-22 P2530-225 S99999 F1 L2 <b>\$300.00</b>								
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	DATE DEPARTED OAB	DATE ARRIVED DESTINATION	
SGT James G. Alexander US 55 866 923	24 May 67	24 May 67	
DID YOU MEET NEXT OF KIN (IF NOT, EXPLAIN)			
Yes			
WERE YOU ASKED TO STAY FOR FUNERAL	WERE MILITARY SERVICES RENDERED	DATE AND HOUR OF FUNERAL	
Yes	Yes	26 May 67	1500hrs
NAME AND LOCATION OF CEMETERY			
Lakeview Memorial Gardens, Belville, Ill.			
FLAG PRESENTED TO	DATE DEPARTED ON RETURN TRIP	DATE ARRIVED DUTY STATION	
Mr. & Mrs. Moore (parents)	26 May 67	26 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. T.A. 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 St. Leonard Wood on first available transportation after Saturday evening. The trip to the funeral and all the proceedings were handled efficiently by T.A. and the Funeral Home.</p>			
DATE	SIGNATURE OF ESCORT		
26 May 67	<i>Lt James G. Alexander</i>		

*A. B. Reuben*

CONDITION OF REMAINS AND CASKET AT FINAL DESTINATION

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF REMAINS OF THE LATE

PFC RICHARD MOORE US 17 702 456

Name of Decedent

THIS 24 DAY OF May 19 67

CONDITION OF REMAINS	<u>Excellent</u>
CONDITION OF CASKET	<u>"</u>
CONDITION OF SHIPPING CASE	<u>"</u>

INSTRUCTIONS:

EXCELLENT, GOOD OR  
UNSATISFACTORY

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

REMARKS

WITNESS (Escort)

*James H. Alexander*

CONSIGNEE

*Herbert A. Kassly Funeral Home,  
By *W. D. McNeely**

THIS FORM 4205 REPLACES SSMP FORM 4205 WHICH MAY BE USED  
30 JUN 65

ARMY-OAR8, CALIF.

71402  
SUMMARY OF ACTION TAKEN

Crown 6356

MOORE, RICHARD *1*, PFC (E-3) US 17 702 456  
NAME OF DECEASED RANK SERVICE NUMBER17 May 67 RVN  
DATE & PLACERACE CAU  VERIFIED RELIGION NazareneCONGRESSIONAL  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 &amp; appropriate Army Commander 21 May 67 jh

7. ETD, ETA & Mode of Shipment recd from Overseas command 21 May 67 *21 May 67* *smg*

8. NOK informed of Enroute

9. Date reshipment to final destination recd from POE 22 May 67 *22 May 67* *smg* 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

*71402*  
NAME *Moore*  
DATE *6 Jun 67**71402 Moore, Richard*

CAF

NNNNCZCFAB393

PTTU JAW RUMMTGU3476 143227Z-000000Z-000000Z-RUEOAFAD

ZNR UUUUU

DE RUWPTP 142 S 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

RUMPAO/CG USARFIVE FT SHERIDAN ILL

RUEFOAFA/CHSPTSDA WASHDC

BT

UNCLAS MTW-MEM 5273 FOR SPTS-MD

REMAINS PFC RICHARD F. MOORE

ACCOMPANIED BY MILITARY ESCORT DEPARTING SAN FRANCISCO

TIA FLIGHT 158 9:30 AM 24 MAY FOR KASSLY FUNERAL HOME

MILLINSVILLE ILL ARRIVING ST LOUIS NO 5:27 PM 24 MAY.

REQUEST FUNERAL DIRECTOR RECEIVE REMAINS AND ESCORT AT ST

JOES NEAREST TERMINAL TO COLLINSVILLE, NEXT OF

SHIPPER AND CONSIGNEE ADVISED

DOMESTIC SERVICE	
Check the class of service desired; otherwise this message will be sent as a fast telegram	
TELEGRAM	X
DAY LETTER	
NIGHT LETTER	

\$ **WESTERN UNION**  
S **TELEGRAM**

E W. P. MARSHALL  
CHAIRMAN OF THE BOARD

R. W. MCPALL  
PRESIDENT

INTERNATIONAL SERVICE	
Check the class of service desired, otherwise the message will be sent at the full rate	
FULL RATE	
LETTER TELEGRAM	
SHORE-SHIP	

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	5

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 *J.*  
US 17 702 456

jh

MSG # 2  
FEB 1967  
WU1211(R2-65)

HOUR \_\_\_\_\_

REL AUTH: *[Signature]*

OREN WOMACK

UNCLASSIFIED

RECEIVED

M

1967 MAY 21 20 12

PRIORITY  
ROUTINE

CHIEF SPTS DA WASH DC  
DIST. OF WASH.

INFO: CGWA MMMS OAK CALIF  
CGUSARFIVE CHGO ILL  
CO USAR PERSONNEL CENTER OAKLAND CALIF

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-Nostile Action" to Kassley Funeral Home, 515 Vandalia  
Street, Collinsville, Illinois. Decedent Cau male; religion  
Nazarene; NOK father, Mr. Ben Moore, \_\_\_\_\_  
Collinsville, Illinois. Awards: NDSM, VSM. Notify info

adr

Whitting

54309

Kerscher

77756

21 15701

May 1967

1 1

77756

Mrs. Hermance  
73602

OREN WOMACK, Disposition Branch, Memorial  
Division

F. J. Kerscher, Chief, Operations Sec.

UNCLAS

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	X
DAY LETTER	
NIGHT LETTER	

\$  
S  
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	
LETTER TELEGRAM	
SHORE-SHIP	

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 70736

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: \_\_\_\_\_

*H*

OREN WOMACK

MBA003 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-  
335-,:3 9!18:34

US17702456 E3 515 62234 618 344-5500  
(17)

*Pen Blue Book*

PERSONAL NOTIFICATION : PRIMARY NEXT OF KIN		CASU	CODE AND REPORT NUMBER		
		Crown 6356			
SECTION I - CASUALTY INFORMATION					
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	d. RELIGION Prot	
e. ORGANIZATION 188th Avn Co APO SF 96268		f. RACE CAU			
a. PRIMARY NEXT OF KIN Mr & Mrs Ben Moore		b. RELATIONSHIP Parents ✓			
c. ADDRESS (Include Zip Code) [REDACTED]		Collinsville, Illinois 62234			
d. RELOCATION OF PRIMARY NEXT OF KIN					
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			
3 Indiv died as result of injuries incurred when ship van dollies gave way while he was sitting <del>xxxxxxxx</del> under it, and fell on him.					
ADDITIONAL INFORMATION TO BE OBTAINED					
a. <input type="checkbox"/> CUSTODY					
b. <input type="checkbox"/> MARITAL STATUS					
c. <input type="checkbox"/> ADDRESS OF:					
d. <input type="checkbox"/> OTHER:					
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		PFC Wacker, Hamont		1930	19 May 67
7 PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY -----		MSG Huoen		2125	"
8 COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY BRANCH OR ORIGINATOR		Hus324117 / G-L1224		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 AND DATE OF COMMISSION		✓			WITH EFFECTIVE DATE
b. RECEIVED FROM		c. RECEIVED BY		d. TIME	e. DATE

100-17702456

17702456

1. Designator's last name, first name, middle name  
 2. Service Number  
 3. Branch and Component  
 4. Grade and rank of Service  
 5. Date, place and name of record at last entry in  
 Active List  
 6. Selected Service No., Local Board and Location  
 7. Prior Service Data  
 8. B. P. E. D.  
 9. Social Security Number  
 10. Religious  
 11. Names and Addresses of:  
 a. Spouse  
 b. Father  
 c. Mother  
 d. Children  
 12. Non-Notification Data

1. MOORE, Richard Linn  
 2. 4217 08 27 61 16 7. St. Louis, Ill  
 3. 12 August 46 St. Louis, Missouri  
 4. Collinsville, Madison, Illinois  
 5. 11 766 16 257 124 166 Edwardsville, Ill  
 6. Marry Yes, 17702456 (F2) Honorable 11 Aug 46  
 7. 358 10 3201 Nazarene (Protestant)  
 8. a. Single  
 9. b. Ben Moore [REDACTED] Collinsville, Ill  
 10. c. Bassie Moore [REDACTED] Collinsville, Illinois  
 11. d. None

DA FORM 47 (REVISED 10 NOV 64) RECORD OF  
1 OCT 64 1 JAN 65 EDITION. EMERGENCY DATA  
RE ISSUED 1 AUG 67

12.  Yes  No

13. None  
 14. Bassie Moore Mother 1024  
 15. Bassie Moore Mother 1001  
 16. Bassie Moore Mother 806  
 17. None  
 18. None

19. Add NOK to be notified not named in Item 14

20. Beneficiary(ies) for gratuity pay if no surviving spouse or child. Indicate percent for each.

21. Beneficiary(ies) for unpaid pay and allowances during soldier's deployment. Indicate percent for each.

22. Person to receive adjustment if Missing. Indicate percent.

23. Location of will.

24. Insurance data.

25. Remarks.

26. None

27. SIGNATURE OF DESIGNATOR

*Richard L. Moore*

28. DATE OF RECORD

29. ORIGINAL Card - See part 6, AR 600-20, para 2  
DUPLICATE Yellow paper file personnel records

~~FOR OFFICIAL USE ONLY~~

DEPARTMENT OF THE ARMY

STAFF COMMUNICATIONS DIVIS

IMMEDIATE (INFO ADDDEES 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  
RUEOAFA/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 ~~1000~~ 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) 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 ~~1500 HRS, REPEAT, 17 MAY 67 AT 1200 HRS~~

~~ETIO FIELD POLICE SIGHT TEAM~~

PAGE 2 RUMSVA 423 UNCLAS E F T O ~~RE~~

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

F. CAU

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

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

ILL DA FORM 41 DTD 22 MAR 67

I. BP: 121.00 ADD PAY: POWER, FORGE BPED: 2 NOV 67

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

J. INJURIES, CRUSHING TO HEAD AND CHEST

K. READY

L. 30 APR 67

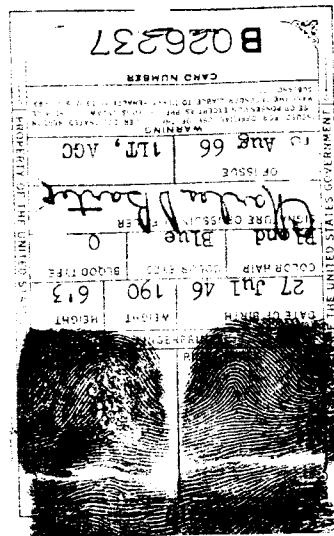
M. DMOS: 76H20 AWDS: NDSM, VSM,

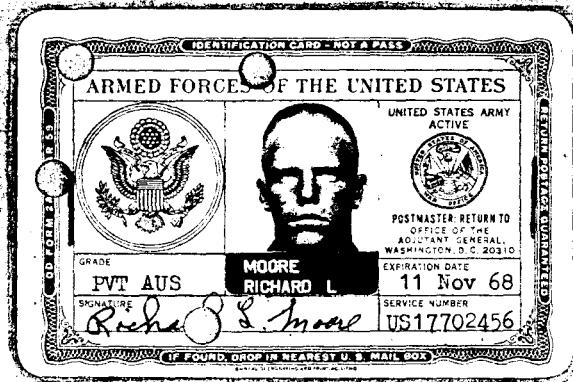
N. DANDY

O. NAZARENE 

(DOB: 27 JUL 46)

DT





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

18 May 67

CERTIFICATE OF DEATH (OVERSEAS)				(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 <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS SINGLE MARRIED WIDOWED		RELIGION PROTESTANT CATHOLIC 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)					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup>		Crush Injury to Skull and Chest			
ANTECEDENT CAUSES		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>					
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES	
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 Eugene W. Till				
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS FRANK J. PRATIA		GRADE QS-1C	LICENSE NUMBER 104-2292	STATE Tenn	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Vietnam APO 96207		DATE 18 May 67	SIGNATURE Frank J. Pratia		
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL			
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					
<sup>1</sup> State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.					
<sup>2</sup> State conditions contributing to the death, but not related to the disease or condition causing death.					

DA FORM 1 APR 59 10-249

CORD OF IDENTIFICATION PROCESS! ANATOMICAL CHART													
4261-67		LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)	GRADE	SERVICE NUMBER									
MOORE, RICHARD L.		PFC (E-3)	17702456										
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO.		PLOT	ROW	GRAVE	ESTIMATED AGE (Yrs)								
					74								
BLACK OUT PORTIONS NOT RECOVERED													
<b>CONDITION OF REMAINS (Check pertinent blocks)</b> <table border="0"> <tr> <td><input type="checkbox"/> SEMI-SKELETAL</td> <td><input checked="" type="checkbox"/> FLESH COVERED</td> <td><input checked="" type="checkbox"/> INTACT</td> <td><input type="checkbox"/> DECOMPOSED</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> BURNED (Degree: <input type="checkbox"/> 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d)</td> </tr> </table>						<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)	
<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)											
<b>REMARKS (Continue on reverse if additional space is required)</b> <p>BODY: COMPLETE RACE: CAUC. TABLE MEASURE: 74" I.D. TAGS: NONE T.D. CARD: RECEIVED FOR-MOORE, RICHARD L. US 17702456 BODY MARKS: SEE ABOVE CLOTHING: FATIGUE PANTS, DRAWER, SOCKS, JUNGLE BOOTS (12-W) - NO MARKINGS</p>													
NAME OF PREPARING OFFICIAL (Print or type)			SIGNATURE										
RICHARD L. KRESS			Richard L. Kress										

DD FORM 1 FEB 60 893

## 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 overseas mortuary for burial overseas:

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

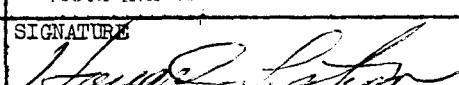
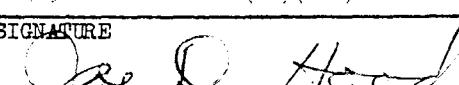
COPY TO: Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C., 20390 (for Navy, Marine and MSTS Personnel)\*

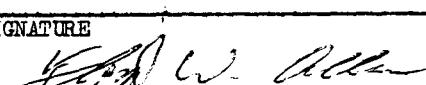
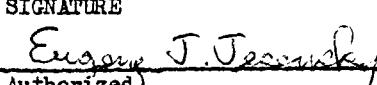
\*Distribution to be made by installation making last entry on form.

4261-67 WEC

1. REMAINS OF (Last Name - First Name - Middle Initial)		2. GRADE	3. SERVICE NUMBER
MCORIE, Richard L.		PFC	US 17 702 456
4. BRANCH OF SERVICE (Include civilian employees)		5. UNIT DESIGNATION	
<input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER (Specify)		188th Avn Co	
6. CAUSE OF DEATH (As stated on Death Certificate)		7. PLACE OF DEATH	
Crush injury to Skull and Chest		Vietnam	
8. DATE OF DEATH	9. DATE OF RECEIPT AT MORTUARY	10. DATE OF EMBALMING	
17 May 67	18 May 67	18 May 67	
11. CONDITION OF REMAINS (Prior to embalming)	12. HOW IDENTIFIED (Personal recognition, Finger Prints, Identification Tags, etc.)		
POOR	Personnel recognition		
13. TYPE OF CASE	14. PRE-EMBALMING PROCEDURES COMPLETED (Note Items 42e thru 42i)		
<input type="checkbox"/> NORMAL <input type="checkbox"/> AUTOPSIED <input checked="" type="checkbox"/> MUTILATED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		
15. TOTAL OUNCES CONCENTRATED FLUID USED	16. NAME POINTS OF INJECTION		
ARTERIAL: 128 CAVITY: 96	Carotids		
17. AMOUNT HARDENING COMPOUND USED (Lbs) N/A	18. AREAS HYPODERMICALLY EMBALMED Brain		
19. POST-EMBALMING PROCEDURES COMPLETED (Note Items 42j thru 42l)		20. IF REMAINS PREPARED ON REIMBURSABLE BASIS (Check one)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		<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	25. METHOD OF SHIPMENT	26. INTERIM DESTINATION	
19 May 67	<input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR	APO 96307	
27. PREPARING MORTUARY		28. LOCATION OF PREPARING MORTUARY	
US Army Mortuary, Vietnam			
29. PREPARING EMBALMER (Name)	30. LICENSE NO. AND STATE	31. SIGNATURE OF EMBALMER	
FRANK J. FRATKA	TEX 2292	Frank Fratka	
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)		34. DATE OF DEPARTURE FROM (Or release in) PREPARING COMMAND	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		19 May 67	
35. CHECK ONE IF RELEASED IN PREPARING COMMAND (Remains will be fully dressed & cosmetized)		36. METHOD OF SHIPMENT IF DEPARTURE FROM COMMAND	
<input type="checkbox"/> FOR LOCAL INTERMENT <input type="checkbox"/> PRIVATE COMMERCIAL SHIPMENT		<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)	39. SIGNATURE		

40. PORT OF ENTRY <b>OARB</b>	41. DATE RECEIVED AT PORT OF ENTRY <b>21 May 67</b>
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)	
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	<input type="checkbox"/> 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	<input type="checkbox"/> N/A
v. RECOMMEND THAT FAMILY BE ALLOWED TO VIEW REMAINS	<input checked="" type="checkbox"/>
EXPLANATION OF IRREGULAR CONDITIONS, IF ANY (Refer to Item reference letter)	
43. DESCRIBE RESTORATIVE TREATMENT (State reason if features not restored)	
Cosmetized	
44. REMARKS AND RECOMMENDATIONS TO RECEIVING FUNERAL DIRECTOR (Whether remains are viewable or non-viewable, etc.)	
Viewable	
45. COMMENTS TO OVERSEAS 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 <b>23 May 67 OARB</b>	47. PORT EMBALMER OR CONTRACT FUNERAL DIRECTOR (Name) <b>Calif. Funeral Home Service</b>
48. LICENSE NUMBER AND STATE <b>Walter D. Smith 4809</b>	49. SIGNATURE <b>Stuart J. Comer 6339</b>
50. REMARKS (Indicate item reference number when applicable)	
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.	
SLIGHT LEAKAGE ANTICIPATED.	

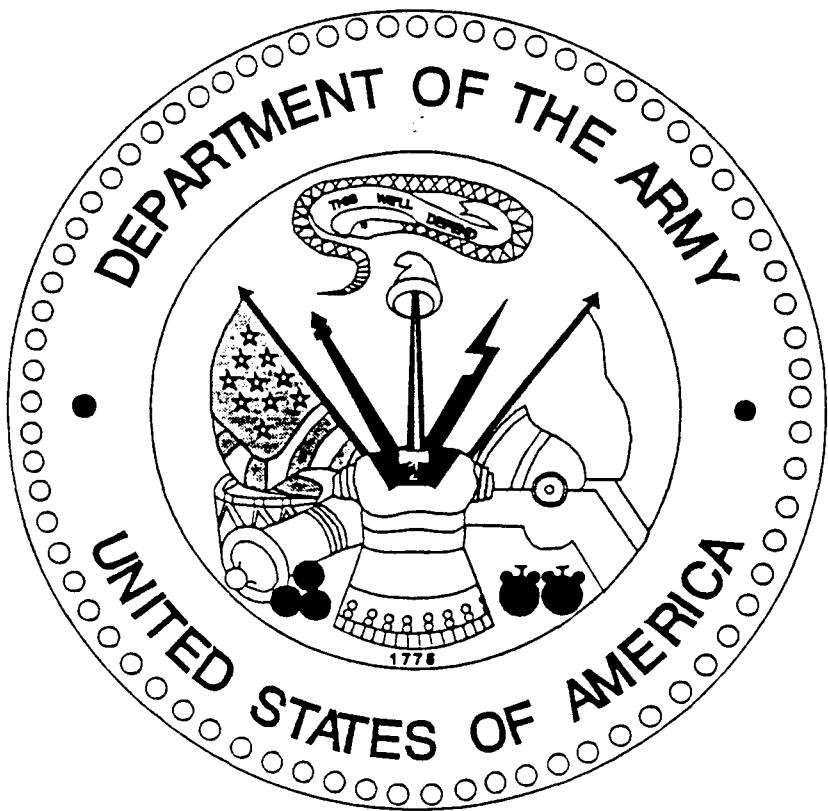
STATEMENT OF RECOGNITION		DATE 17 May 67
The remains which I have <del>YESTERDAY</del> personally viewed, _____ seen photographs of are those of		
NAME	GRADE	SERVICE NUMBER
MOORE, RICHARD L.	PSG E-3	US 17 702 456
ORGANIZATION		
Recognition is based upon personal acquaintance covering a period of 4 months.		
I recognise the remains because of the following (Facial Features, Scars, Birthmark or other unusual features):		
Facial Features		
TYPED NAME OF PERSON MAKING STATEMENT		VERIFIED BY (TYPED NAME OF OIC)
RICHARD LISTON		JOE D. HOOD
GRADE	SERVICE NUMBER	GRADE
WO	110 3101017	S2-4 E-4
ORGANIZATION		ORGANIZATION
188th Avn Co		483rd Mil Svc Co (GS)(F-2)
SIGNATURE		SIGNATURE
		

STATEMENT OF RECOGNITION			DATE 17 May 67
<p>The remains which I have <u>personally viewed</u> <u>seen photographs of</u> are those of</p>			
NAME MOORE, RICHARD L.	GRADE PFC E-3	SERVICE NUMBER US 17702456	ORGANIZATION 188th Inf Co
<p>Recognition is based upon personal acquaintance covering a period of <u>4</u> months.</p>			
<p>I recognise the remains because of the following (Facial Features, Scars, Birthmark or other unusual features): Facial Features</p>			
TYPED NAME OF PERSON MAKING STATEMENT FLOYD W. ALLEN		VERIFIED BY (TYPED NAME OF OIC) EUGENE J. JESINSKY	
GRADE S/Sgt	SERVICE NUMBER R1 51045584	GRADE Sp4 E-4	
ORGANIZATION 188th Inf Co		ORGANIZATION 483rd Fld Svc Co (GS)(FMD)	
SIGNATURE 		SIGNATURE 	

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

2(C) *WJR*

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			
<p>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.</p> <p>Commenced tour in Vietnam 30 April 1967</p>			
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>G. G. J. A.</i> Adjutant General	



**INDIVIDUAL DECEASED**

**PERSONNEL FILE**

*JERRY BECKHAM*

JUN 5 1967

EXECUTIVE  
ND 9-2-2/ B

Dear Mrs. Midgley:

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

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

LBJ:JDG:pmm -

## **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 FROM TAG DATE 26 May 67 CMT 1  
ATTN: LTC Van R. Baker LTC Gard sch /72066  
Room 3C 715, The Pentagon

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

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

DATE OF CASUALTY: 19 May 67 \*

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

NAME AND ADDRESS OF NEXT OF KIN: Mrs. Dorothy Midaley mother

Mrs Dorothy Midgley mother  
7419 East 38th Street  
Chicago, Illinois

ARMY AREA: FOUR ~~74145~~ Tulsa, Oklahoma 74145

74115 -

## CHILDREN:

### NOTE (single)

FOR THE ADJUTANT GENERAL:

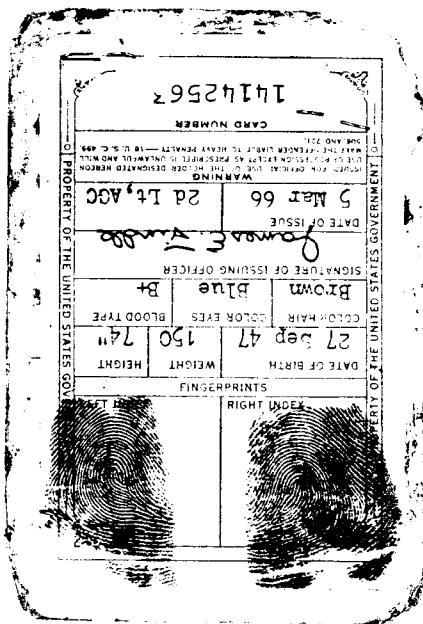
WILLIAM A. McLELLAN  
Colonel, AGC  
Executive Officer, TAGO

\* 32 was previously reported missing on 19 May 67 and reported dead 25 May 67

**DA FORM 1 FEB 62 2496**

REPLACES DD FORM 96, EXISTING SUPPLIES OF WHICH WILL BE ISSUED AND USED UNTIL 1 FEB 63 UNLESS SOONER EXHAUSTED.

COPY LBJ LIBRARY



Att

714-03



FILE DISP. BR AUG 11 1967

Boz

RECORD OF PERSONAL EFFECTS-MILITARY OPERATIONS (See instructions on reverse side)			PAGE NO 1	NO OF PAGES 1
1. NAME (Last, First, Middle Initial) BECLEHAM, JERRY L.	2. GRADE SP4	3. SERVICE NUMBER US 31 383 315		
4. ORGANIZATION AND STATION OR APO 188th Avn Co, AML	5. STATUS Decased	6. DATE OF STATUS 19 May 67		
EFFECTS DATA				
7. PLACE OF RECOVERY 188th Avn Co, AML			8. DATE OF RECOVERY	
9. INVENTORY OF EFFECTS		10. VERIFICATION OF INVENTORY		
QTY	DESCRIPTION	BY COMMAND EFFECTS DEPOT		BY CONUS EFFECTS OFFICE
		a.	b.	REC'D DISPOSITION
1	Personal papers			
1	Avol bag	1	Utility bag	
1	Shaving bag	4	Pair fatigue trousers	
1	Laundry	4	Fatigues shirts	
3	Locks	1	Baseball cap	
1	Knife with sheath	1	Pair glove shells with inserts	
14	Tesshirts	2	Field jacket	
6	Face cloths	2	Shaldi shirts	
8	Bath towels	2	Shaldi trousers	
1	Plain civ. shoes	12	Pair socks	
1	Writing tablet	1	Pair low-carters	
1	Iron-on patch kit	1	Belt buckle	
1	New Testament	1	Misc. mil. items	
3	Civ. shirts	1	Key	
3	Civ. trousers	1	Pair shoe laces	
2	Pair swim trunks		Scavenger money	
3	Hankiechiefs		//////////LAST INVENTORY//////////	
1	Cigarette lighter			
1	Sherfield 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.				
AMOUNT	DESCRIPTION	REC'D	DISPOSITION	b.
240	Pinsters		U.S. Treasury check will be forwarded at a later date to: Mrs. Dorothy Nigelsay, [REDACTED] Tulsa, Oklahoma	
(Attach supplemental sheet for additional items and/or discrepancies)				
12. SEAL NO. 13	13. EFFECTS SHIPPED TO [REDACTED] 115	14. DATE OF SHIPMENT		
15. THE ABOVE INVENTORY OF EFFECTS OF PERSON NAMED IN FORM 11 COM普SES 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 20 June 67	17. NAME, GRADE AND ORGANIZATION [REDACTED] Summary Court, Pers. Effects Division	SIGNATURE George Pygott 107		

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 BECKHAM,  
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

*R. George Poggetto Jr*  
ALLISON L. WATTS  
CPT, ARMY  
Summary Court Pers Aff 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 3LT ARMY

(Name of Purchaser)

13.18

(Amount of Check)

### US Army Mortuary RVN

USASUB.COM Saigon

(Print Address of Payee)

Tulsa, Oklahoma

(Print City, State & Zip Code)

RG  
Initials of Cashier

P. P. Adhi, IGT, FC

(Signature of CCO)

I certify that the amount indicated above represents the amount of currency received with the effects of **SP4 Jerry L Beckman** **BB 54 283 316**

MPC 11.15  
Piasters 240 = 240

### US Currency

Thomas L. Boland

(Signature of Purchaser)

AVCA SGN Form 170  
(16 Sep 66)

4405-67

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

31 May 1967

Mrs. Dorothy Migeley

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

26

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 GBL.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 DISCONTINUED

## 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 <b>40, MA, MINTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626</b>	2. MILITARY ACTIVITY TO WHICH FORM IS TO BE MAILED FOR PAYMENT (Name and Address, Including ZIP Code) <b>40, MA, MINTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626</b>	
3. DECEASED (Last Name, First Name, Middle Initial) <b>BECKHAM, GARRY. Jerry L.</b>	4. GRADE/RANK <b>S2P</b>	5. SERVICE NUMBER <b>US 54 383 346</b>
6. PLACE OF DEATH	7. DATE OF DEATH <b>19 May 67</b>	
8. NAME OF NEXT OF KIN <b>Mrs. Dorothy Midgley, [REDACTED] No., Tulsa, Okla.</b>	9. RELATIONSHIP <b>Mother</b>	
10. NAME AND ADDRESS OF FUNERAL DIRECTOR AND/OR NAME OF NATIONAL CEMETERY SELECTED BY NEXT OF KIN (Include ZIP Code) <b>Handricks Funeral Home, 102 No. Birch, Joplin, Okla.</b>		
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 <b>n/a</b>	

## PART II - TO BE COMPLETED BY NEXT OF KIN (Proper completion will expedite settlement.)

COMPLETE ITEMS 12 AND 13. FILL IN EITHER ITEM 14 OR 15. (Do not fill in both.) COMPLETE ITEM 16, IF APPLICABLE.		COMPLETE ITEM 17. MAIL TO ADDRESSEE IN ITEM 2.
12. CEMETERY, MAUSOLEUM OR OTHER DISPOSITION (Name and Address, Including ZIP Code) <b>MEMORIAL PARK 51 1/2 S. MEMORIAL DRIVE TULSA, OKLA.</b>	13. DATE OF INTERMENT <b>31 May 67</b>	
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.) <b>\$ 292.00</b>		
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 <b>n/a</b>		
b. CREMATION AND URN <b>n/a</b>		
c. CLOTHING <b>n/a</b>		
d. INTERMENT COSTS (Enter total amount paid or incurred for items listed in 14 above.) <b>n/a</b>		
16. TO BE COMPLETED WHEN NEXT OF KIN PAID OR INCURRED COST FOR SHIPMENT OF REMAINS		
a. SHIPPING COST <b>n/a</b>		
b. SHIPPED FROM (Place) <b>n/a</b>	c. SHIPPED TO (Place) <b>n/a</b>	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) <b>MRS Dorothy Midgley</b>	b. DATE <b>June 3, 67</b>
c. ADDRESS (Include ZIP Code) <b>7419 E. 38TH ST. No. 74115 TULSA, OKLA.</b>	d. SIGNATURE OF NEXT OF KIN <b>Mrs. Dorothy Midgley</b>

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

G-107  
CONDITIC JF REMAINS AND CASKET AT FINA. ESTINATION

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF REMAINS OF THE LATE

Jerry  
SP4 ~~EARL~~ L. BECKHAM US 54 383 346

Name of Decedent

THIS 29 DAY OF May 1969CONDITION OF REMAINS good

## INSTRUCTIONS:

EXCELLENT, GOOD OR  
UNSATISFACTORYCONDITION OF CASKET goodIf GOOD or UNSATISFACTORY, explain  
in detail in remarks section, belowCONDITION OF SHIPPING CASE good

## REMARKS

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)

Joseph L. Warren

## CONSIGNEE

Southwest Funeral Home  
611 S. Main St. Los Angeles

100  
B095  
R B  
① 55  
4

CZCFAB095

RFTU JAV RUJMTGH0509 1471259-UUUU--RUEOAF.

DE RUMPTP 2345 1462358

ZNR UUUUU

R 262238Z MAY 67

FM CG WA MTMTS OAK CALIF

TO RUEOAF/CHIEF SPTS DA WASHDC

REJEDANA/MORTUARY OFFICER APOE DOVER AFB DOVER DEL

BT

UNCLAS HTV-MEM 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 US55353931

PFC CARL R STOVAL RA14968469 E5 THOMAS MODISSETTE RA18738449

SP4 WALLACE S DVORACZYK US54374267 E4 JAMES L FOREMAN US55343435

PTV JERRY HOUSER RA19695935 1LT KARL F ERB 25532492

E4 JAMES W CARTWRIGHT US56469366 E3 GARY W RITCHIE US51376765

SP4 LARRY A WILLIAMSON US53257934 SP4 LAURENCE N WELK US55359153

PFC CLIFFORD E KELSEY RA16379551 PFC LARRY L REISSIG RA16953069

E5 LELAND THOMPSON RA19757951 E3 ELISEO E TARIN RA18745700

SP4 TERRY W ELSHIRE RA19876914 E3 LESLIE A BELLRICHARD RA56324493

E4 LEONARD A MANGERLIN US55357544 E4 GARY L BECKHAM US54333346

PFC RALPH W BLACKERRY RA16795910 E3 RANDAL A AYLWORTH US54956337

SP4 LEONARD A MORGAN US55695603 SP5 EDWARD A KNOOP RA12314675

BT

FILE

DISPOSITION BRANCH  
MEMORIAL DIVISION

Name: 87-010  
Date: 2 June 1987

**SUMMARY OF ACTION TAKEN**

BECKHAM, Jerry L. NAME OF DECEASED		SP4 RANK	US 54 383 346 SERVICE NUMBER	19 May 67 RVN DATE & PLACE
RACE	Cau	VERIFIED	RELIGION	Protestant
				CONGRESSIONAL
<input type="checkbox"/> NOK IN COMMAND		<u>DATE ACTION TAKEN</u>		<u>INITIALS OF CLERK</u>
1. CROWN REPORT Received:		22 May 67		baj
2. Remains Reported: <input checked="" type="checkbox"/> READY		22 May 67		baj
<input checked="" type="checkbox"/> PUNCH <input type="checkbox"/> WASTE <input type="checkbox"/> DETER		<input type="checkbox"/> COVER		
3. Initial Action requesting instructions from NOK		25 May 67		baj sp
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				
<input type="checkbox"/> NOK'S CONUS Address furnished TAGO				Date & Clerk Informed
<input type="checkbox"/> NOK'S Changed Address Furnished TAGO				
<input type="checkbox"/> SUMMARY COURT INFORMED				DATE
<input type="checkbox"/> Tracer msg to o/s comd for ETA				DATE
<input type="checkbox"/> Person to be kept informed other than NOK				
REMARKS: a AWARDS: NDSM, VCM, VSM				
FILE				
NAME				
DATE				

**UNCLASSIFIED**

**RECEIVED**

22 MAY 25 18 21

**PRIORITY  
ROUTINE**

*AM 100*  
**DISC. OF WASH.**

CHIEF SPTS DA WASH DC

CGMA MEMES OAK CALIF

**INFO:** CO USAR PERSONNEL CENTER OAKLAND CALIF  
CH XIX USA CORPS FT CHAFFEE ARK  
CGUSARPOR 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

19 May 67 (Hostile Action) to Hendricks Funeral Home, 102 North  
Birch, Jenks Oklahoma. Decedent Cau male; religion Protestant; NOK  
mother, Mrs. Dorothy Midgley, \_\_\_\_\_ Tulsa,  
Oklahoma. Notify also info adrs. Awards: NDSM, VCM, VSM

Whittingham  
54309  
Kerscher  
77756

Pendleton

77472

25 1610  
May 67  
1 1

*✓71402 Beckham, Gary L.*

Ext 77756

P. J. Kerscher, Chief,  
Operations Sec.

*✓*  
OREN WOMACK, Disp. Br.  
Memorial Division

**UNCLASSIFIED**

*Returns To Disposition*

MBA020 811A EDT MAY 25 67 SP00C068 (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*

*4c 97*

~~FOR OFFICIAL USE ONLY~~

DEPARTMENT OF THE ARMY

STAFF COMMUNICATIONS EMISSION

IMMEDIATE (INFO ADDDEES PRIORITY)

O P 240034Z MAY 17 ZFF-1  
FM CG USARV TSN RVN  
TO RUEOAFA/CAS BR DA  
INFO RUEPDA/TAG DA  
ZEN/CINCUSARPAC  
ZEN/COMUSMACV  
RUEOAFA/CH SPT SVCS DA  
RUCDOA/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 *DTG 211430Z MAY 67*  
BT  
UNCLAS E-F T O ~~FOUR~~ 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 ~~READY~~  
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 1C VOUCHER FOR PURCHASES ID SERVICES OTHER THAN PERSONAL			VOUCHER NO. <b>669107</b>	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>DEPARTMENT OF THE ARMY OAKLAND ARMY BASE, WA MINTS OAKLAND, CALIF. 94626</b>			DATE VOUCHER PREPARED <b>6-8-67 hlp</b>	SCHEDULE NO.		
			CONTRACT NUMBER AND DATE	PAID BY <b>S/N 5000 9 JUN 1967 Finance &amp; Accounting Office, WAMMITS Oakland Army Base OAKLAND, CALIF.</b>		
			REQUISITION NUMBER AND DATE	DATE INVOICE RECEIVED <b>11/1/67</b>		
PAYEE'S NAME AND ADDRESS  <b>MRS. DOROTHY WIGLEY [REDACTED] TULSA, OKLA. [REDACTED]</b>		<i>ROUTED TO: [REDACTED] [REDACTED] DIV. [REDACTED] OARB</i>			DISCOUNT TERMS	
SHIPPED FROM			TO	WEIGHT		GOVERNMENT B/L NUMBER
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE COST	AMOUNT PER	
		<b>PAYMENT OF AUTHORIZED INTERIMENT ALLOWANCE:</b>  <b>BECKHAM, JERRY L. SP4 US 54 383 346</b>				<b>292.00</b>
(Use continuation sheet(s) if necessary)			(Payee must NOT use the space below)			<b>TOTAL</b>
<b>PAYMENT:</b> <input checked="" type="checkbox"/> <b>COMPLETE</b> <input type="checkbox"/> <b>PARTIAL</b> <input type="checkbox"/> <b>FINAL</b> <input type="checkbox"/> <b>PROGRESS</b> <input type="checkbox"/> <b>ADVANCE</b>			<b>DIFFERENCES</b> <hr/> <hr/> <hr/> <hr/>			<b>292.00</b>
						<b>Amount verified; correct for</b>
						<b>(Signature or initials)</b>
<b>6-8-67</b>		<b>MEMORANDUM</b>				
ACCOUNTING CLASSIFICATION						
2172020 32-22 <del>226</del> P2530-25 599999 F1 L2 <b>292.00</b>						
<b>PAID BY</b>	CHECK NUMBER  <b>CASH</b>			ON TREASURER OF THE UNITED STATES	CHECK NUMBER	ON (Name of bank)
	DATE  <b>\$</b>					

DOMESTIC SERVICE	
Check the class of service desired, otherwise this message will be sent as a fast telegram	
TELEGRAM	X
DAY LETTER	
NIGHT LETTER	

\$

S E W. P. MARSHALL  
CHAIRMAN OF THE BOARDR. W. McFALL  
PRESIDENT

INTERNATIONAL SERVICE	
Check the class of service desired: otherwise the message will be sent at the full rate	
FULL RATE	
LETTER TELEGRAM	
SHORE SHIP	

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 91	

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. ~~Beckham~~ 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 ~~555-5552~~ 70736.

DISPOSITION BRANCH MEMORIAL DIVISION DEPARTMENT OF ARMY WUX \*MB

BECKHAM, Jerry L.  
US 54 383 346

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

HOUR: \_\_\_\_\_ REL AUTH: \_\_\_\_\_  
OREN WOMACK

PERSONAL NOTIFICATION OF PRIMARY NEXT OF KIN				CASE	Y 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)  Sd4 E-4	c. SERVICE NUMBER  US 54 383 346	d. RELIGION  Prot		
	e. ORGANIZATION  188th Avn Co APO SF 96268				f. RACE  Cau	
2	a. PRIMARY NEXT OF KIN  Mrs Dorothy Midgley	b. RELATIONSHIP  Mother				
	c. ADDRESS (Include Zip Code)  [REDACTED] Tulsa, Oklahoma 74145					
d. RELOCATION OF PRIMARY NEXT OF KIN						
3	a. PLACE MISSING OR DEAD  RVN	b. DATE  19 May 67	c. TIME  2127	d. STATUS OF REMAINS  Ready		
	e. CIRCUMSTANCES (Explain)  Indiv died as result of wounds received in the incident previously reported to you.	HOSTILE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
4 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	ZULU DATE
6	ITEMS 1 THROUGH 4 PASSED FOR NOTIFICATION ACTION TO HQ: 4A	[Signature] / Lamont			1450	24 May 67
7	PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY -----	[Signature] / McChesney			1540	"
8	COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY BRANCH OR ORIGINATOR	[Signature] / Welles / 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 AND DATE OF COMMISSION [REDACTED]	WITH EFFECTIVE DATE [REDACTED]				
	b. RECEIVED FROM	c. RECEIVED BY	d. TIME	e. DATE		

PERSONAL NOTIFICATION OF PRIMARY NEXT OF KIN				CLASS	TY CODE AND REPORT NUMBER
SECTION I - CASUALTY INFORMATION					
1. a. NAME (Last - First - Middle Initial) <i>BECKham, Jerry Lee</i>		b. GRADE (and Br for Ofc) <i>Sgt E4</i>	c. SERVICE NUMBER <i>US 54 383 346</i>	d. RELIGION <i>Prot</i>	e. RACE <i>CAU</i>
1. b. ORGANIZATION <i>188 Avn Co</i>		1. c. ADDRESS (Include Zip Code) <i>962 68</i>			
2. a. PRIMARY NEXT OF KIN <i>Mrs Dorothy Midgley</i>		2. b. RELATIONSHIP <i>M</i>			
2. c. ADDRESS (Include Zip Code) <i>Tulsa Okla 74145</i>					
2. d. RELOCATION OF PRIMARY NEXT OF KIN					
3. a. PLACE MISSING OR DEAD <i>RVN</i>		b. DATE <i>19 May</i>	c. TIME <i>2 12 7</i>	d. STATUS OF MAINS <i>WIA</i>	e. STATUS OF P MAINS
3. e. CIRCUMSTANCES (Explain) <i>clndr last seen as bunker guard when bunker was hit by RR fire</i>					
4. ADDITIONAL INFORMATION TO BE OBTAINED					
4. a. <input type="checkbox"/> CUSTODY					
4. b. <input type="checkbox"/> MARITAL STATUS					
4. c. <input type="checkbox"/> ADDRESS OF:					
4. d. <input type="checkbox"/> OTHER:					
5. a. ORIGINATOR <i>CG-USARV</i>		b. RECEIVED BY <i>PNV</i>		c. TIME <i>0107</i>	d. DATE <i>22 May</i>
SECTION II - NOTIFICATION ACTIONS					
6. 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: <i>4A</i>		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 _____					
14. b. RECEIVED FROM		c. RECEIVED BY		d. TIME	e. DATE

1554383346

1. Recipient's last, first, middle name, middle name
2. Service Number
3. Branch and Component
4. Date and place of birth
5. Date, place and name of present active entry on Active Duty
6. Selective Service No., Local Board and Circuit
7. Prior Service Date
8. B. F. R. D.
9. Social Security Number
10. Marital Status
11. Name and location of
12. Spouse
13. Father
14. Mother
15. Children
16. Name of居住地

DA FORM 41, REVISION EDITION OF  
1 OCT 44, FURNISHED IN WHICH WILL EMERGENCY DATA  
RE 1945 (12 SEP 44)

RECKHAY, JERRY LEE

US 54-383 346

27 Sep 47 Tulsa, Okla.

Mar 46

Tulsa, Okla.

34-74-47-815 LB # 74, Tulsa, Okla

4 Mar 46

Protestant

a. Single

b. DECEASED

c. DOROTHY WIGLEY, [REDACTED]

d. NONE

Tulsa, Okla.

Yes

No

13. WIFE

14. DOROTHY WIGLEY, 7419 E. 38th St. N., Tulsa, Okla., 1905

15. DOROTHY WIGLEY, -do-, 1905

16. DOROTHY WIGLEY, -do-, 1905

17. NONE

18. NONE

19.

20.

21.

1. This form is to be filled out and signed by the  
2. Spouse and children and any other  
3. Household members or dependents of the  
4. Recipient of this form are entitled to receive  
5. This form is to be given to the  
6. Recipient of this form  
7. Date of birth  
8. Signature

1. Jerry Lee Reckhay  
2. Jerry D. Reckhay

ORIGINAL Copy  
DUPLICATE Copy

020000Z MAY 67 ZFF-1

OTF+ JAW RUEOESK237+ 141000Z EEEE--RUEOAF.

ZNY EEEE

DE RUMSVA 5100 1411440

ZNY EEEE

O P 211430Z MAY 67 ZFF-1

FM CG USARV 1SN RVN

TO RUEOAF/ CAS BR DA

INFO RUEPDA/CINCUSARPAC

ZEN/COMUSMACV

RUEOAF/ Cn SPT SVC DA

RUCIDUA/Cn SP4VLMs BR STLNTS OPNS FCUSA INDPLS IND

ZEN, CG 1ST AVN BDE TSN RVN

RUMSTL/CO 2891n AVN BN CCI RVN

ZEN/CO USA MORT TSN RVN

BT

UNCLAS E F T O FOUC AVnAG-CC 34400 DA FOR AGFB-C

PROTECTIVE MARKING AUTOMATICALLY REMOVED 1AW PARA 193 (2)AR360-2

PUNCH REPT NO 6080, REPEAT, NO 6088 (MISSING IN ACTION)

A. BECKHAM, ~~JERRY 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

22 May 67  
8 AM

PAGE 2 RUMSVA 5100 UNCLAS E F T O FOUC

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

F. CAU

40. PORT OF ENTRY OARB	41. DATE RECEIVED AT PORT OF ENTRY 26 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	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)

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.

NON-VIEWABLE TAG ON CASKET.

## 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.

4405-67 JOS

(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 oversea 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. REMAINTS (Last Name - First Name - Middle Initial) BECKHAM, JERRY L. JERRY L.		2. GRADE SP4	3. SERVICE NUMBER US 54363346
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"/> AUTOPSYED <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 (Remains 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	FILE DISPOSITION BR. JUN 12 1967		

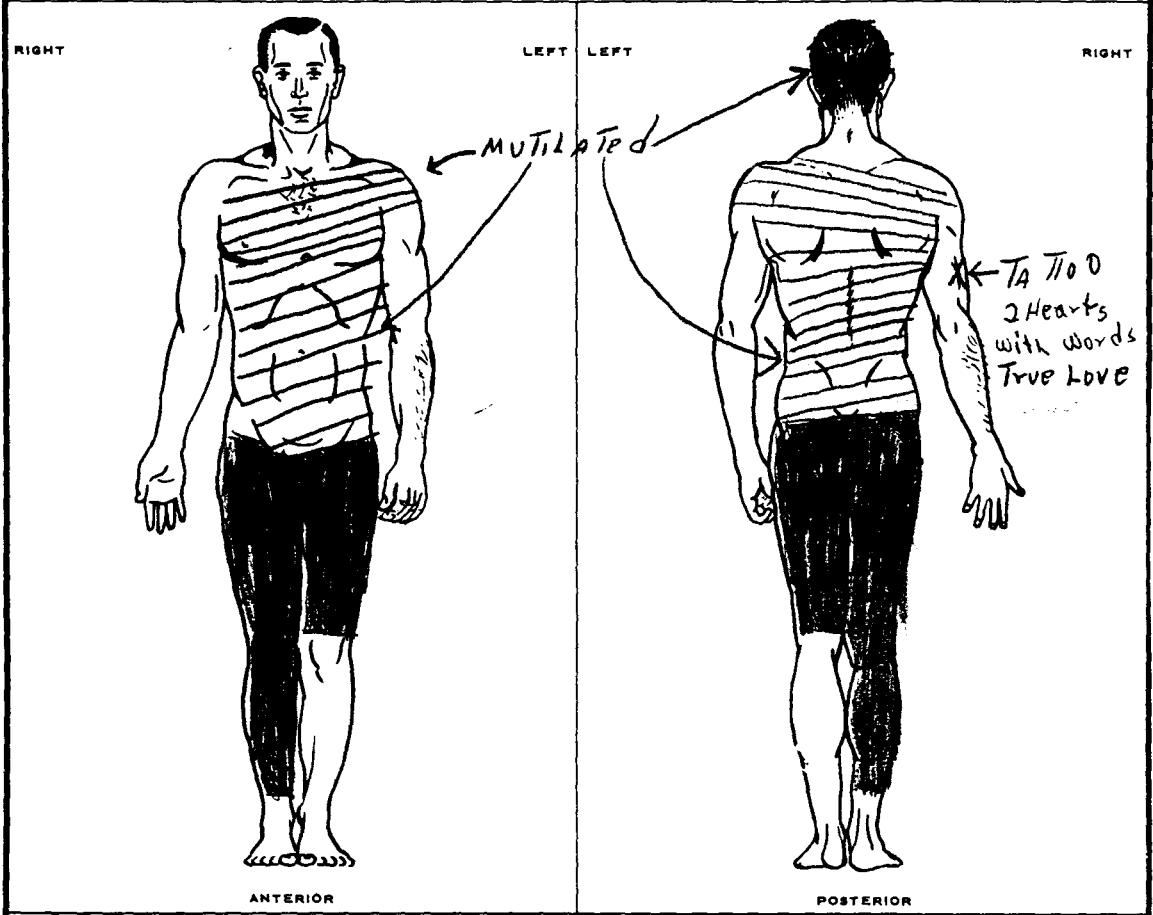
CERTIFICATE OF DEATH (OVERSEAS)					20-1-67
(AR 638-40)					
NAME OF DECEASED (Last, First, Middle) Beckham, Jerry L.		GRADE E-4	BRANCH OF SERVICE USA	SERVICE NUMBER US54383346	SEX
ORGANIZATION 603d Transportation Detachment (CHFM)		DATE OF BIRTH 27 Sept 47		<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
COLOR OR RACE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input checked="" type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH	
NAME OF NEXT OF KIN Dorothy Midgley		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 <sup>1</sup>		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 <sup>2</sup>					
MODE OF DEATH NATURAL ACCIDENT SUICIDE KIA HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY			CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Death due to Hostile Action
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. Atlee, Jr.				TITLE OR DEGREE Capt, MC/AMC	
GRADE Capt	SERVICE NUMBER 02320686	INSTALLATION OR ADDRESS 188th Avn Co (AMC) APO San Francisco 96268			
DATE 20 May 1967	SIGNATURE William E. Atlee Jr.				
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 APC 96307		DATE 23 May 67	SIGNATURE Chester L. Kratzer		
NAME OF CEMETERY OR CREMATORIAL			LOCATION OF CEMETERY OR CREMATORIAL		
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					
1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc. 2 State conditions contributing to the death, but not related to the disease or condition causing death.					

**RECORD OF IDENTIFICATION PROCESSING  
ANATOMICAL CHART**

*4405-67*

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)	GRADE	SERVICE NUMBER
<i>Pockham</i>	<i>SP14</i>	<i>44-983 346</i>
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO.	PLOT	ROW GRAVE

BLACK OUT PORTIONS NOT RECOVERED



ANTERIOR	POSTERIOR
<b>CONDITION OF REMAINS (Check pertinent blocks)</b>	
<input type="checkbox"/> SEMI-SKELETAL	<input type="checkbox"/> FLESH COVERED
<input type="checkbox"/> INTACT	<input checked="" type="checkbox"/> DECOMPOSED
<input type="checkbox"/> BURNED (Degree: <input type="checkbox"/> 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d)	
<b>REMARKS (Continue on reverse if additional space is required)</b>	
<i>Race - Caucasian</i> <i>Table Mutilated - UTO</i> <i>Body markings - See Above</i> <i>ID TAGS - 1W0112</i> <i>ID CARD - 1W0112</i> <i>Clothing - NONE</i>	
<b>NAME OF PREPARING OFFICIAL (Print or type)</b> <i>Major J. Bouffo</i>	<b>SIGNATURE</b> <i>John J. Bouffo</i>

DD FORM 1 FEB 66 893



DEPARTMENT OF THE ARMY  
138TH 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 positive knowledge of SP4 E4 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 O. 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*  
DARROW O. SMITH  
PSGE7 RA17 282 611

DEPARTMENT OF THE ARMY  
183TH 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, RAL6 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*

JAMES R. SLATE  
PFCE3 RAL6 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 SP4E4 Jerry L. Beckham was in Bunker Number 4½ on the night of 19 May 1967, approximately three minutes prior to the explosion which killed him.

*Gregory O. Brantley*  
GREGORY O. BRANTLEY  
PFCD3 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 407 848, 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 407 848

STATEMENT OF RECOGNITION			DATE
<i>John W. J.</i>			20 May 67
NAME Beckham, <i>John W.</i>	GRADE E-4	SERVICE NUMBER US 54 383 346	ORGANIZATION 603d Trans Det (CHEM)
Recognition is based upon personal acquaintance covering a period of <u>4 weeks</u> <u>months</u>			

I recognize the remains because of the following (Facial Features, scars, birthmarks, or other 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	GRADE	SERVICE NUMBER	ORGANIZATION
<u>James R. Slaton, Jerry</u>	<u>E-4</u>	<u>US 54 383 346</u>	<u>603d Trans Det (CHM)</u>

Recognition is based upon personal acquaintance covering a period of 3 months.

I recognize the remains because of the following (Facial Features, scars, birthmarks, or other unusual features):

Tattoo on right arm

TYPED NAME OF PERSON MAKING STATEMENT		VERIFIED BY (TYPE NAME)	
<u>James R. Slaton</u>		<u>Raymond P. Bascoelli</u>	
GRADE	SERVICE NUMBER	GRADE	SERVICE NUMBER
<u>E-3</u>	<u>RA 16 973 032</u>	<u>1/Lt</u>	<u>05023609</u>
ORGANIZATION		ORGANIZATION	
<u>603 TC Det</u>		<u>3d SGT Co (Prov) APO 96268</u>	
SIGNATURE		SIGNATURE	
<u>James R. Slaton</u>		<u>Raymond P. Bascoelli</u>	

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 OCof Spts S, Attn: Memorial Division.  
 b. Copy to Army Command.  
 c. Copy retained at preparing installation.

1405-67 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) <b>BERNARD J. BROWN</b>		GRADE SP4	SERVICE NUMBER US 54 383 346
BRANCH OF SERVICE US Army		ORGANIZATION AND BASE 183rd Avn Co.	
DATE OF DEATH 19 May 1967	PLACE OF DEATH Vicinity Coord: NT 490 470		
CONDITION OF REMAINS (Describe briefly in Remarks)			
<input checked="" type="checkbox"/> RECOGNIZABLE <input checked="" type="checkbox"/> NOT RECOGNIZABLE <input type="checkbox"/> COMMINGLED		<input checked="" type="checkbox"/> EVIDENCE OF DECOMPOSITION <input checked="" type="checkbox"/> MANGLED OR MUTILATED <input type="checkbox"/> EVIDENCE OF BURNS	
MEANS OF IDENTIFICATION (Check all appropriate boxes and indicate appropriate Inclosures. Specify supporting data in Remarks.)			
<input type="checkbox"/> IDENTIFICATION TAGS <input type="checkbox"/> PERSONAL EFFECTS <input type="checkbox"/> DENTAL COMPARISON <input type="checkbox"/> SKELETAL AND ANATOMICAL COMPARISON <input type="checkbox"/> FINGERPRINTS <input checked="" type="checkbox"/> VISUAL RECOGNITION <input checked="" type="checkbox"/> OTHER (Specify in Remarks) Tattoo and on the scene witness statements		INCLOUSURES DD FORM 890 DD FORM 891 AND SF 603 DD FORM 892 AND/OR DD FORM 893 DD FORM 894	

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 PFC E-7 Darrow C. Smith, SP4 William L. Branlett, Gregory O. Brantley and PFC James R. Slate who place BROWN 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. GLESTER, DHC, GS-11	
SIGNATURE OF IDENTIFYING OFFICER <i>Ernest J. Glestner</i>		
NAME AND ADDRESS OF INSTALLATION US Army Mortuary, Vietnam MPC 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.

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(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) GAR/ <i>Jerry L.</i> BECKHAM, 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 recoiless 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>Chesler 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 (Remains 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) Frank B. Blythe, USAF		

39. SIGNATURE  
*Frank B. Blythe USAF*

## SUMMARY

## REMARKS

## RECOMMENDATIONS

In view of parent unit association with specific casualty BECKHAM, 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.

RIF

CIA

DIA

AF

Navy

MC

CG

AR

SF

## RECOMMENDATIONS PRESENTED

DATE	TYPED NAME AND TITLE OF IDENTIFICATION SPECIALIST
23 May 67	ERNEST J. DEMESTER, DAC, GS-11 SIGNATURE OF IDENTIFICATION SPECIALIST <i>Ernest J. Demester</i>

## NAME AND ADDRESS OF INSTALLATION

US Army Mortuary, Vietnam APO 96307

## RECOMMENDATIONS ACCEPTED

DATE	TYPED NAME, GRADE AND TITLE OF ACCEPTING OFFICER
23 May 67	JAMES H. FRIDE, LTC, Commanding SIGNATURE OF ACCEPTING OFFICER <i>James H. Fride May 67</i>

## 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) WJS

REPORT OF CASUALTY		REPORT NUMBER AND TYPE A 3272 FINAL	DATE PREPARED RVN 6356 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 <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 TSM 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. DISTRICTION B-8-2 IV	14. BY ORDER OF THE SECRETARY OF THE ARMY:  <i>E W Hall</i> Adjutant General		

DD FORM 1 MAR 62 1500

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

DATE ARRIVED DESTINATION

29 May 67

29 May 67

DID YOU MEET NEXT OF KIN (IF NOT, EXPLAIN)

Yes

WERE YOU ASKED TO STAY FOR FUNERAL

WERE MILITARY SERVICES RENDERED

DATE AND HOUR OF FUNERAL

Yes

Yes

1530 Hours  
31 May 67

NAME AND LOCATION OF CEMETERY

Memorial Park Cemetery, 5137 S. Memorial Drive, Tulsa, Okla.

FLAG PRESENTED TO

DATE DEPARTED ON RETURN TRIP

DATE ARRIVED DUTY STATIC

Mrs. Dorothy Midgley

31 May 67

31 May 67

DETAILED REPORT ON YOUR MISSION (INCLUDE ALL PERTINENT DATA, SPECIAL REQUESTS OR UNUSUAL CIRCUMSTANCES)

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. 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. 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.

DATE

SIGNATURE OF ESCORT

1 Jun 67

s/ Joseph F. Warren