

INDIVIDUAL DECEASED

PERSONNEL FILE

CAUTHEN, HENRY C. SR
SN: W2 215523

(45)

EXECUTIVE
ED 9-2-2/1 C

AUG 14 1967

Dear Mrs. Cauthen:

I learned with great sadness of the death of your husband, Chief Warrant Officer Henry C. Cauthen, Sr.

I hope it will comfort you to know that your husband was serving his country in a time of great need. Your grief in his loss is shared by all his countrymen.

Mrs. Johnson and I join in expressing our heartfelt sympathy to you. You will be remembered in our prayers.

Sincerely,

LYNDON B. JOHNSON

X
Mrs. Henry C. Cauthen, Sr.
309 Carr Street
Clarksdale, Mississippi 38614

LBJ:JDG:mmc - 1

DISPOSITION FORM

(AR 340-15)

REFERENCE OR OFFICE SYMBOL	SUBJECT
AGFC-R (1431 NH)	Non-Hostile Military Casualty in Vietnam

TO Chief of Staff
ATTN: LTC S. M. Smith Jr.
Room 3C 715, The Pentagon

FROM TAG

DATE 4 August 1967 CMT 1
LTC Gard / 72066 RAK

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

NAME: CWO Henry C. Cauthen, Sr, W2 215 523

ORGANIZATION: 188th Asslt Helicopter Co, 1st Avn Bde, APO SF 96268

DATE OF CASUALTY: 31 July 1967*

CIRCUMSTANCES: Died as a result of injuries received from mid air collision of two helicopters.

NAME AND ADDRESS OF NEXT OF KIN: Mrs Gail O. Cauthen (Wife)

ARMY AREA: THREE 809 Carr Street
Clarksdale, Miss. 38614

Mrs. Leola Cauthen (Mother)
Same add. as wife

CHILDREN:

Daughters (2)
Sons (2)

FOR THE ADJUTANT GENERAL:

DONALD L. GEER
Colonel, AGC
Executive Officer, TAGO

*Previously reported missing, 31 July 1967, chg to dead 3 Aug 67

DA FORM 2496 1 FEB 68

REPLACES DA FORM 96, EXISTING SUPPLIES OF WHICH WILL BE
ISSUED AND USED UNTIL 1 FEB 68 UNLESS SOONER EXHAUSTED.

CERTIFICATE OF DEATH (OVERSEAS)

(AR 638-40)

10391-67		CERTIFICATE OF DEATH (OVERSEAS)		
NAME OF DECEASED (Last, First, Middle) CAUTHEN, HENRY C.		GRADE WO-2	BRANCH OF SERVICE ARMY	SERVICE NUMBER W 2215523
ORGANIZATION 188th Avn Co APO 96268		DATE OF BIRTH 22 June 1931		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 <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input checked="" type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)
NAME OF NEXT OF KIN Gail O. Cauthen		RELATIONSHIP TO DECEASED Wife		
STREET ADDRESS		CITY OR TOWN AND STATE Clarksdale, Mississippi		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Trauma		
		Instant		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES	
<input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(1) 100% 3rd degree body burns		
DATE OF DEATH (Hour, day, month, year) 2300 hrs 31 July 1967		PLACE OF DEATH Grid CQ 245345 1 1/2 Miles South of Phu Help, 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 WILLIAM E. ATLEE JR.			TITLE OR DEGREE MC/AMO	
GRADE CPT	SERVICE NUMBER 02320686	INSTALLATION OR ADDRESS 188th Aviation Company, APO 96268		
DATE 1 Aug 1967	SIGNATURE William E. Atlee, Jr.			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS HENRY J. HERMAN		GRADE GS-9	LICENSE NUMBER 1703 NY	STATE NY
INSTALLATION OR ADDRESS US Army Mortuary, Vietnam APO 96307		DATE 4 Aug 67	SIGNATURE Henry J. Herman	
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				

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

REPORT OF CASUALTY		REPORT NUMBER AND CASUALTY CODE PUNCH 9874		DATE PREPARED 1 August 67	
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization) CAUTHEN, Henry Clay, Sr., W2 215 523, CW2 188th Assalt Helicopter Co, 1st Avn Bde, APO SF 96268					
2. CASUALTY STATUS		a. CIRCUMSTANCES		<input type="checkbox"/> BATTLE	<input checked="" type="checkbox"/> NON-BATTLE
Indiv last seen as co-pilot of 4 helicopter en route to combat operation when aircraft collided in mid air with another helicopter and crashed. Search is in progress.					
b. PLACE MISSING OR DEAD RVN	c. DATE 31 Jul 67	d. TIME 2355	e. STATUS OF REMAINS	f. RACE Cau	g. RELIGION Baptist
3a. DATE AND PLACE OF BIRTH 22 June 31, Clarksdale, Mississippi			b. COMMENCED TOUR DATE		
4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 19 Sept 66, Clarksdale, Mississippi; Clarksdale, Mississippi					
5. SOCIAL SECURITY NO., PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY W-2 over 18 \$526.80				CHECK IF APPLICABLE <input type="checkbox"/> CREW <input type="checkbox"/> NON-CREW	
6. SELECTIVE SERVICE NO., LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services) 22 15 31 92, LB # 15, Clarksdale, Mississippi					
7. PRIMARY NEXT OF KIN, RELATIONSHIP, AND ADDRESS (include ZIP Code) Mrs Gail O Cauthen (Wife) Clarksdale, Mississippi 38614					
8. 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:					
9. a. ORIGINATOR RVN	b. RECEIVED BY PNU	c. TIME 1423	d. DATE 1 Aug 67		
SECTION II - NOTIFICATION ACTIONS					
10. ITEMS 1 THROUGH 4 PASSED FOR NOTIFICATION ACTION TO HQ: 3d Army	NAMES OF PERSONS PASSING AND RECEIVING THE ACTION (and msg No.) MECH / TRENCH		ZULU TIME	ZULU DATE 1 Aug 67	
11. PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY: Maj NICELES					
12. COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY DIVISION OR ORIGINATOR MECH / TRENCH					
13. CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN GARLIS					
14. WESTERN UNION MESSAGE DISPATCHED TO SECONDARY NEXT OF KIN SAME ADDRESS AS PNO					
15. DEATH GRATUITY PAYMENT MESSAGE DISPATCHED TO SURVIVOR ASSISTANCE OFFICER BY: N/A					
16. DATA ENTERED ON INFORMATION MESSAGE NO. 494 BY DA CASUALTY DIVISION	MECH / TRENCH				
17. ADDRESS FOR GRATUITY PAY					
18. a. INDIVIDUAL (has)(has not) BEEN POSTHUMOUSLY PROMOTED TO _____ WITH EFFECTIVE DATE _____ AND DATE OF COMMISSION _____					
b. RECEIVED FROM	c. RECEIVED BY		d. TIME	e. DATE	

130 226 X30

21867

CERTIFICATE OF DEATH (OVERSEAS) (AR 638-40)				
NAME OF DECEASED (Last, First, Middle) CAUTHEN, HENRY C.		GRADE WO-2	BRANCH OF SERVICE ARMY	SERVICE NUMBER W 2215523
ORGANIZATION 188th Avn Co APO 96268		DATE OF BIRTH 22 June 1931		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 <input checked="" type="checkbox"/> SINGLE <input checked="" 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 Gail O. Cauthen		RELATIONSHIP TO DECEASED Wife		
STREET ADDRESS		CITY OR TOWN AND STATE Clarksdale, Mississippi		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Trauma		Instant
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY (1) 100% 3rd degree body burns		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 2300 hrs 31 July 1967		PLACE OF DEATH Grid CQ 245345 1 1/2 Miles South of Phu Heip, 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 WILLIAM E. ATLEE JR.			TITLE OR DEGREE MC/AMO	
GRADE CPT	SERVICE NUMBER 02320686	INSTALLATION OR ADDRESS 188th Aviation Company, APO 96268		
DATE 1 Aug 1967	SIGNATURE William E. Atlee, Jr.			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS HENRY J. HERMAN		GRADE GS-9	LICENSE NUMBER 1703 NY	STATE OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Vietnam APO 96307		DATE 4 Aug 67	SIGNATURE Henry J. Herman	
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				

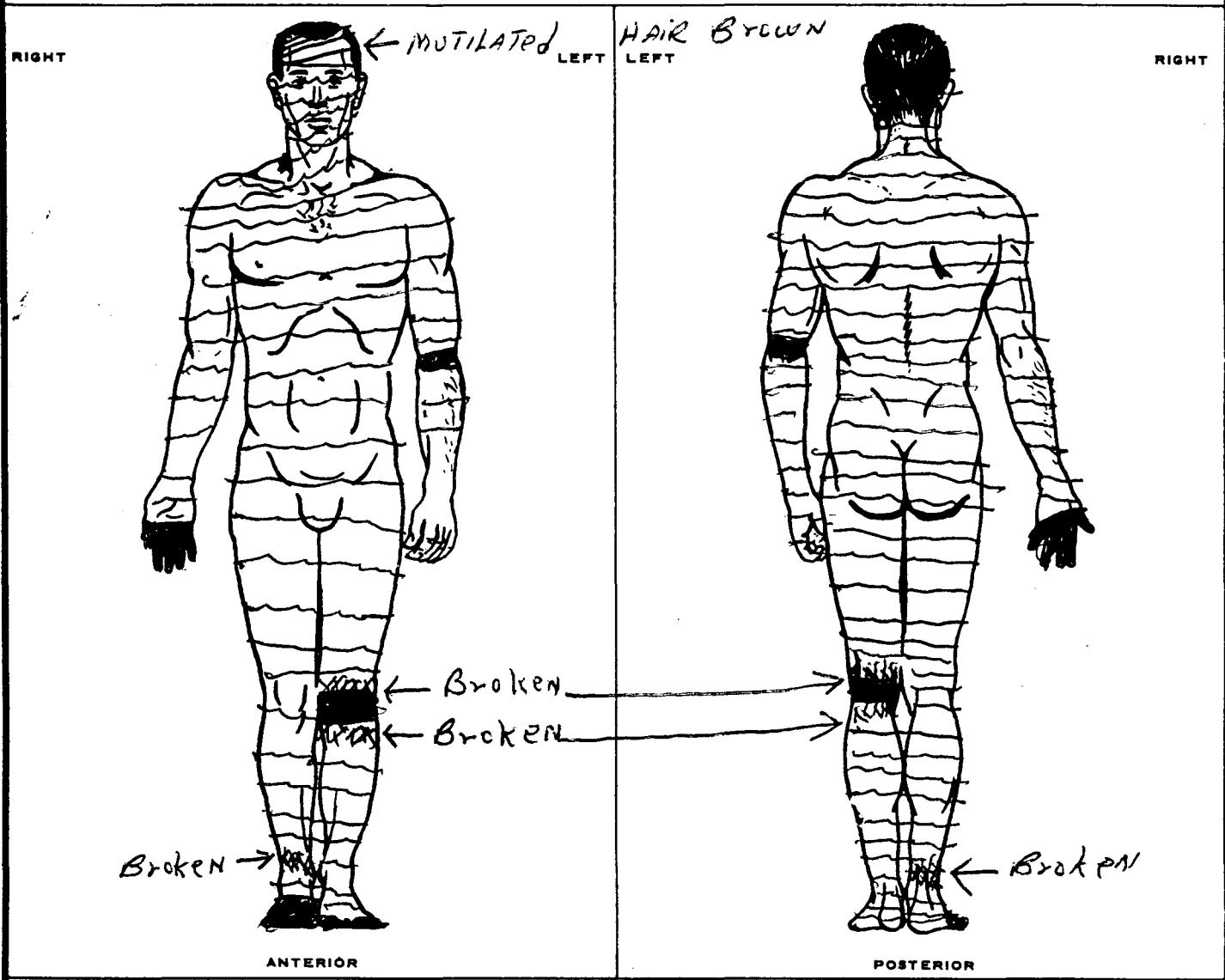
¹State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.²State conditions contributing to the death, but not related to the disease or condition causing death.

RECORD OF IDENTIFICATION PROCESSI
ANATOMICAL CHART

6391-67

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)	GRADE	SERVICE NUMBER
CAUTHEN, HENRY C.	CWO-2	W 215523
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO.	PLOT	ROW
		GRAVE
		ESTIMATED AGE (Yrs)
		ESTIMATED HEIGHT
		69"

BLACK OUT PORTIONS NOT RECOVERED



CONDITION OF REMAINS (Check pertinent blocks)

SEMI-SKELETAL

FLESH COVERED

INTACT

DECOMPOSED

BURNED (Degree: 1st 2nd 3rd)

REMARKS (Continue on reverse if additional space is required)

Body incomplete

Race-CAU

Table measurement - 49 inches

Body markings - See Above

ID card - None received

20 tags - two (2) for CAUTHEN, HENRY W 215523 found in remains poor.

Clothing - none - Boots size 11R non metal found in remains poor.

NAME OF PREPARING OFFICIAL (Print or type)

Alvin J. Bouffet

SIGNATURE

Al J. Bouffet

RECORD OF IDENTIFICATION PROCESSING

DENTAL CHART

6391-67

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)

CAUTHEN, Henry C.

GRADE

W0-2

SERVICE NUMBER

W2 215523

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER

PLOT

ROW

GRAVE

MARKING ABBREVIATIONS:

F-Facial
L-LingualO-Occlusal
M-MesialD-Distal
I-InciselAM-Amalgam
CR-Crown-Fill-Filling
Plas-PlasticPorc-Porcelain
Sil-SilicateBack-Backing
Fac-Facing

CARIOS		CROWN													CARIOS	
RESTORATIONS	M O Am F Am	D O Am	MAX MSG										O Am O Am	O Am		
	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
UPPER RIGHT																UPPER LEFT
LOWER RIGHT																LOWER LEFT
RESTORATIONS	M O Am F Am	D O Am	4mm EST	BROKEN OFF										O Am F Am	O Am F Am	
CARIOS	31	30	29	28	27	26	25	24	23	22	21	20	19	18		
RESTORATIONS																CARIOS

THE FOLLOWING CONDITIONS WILL BE INDICATED IF PRESENT (Describe in detail in Remarks section)

MOTTLED ENAMEL	ROTATION	FRACTURED ENAMEL	IRREGULARITY OF ALIGNMENT
ENAMEL HYPOPLASIA	UNERUPTED TEETH	FRACTURES OF TEETH	UNUSUAL RESTORATIONS
EROSION	MALOCCLUSION	RETAINED DECIDUOUS TEETH	UNUSUAL APPLIANCES
ABRASION	SUPERNUMERARY TEETH	ABNORMAL INTERDENTAL SPACES	MALPOSED TEETH

PREPARED BY (Typed Name and Signature)

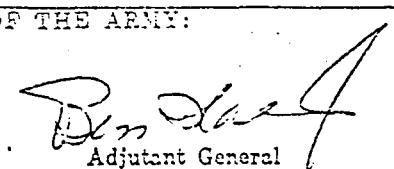
James M. Lamb

VERIFIED BY (Typed Name and Signature)

Wesley A. Neep

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

d7s

REPORT OF CASUALTY		REPORT NUMBER AND TYPE	DATE PREPARED
		A 4987 FINAL RVM 1421	5 August 67
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization) CAUTHEN, HENRY CLAY, SR., W2 215 523; CTO; USAR; 188TH ASSLT HELICOPTER CO, 1ST AVN BDE, VIETNAM			
2. CASUALTY STATUS <input checked="" type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE			
DIED on 31 July 1967 in Vietnam as result of multiple injuries. He was co-pilot of helicopter which collided in mid air with another helicopter and crashed.			
Commenced tour in Vietnam 27 April 1967			
3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE 22 June 1931, Clarksdale, Mississippi Caucasian: Baptist			
4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 19 September 1966, Clarksdale, Mississippi Clarksdale, Mississippi			
5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY			CHECK IF APPLICABLE
W-2 Over 18 years \$526.80 Flight			<input checked="" type="checkbox"/> CREW <input type="checkbox"/> NON-CREW
6. DUTY STATUS ACTIVE: On duty			
7. INTERESTED PERSONS (Name, Address, Relationship) Mrs. Gail O. Cauthen, Clarksdale, Mississippi, Wife ^{1,3} notified 4 August 67 Barbara G, James Q., Henry C., Jr., and Janet A. Cauthen, address same as above, Children Mrs. Leola Cauthen, address same as above, Mother ²			
DA Form 41 dated 27 February 1967			
8. REPORT FOR VATC FOLLOW <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT CG USARV LBN RVM 3 August 67	
10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services) 22 15 31 92 LB #15, Clarksdale, Mississippi			
11. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NG 24 885 104			
12. REMARKS			
"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 the date of death, 31 July 1967, to 3 August 1967, date evidence of death was received by the Department of the Army."			
For VA: Certification of Basic Pay UP 38, USC 402 Unknown			
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 A-2 III		14. BY ORDER OF THE SECRETARY OF THE ARMY:  Adjutant General	

~~IMMEDIATE~~

~~EF~~ ~~RECEIVED~~ ~~1202 PH '67~~
RECEIVED
USPTO
ADMINISTRATIVE OFFICE

~~DAILY~~

ZCFA B668 | 1202 PH '67

OFTEZYUW RUEOASB 21 31 340-EEEE-RUEOAF.

DE RUMSVA 206 21 31 020

ZNY EEEEE ZOK JPCCO, ARCC

O P 011102Z JUL 67 ZFF-1

FM CG USARV LDN RVN

TO RUEOAF/USAS DIV DA

INFO RUEPWD, TAG DA

JUZEN, CINCUSARPAC

ZEN, COMUSMACV

RUEOAF, CH SP1 SVCS DA

RUCIDQA, CH SP CLMS BR STLNTS OPNS FUSA INDLS IND

ZEN, CG 1ST AVN BDE TSN RVN

ZEN, CO USA MORT TSN RVN

BT

UNCLAS E F T O ~~020~~ AVHAG-CC 02401 JPCCO/ARCC DA FOR AGPB C

PROTECTIVE MARKING AUTOMATICALLY REMOVED IAW PARA 19B(2)AR 360-2

PUNCH REPT NO. 9874, REPEAT, NO. 9874 (MISSING)

A. CAUTHEN, HENRY C.

B. W2 21 0 020, REPEAT, W2 21 0 020

C. CW2 W2

D. 31 JUL 67 AT 2355HRS, REPEAT, 31 JUL 67 AT 2355 HRS.

E. INDIVIDUAL SEEN CO-PILOT OF UH-1 HELI ENROUTE TO COUNTER MORTAR
ATTACK MSN VIC COORD: CQ 233 335, RVN, WHEN ACFT COLLIDED IN

PAGE 2 RUMSVA 206 UNCLAS E F T O ~~020~~

MID-AIR WITH ANOTHER UH-1 HELI AND CRASHED. STATUS IS NOT THE
RESULT OF HOSTILE ACTION. SEARCH IN PROGRESS.

F. CAU

G. 100TH ASSLT HELI CO, 1ST AVN BDE APO SFRA 96268 II CORPS

H. NOK: GAIL CAUTHEN (W) CLARDSDALE, MISS.

DA FORM 41 DATED 27 EB 67

I. BP: 026.00 ADD PAY: POWER, ANGLE, GLOBE (FSA) BPED: 4 NOV 47

SGLI-TENLUMP-LAW TL UNDER UCMJ. NONE

BT

~~EF~~ ~~RECEIVED~~

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 HO, WA, MIMTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626	2. MILITARY ACTIVITY TO WHICH FORM IS TO BE MAILED FOR PAYMENT (Name and Address, Including ZIP Code) HO, WA, MIMTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626	
3. DECEDENT (Last Name, First Name, Middle Initial) CAUTHEN, HENRY C.	4. GRADE/RANK CW2	5. SERVICE NUMBER W2 215 523
6. PLACE OF DEATH Vietnam		7. DATE OF DEATH 31 July 1967
8. NAME OF NEXT OF KIN Mrs. Gail O. Cauthen, , Clarksdale, Mississippi		9. RELATIONSHIP Widow
10. NAME AND ADDRESS OF FUNERAL DIRECTOR AND/OR NAME OF NATIONAL CEMETERY SELECTED BY NEXT OF KIN (Include ZIP Code) National Funeral Home, 615 S. State St., Clarksdale, Mississippi		

11. GOVERNMENT CONTRACT FOR CARE OF REMAINS IN EFFECT AT PLACE OF DEATH (Not applicable to Air Force)	b. 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) Oakridge Cemetery Clarksdale Miss. 38614	13. DATE OF INTERMENT Aug. 11, 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.)

\$ **650.00**

15. TO BE COMPLETED WHEN NEXT OF KIN MADE ALL ARRANGEMENTS (Fill in appropriate amounts opposite a, b, c and d.)
--

a. REMOVAL, CASKET, PRESERVATION AND RELATED SERVICES

\$ **n/a**

b. CREMATION AND URN

\$ **n/a**

c. CLOTHING

\$ **n/a**

d. INTERMENT COSTS (Enter total amount paid or incurred for items listed in 14 above.)

\$ **n/a**

16. TO BE COMPLETED WHEN NEXT OF KIN PAID OR INCURRED COST FOR SHIPMENT OF REMAINS
--

a. SHIPPING COST

\$ **n/a**

b. SHIPPED FROM (Place)	c. SHIPPED TO (Place)	d. MODE OF SHIPMENT <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> HEARSE
n/a	n/a	

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) NATIONAL FUNERAL HOME	b. DATE 8-10-67
---	-------------------------------

c. ADDRESS (Include ZIP Code) P. O. Box 717 Clarksdale, Miss. 38614	d. SIGNATURE OF NEXT OF KIN Mrs. Gail O. Cauthen
---	--

MEMORIAL DIVISION - OARB

ESCORT'S REPORT OF MISSION

DECEDENT

CW2 HENRY C. CAUTHEN W2 215 523

CONSIGNEE

National Funeral Home, 615 S. State St., Clarksdale, Mississippi

NEXT OF KIN

Mrs. Gail O. Cauthen, Clarksdale, Mississippi

ESCORT

I thoroughly understand my duties in connection with my escort mission and acknowledge receipt of the following supplies which will be returned to the Mortuary Office, OARB upon completion of mission.

BRASSARD, ARM	1 Ea
GLOVES, WHITE	1 Pr
GUIDE FOR ESCORTS	1 Ea

2LT MORRIS LEWKOWICZ 05 339 225

DATE 8 Aug 67

DID YOU MEET NEXT OF KIN? (If not, explain below)	WERE YOU ASKED TO STAY FOR FUNERAL?
Yes	Yes
WERE MILITARY SERVICES RENDERED?	DATE AND HOUR OF FUNERAL
Yes	1000 Hours 11 Aug 67

NAME AND LOCATION OF CEMETERY

Oakridge Cemetery, Clarksdale, Miss.

FLAG PRESENTED TO	DATE DEPARTED ON RETURN TRIP	DATE ARRIVED DUTY STATION
Mrs. Henry C. Cauthen	11 Aug 67	12 Aug 67

DETAILED REPORT ON MISSION (Include all pertinent data, special requests or unusual circumstances.)

Next of kin desired to keep the gloves, brassard and Guide for Escorts booklet. No problems or unusual circumstances encountered.

DATE	SIGNATURE OF ESCORT
14 Aug 67	<i>Morris Lewkowicz</i>

RECORD OF PERSONAL EFFECTS-MILITARY OPERATIONS (See instructions on reverse side)			PAGE NO 1	NO OF PAGES 2	
1. NAME (Last, First, Middle Initial)	2. GRADE	3. SERVICE NUMBER			
CANTRELL, REXY C.	O-2 WO	67 215 530			
4. ORGANIZATION AND STATION OR APO	5. STATUS	6. DATE OF STATUS			
240th Inf Bn Co 1st Avn Bde	Decimated	31 July 67			
EFFECTS DATA					
7. PLACE OF RECOVERY			8. DATE OF RECOVERY		
100th Inf Bn Co 1st Avn Bde					
9. INVENTORY OF EFFECTS	10. VERIFICATION OF INVENTORY				
QTY	DESCRIPTION	BY COMMAND EFFECTS DEPOT	BY CONUS EFFECTS OFFICE	REC'D DISPOSITION	
		a.	b.		
2	Personal papers	1	Shaving bag	1	Cloth, dress green
1	Travel alarm w/ case	1	Petri camera	1	Trouser dress green
1	Log bag	2	Petri lens w/ case	1	Leather belt
1	Pt. jump harness	1	Petri filter	2	Black shirt w/ tie pin
1	Pt. log quarters	3	Garrison cap w/ case	1	Plastic garment bag
1	Stove, Coleman	8	Leather	2	Civ. mail
1	Flight bag, black	3	Towels	3	Civ. shirt
2	Sewing kit	8	T-shirt	2	Civ. trousers
1	Flashlight	1	Civ. pajamas	2	Sets khaki's
1	Flash adapter	1	Civ. shirt	1	Leather carrier green
2	Sold drink	1	Pt. shorts	12	Pt. socks
1	Keraloo w/ case w/ case	1	Pt. eye glasses	2	Knife
1	CIV. belt	2	Plastic bag	1	Belt buckle
7	Handkerchiefs	1	Field jacket	7	Potigue shirt
1	Head towel	2	Flight jacket	6	Potigue trousers
1	Straight razor	3	Polaroid camera	2	Plastic shorts
3	Believe in love shorts	2	Watch watch	1	Sewing kit
1	Hall clipper	2	Scallop w/ belt leather	1	String shot
1	Thermos	2	Woolies	1	Marker kit
6	Keys w/ case w/ locking case	1	Phone electric line	3	Matches
11.	TOTAL FUNDS				
FUNDS EXCHANGED, CONVERTED, DEPOSITED, ETC.					
(To be completed by Summary Court-Martial or other responsible person)					
FUND TRANSMITTED WITH EFFECTS					
a.					b.
AMOUNT	DESCRIPTION	REC'D	DISPOSITION		
	NO FUNDS EXCHANGED THIS STATION.				
(Attach supplemental sheet for 1 items and/or discrepancies)					
12. SEAL NO. 112	EFFECTS SHIPPED TO	14. DATE AND METHOD OF SHIPMENT	21 August 1967 240 PRT #1 603116704		
15. THE ABOVE INVENTORY OF EFFECTS OF PERSON NAMED IN ITEM 1 COMPRISSES <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 19 Aug 67	TYPE EXCLUDED , REMANUFACTURED , REMANUFACTURED Summary Court	SIGNATURE	Thomas L. Boland		

1 Brown wallet
1 Electric cord w/out let
1 Web belt
1 Duffel bag
Souvenir money
Misc. Military Items

//////////(LAST ITEM)/////////

Thomas L. Boland

THOMAS L. BOLAND
1LT, ARMOR
Summary Court

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

AVCA-SGN-MY

24 August 1967

SUBJECT: Report of Disposition of Personal Effects of Deceased Person
(RE: CW2 CAUTHEN, HENRY C., W2 215 523) (Evac #6391-67)
188th Asslt Heli Co, 1st Avn Bde

TO: 7/14/67 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 8, USASUPCOM, Saigon, 17 June 1967 for the purpose of disposing of the effects of CW2 CAUTHEN, HENRY C., W2 215 523 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 Mrs. Gail Cauthen, ... Clarksdale, Mississippi is the wife 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.

FOR THE COMMANDER:

✓ Thomas L. Boland
THOMAS L. BOLAND
1LT ARMOR
Summary Court

4 Inclosures:

- 1. Inventory (DD Form 1076) ✓
- 2. Certificate of Destruction ✓
- 3. Ltr nok dtd 23 Aug 67 ✓
- 4. Ltr nok dtd 7 Aug 67 w/Questionnaire ✓

✓ FILE DISPOSITION BR. AUG 31 1967
M

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

AVCA-SGN-MY

19 Aug 67

Date

CERTIFICATE OF DESTRUCTION

I certify that the following items belonging to GAUTHEN, HENRY C.
W2 215 523 (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 Mirror
1 Pillow
1 Footlocker
1 Cigarette holder
2 Shoe brushes
1 Pr. swim trunks
1 Pr. shower shoes
7 Packs of cigarettes
1 Lighter
1 Burnt camera
1 Pr. shower shoes
5 Pr. socks
1 Foot powder
1 Pr. P.J.s
1 Bar soap
1 Bottle Aspirin
1 Bottle Alka Seltzers
1 Nasal mist
1 Shampoo
Misc. cards & papers

Thomas L. Boland

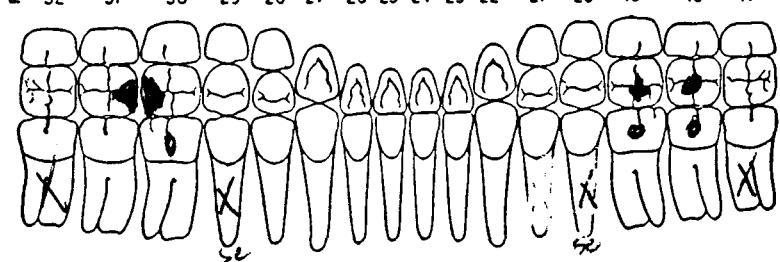
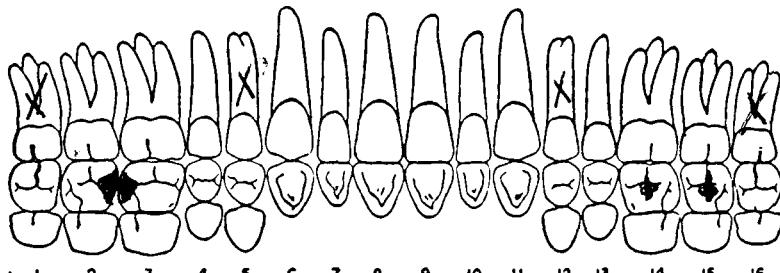
THOMAS L. BOLAND
1LT, ARMOR
Summary Court

HEALTH RECORD

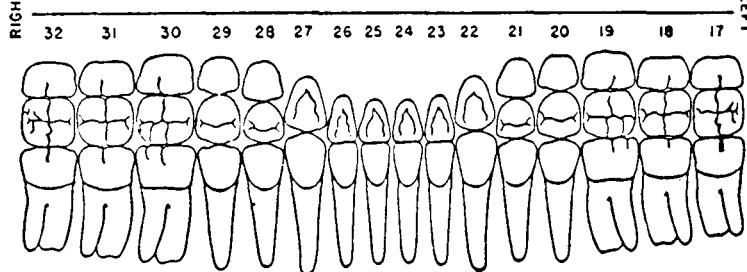
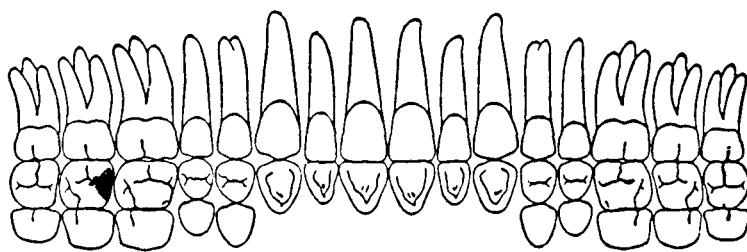
DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION			2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION				
INITIAL	SEPARATION	OTHER (Specify)	1	2	3	4	1	2	3	4	5
4. MISSING TEETH AND EXISTING RESTORATIONS											



5. DISEASES, ABNORMALITIES, AND X-RAYS



E. INDICATE X-RAYS USED IN THIS EXAMINATION

FULL MOUTH PERIAPICAL	<input checked="" type="checkbox"/>	POSTERIOR BITE-WINGS	OTHER (Specify)
-----------------------	-------------------------------------	----------------------	-----------------

DATE OCT 17 1966 PLACE OF EXAMINATION KUHN DENTAL CL FT. CAMPBELL, KY.

REMARKS

Allergy..... Diabetes.....
Bleeder..... Drug Sen.....
Cardiac..... Rheutc FVR.....
Negative XL 17

KUHN DENTAL CL
PLACE OF EXAMINATION
FT. CAMPBELL, KY. DATE OCT 17 1966

SIGNATURE OF DENTIST COMPLETING THIS SECTION

R. A Thompson capn

A. CALCULUS

SLIGHT	<input checked="" type="checkbox"/>	MODERATE	HEAVY
--------	-------------------------------------	----------	-------

B. PERIODONTOCLASIA

LOCAL	GENERAL
INCIPENT	MODERATE

C. STOMATITIS (Specify)

GINGIVITIS	VINCENT'S
------------	-----------

D. DENTURES NEEDED

(Include dentures needed after indicated extractions)

FULL	PARTIAL
U	L

ABNORMALITIES OF OCCLUSION—REMARKS

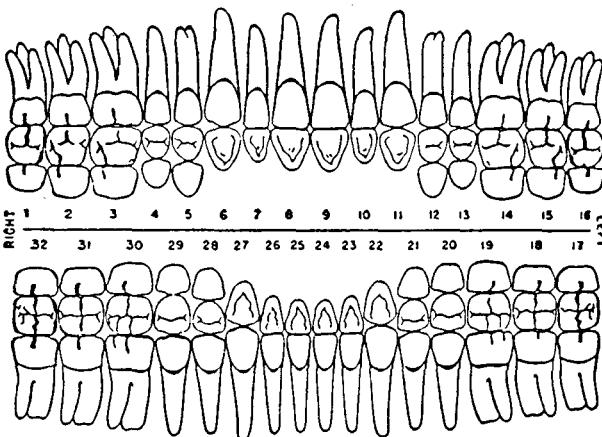
SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
M	CAU	W0 - F	188th		US ARMY

12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	13. DATE OF BIRTH (DAY-MONTH-YEAR)	14. IDENTIFICATION NO.
CAUTHEN, HENRY C	22 JUN 31	W2 215 523

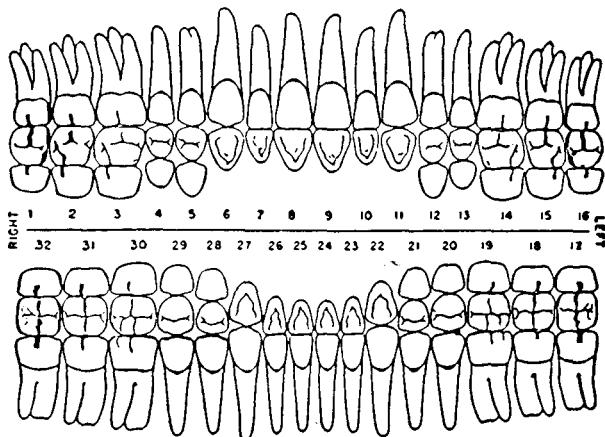
SECTION III. ATTENDANCE RECC.

15. RESTORATIONS AND TREATMENTS (Completed during service)



REMARKS

16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

17. SERVICES RENDERED

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

631462
 RECORD OF IDENTIFICATION PROCESS
 ANATOMICAL CHART

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)

WILFRED HENRY J.

GRADE

CWO-2

SERVICE NUMBER

W 3315533

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO.

PLOT

ROW

GRAVE

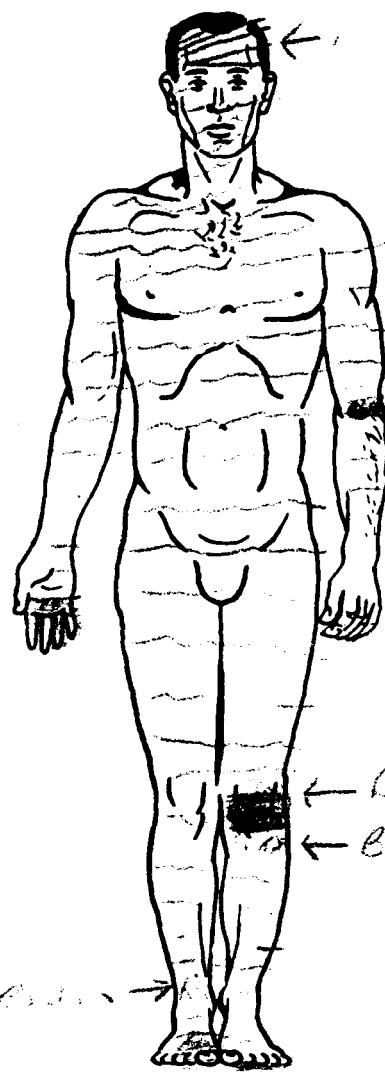
ESTIMATED AGE (Yrs)

ESTIMATED HEIGHT

19"

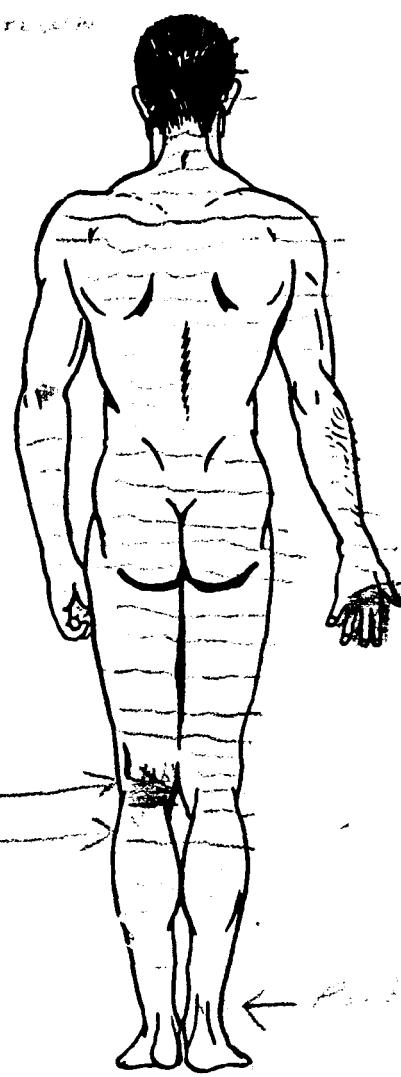
BLACK OUT PORTIONS NOT RECOVERED

RIGHT



LEFT LEFT

RIGHT



ANTERIOR

POSTERIOR

CONDITION OF REMAINS (Check pertinent blocks)

SEMI-SKELETAL

FLESH COVERED

INTACT

DECOMPOSED

BURNED (Degree:

1st

2d

3d

REMARKS (Continue on reverse if additional space is required)

Blacked out areas - 49%
 1/2

1/2

Blacked out areas - 49%
 1/2

Blacked out areas - 49%
 1/2

SIGNATURE

Al V. Keefe

NAME OF PREPARING OFFICIAL (Print or type)

Al V. Keefe

RECORD OF IDENTIFICATION PROCESSING
DENTAL CHART

6391-62

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)

GRADE

SERVICE NUMBER

CAUTHER, Henry C.

WO-2

W2 215523

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER

PLOT

ROW GRAVE

2000-2001

MARKING ABBREVIATIONS:

*F-Facial O-Occlusal
L-Lingual M-Mesial*

D-Distal
I-Incisa

AM- Amalgam
CR- Crown

**-Fill-Filling
Plas-Plastic**

**Porc-Porcelain
Sil-Silicate**

**Back-Backing
Fac-Facing**

THE FOLLOWING CONDITIONS WILL BE INDICATED IF PRESENT (Describe in detail in Remarks section)

MOTTLED ENAMEL	ROTATION	FRACTURED ENAMEL	IRREGULARITY OF ALIGNMENT
ENAMEL HYPOPLASIA	UNERUPTED TEETH	FRACTURES OF TEETH	UNUSUAL RESTORATIONS
EROSION	MALOCCLUSION	RETAINED DECIDUOUS TEETH	UNUSUAL APPLIANCES
ABRASION	SUPERNUMERARY TEETH	ABNORMAL INTERDENTAL SPACES	MALPOSED TEETH

PREPARED BY (Typed Name and Signature)

James M. Lamb

VERIFIED BY (Typed Name and Signature)

Wesley G. Tapp

NAME OF DECEASED (Last, First, Middle) CAUTHEN, Henry C.		GRADE CWO-2	SERVICE NUMBER W2 215 523
BRANCH OF SERVICE US ARMY		ORGANIZATION AND BASE 188th Avn Co	
DATE OF DEATH 31 July 1967	PLACE OF DEATH Coord: CQ 245 345 (1 1/4 miles south of Phu Heip, RVN)		
CONDITION OF REMAINS (Describe briefly in Remarks)			
<input checked="" type="checkbox"/> RECOGNIZABLE	<input checked="" type="checkbox"/> NOT RECOGNIZABLE	EVIDENCE OF DECOMPOSITION	
<input checked="" type="checkbox"/> COMMINGLED		<input checked="" type="checkbox"/> MANGLED OR MUTILATED	<input checked="" type="checkbox"/> EVIDENCE OF BURNS
MEANS OF IDENTIFICATION (Check all appropriate boxes and indicate appropriate Inclosures. Specify supporting data in Remarks.)			
<input checked="" type="checkbox"/> IDENTIFICATION TAGS		INCLOUSURES	
<input checked="" type="checkbox"/> PERSONAL EFFECTS		DD FORM 890	
<input checked="" type="checkbox"/> DENTAL COMPARISON		<input checked="" type="checkbox"/> DD FORM 891 AND SF 603	
<input checked="" type="checkbox"/> SKELETAL AND ANATOMICAL COMPARISON		<input checked="" type="checkbox"/> DD FORM 892 AND/OR DD FORM 893	
<input checked="" type="checkbox"/> FINGERPRINTS		DD FORM 894	
<input checked="" type="checkbox"/> VISUAL RECOGNITION			
<input checked="" type="checkbox"/> OTHER (Specify in Remarks)			

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

This severely mutilated and charred remains received as WO Henry C. CAUTHEN, but there were no statements verifying identity received for this remains.

Race - Caucasian. (WO-2 CAUTHEN was Caucasian)

Table measurement - 69 inches. (WO-2 CAUTHEN was 72" tall)

Hair - Brown. (WO-2 CAUTHEN had Brown hair)

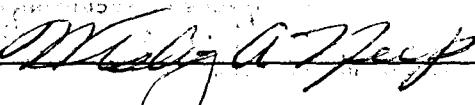
Fingerprints unobtainable.

Two (2) ID tags for "CAUTHEN, HENRY C. W2 215 523" were found in the pouch with this remains.

Size 11-R boots were the only portions of remains found on this remains.

The tooth chart prepared for this remains is in agreement with the Dental Records for WO-2 CAUTHEN, Henry C., W2 215 523.

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

DATE 2 August 1967	TYPED NAME, GRADE AND TITLE OF IDENTIFYING OFFICER Wesley A. Neep GS-12 Anthropology Splt	
	SIGNATURE OF IDENTIFYING OFFICER	
		

NAME AND ADDRESS OF INSTALLATION

US ARMY MORTUARY, VIETNAM

REMARKS

• Remains of a male, white, 30-40 years old, found dismembered in
abdominal cavity. No identification data or personal items found.

RECOMMENDATIONS

In view of the parent unit association of this remains as specific casualty WO-2 CAUTHEN, the matching of race, height, hair, Teeth and ID Tags with recorded data for WO-2 CAUTHEN and the absence of any contradictory evidence, it is concluded that this is the remains of WO-2 Henry C. CAUTHEN, W2 215 523.

RECOMMENDATIONS PRESENTED

DATE	TYPED NAME AND TITLE OF IDENTIFICATION SPECIALIST
2 August 1967	Wesley A. Neep Anthropology Splt
	SIGNATURE OF IDENTIFICATION SPECIALIST

NAME AND ADDRESS OF INSTALLATION

US ARMY MORTUARY, VIETNAM

RECOMMENDATIONS ACCEPTED

DATE	TYPED NAME, GRADE AND TITLE OF ACCEPTING OFFICER
2 August 1967	DEVERO MARTIN, MAJOR, QMC, MORTUARY OFFICER
	SIGNATURE OF ACCEPTING OFFICER

NAME AND ADDRESS OF INSTALLATION

US ARMY MORTUARY, VIETNAM

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	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. REMAINS PROPERLY WRAPPED	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. PROPER AMOUNT OF MILDEW PREVENTATIVE ADDED TO CASKET OR TRANSFER CASE	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. CLOTHING, DECORATIONS AND PERTINENT DOCUMENTS COMPLETE	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. BODY BATHED TO PRESENT A CLEAN APPEARANCE	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. FACE SHAVEN	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. MUSTACHE, IRONY, AND HAIRS PROTRUDING FROM EARS AND NOSE TRIMMED	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. FACIAL FEATURES AND HANDS ARRANGED TO PRESENT A NATURAL APPEARANCE	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. FINGERNAILS CLEAN AND TRIMMED	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. ALL ORIFICES, ABRASIONS, MUTILATIONS, AND INCISIONS SEALED TO PREVENT DRAINAGE AND LEAKAGE	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. REMAINS ADEQUATELY EMBALMED	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. IDENTIFICATION TAGS WITH REMAINS	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m. IDENTIFICATION TAGS PLACED AROUND NECK OF REMAINS	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n. COSMETICS APPLIED TO PRESENT A NATURAL APPEARANCE TO HANDS AND FACE	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o. EYELIDS, EYEBROWS, AND HAIR FREE OF COSMETICS	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p. RESTORATIVE WORK APPEARS NATURAL	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q. PROPER UNDERCLOTHING PLACED ON REMAINS	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r. ENTIRE UNIFORM CLEAN, PRESSED AND SATISFACTORY IN APPEARANCE AND FIT	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s. EPAULET ENDS UNDER COLLAR, THE IN PLACE, BUTTONS AND BELT PROPERLY FASTENED AND DECORATIONS BETHADZEMER CORRECTLY PLACED	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
t. REMAINS PRESENT AN APPEARANCE OF REPOSE IN CASKET	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
u. MUTILATED REMAINS PROPERLY WRAPPED AND SECURED IN POSITION	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
v. RECOMMEND THAT FAMILY BE ALLOWED TO VIEW REMAINS	TO THE HONORABLE COMMANDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>

EXPLANATION OF IRREGULAR CONDITIONS, IF ANY. (Refer to Item reference letter)

43. RESTORATIVE TREATMENT (State reason if features not restored)	TO THE HONORABLE COMMANDER
44. REMARKS AND RECOMMENDATIONS TO RECEIVING FUNERAL DIRECTOR (Whether remains are viewable or non-viewable, etc.)	TO THE HONORABLE COMMANDER
45. COMMENTS TO OVERSEAS COMMAND CONCERNING INITIAL EMBALMING (Cite deficiencies, recommendations for corrective action, and/or favorable comments on condition of remains)	TO THE HONORABLE COMMANDER
46. DATE SHIPPED TO RECEIVING FUNERAL DIRECTOR	47. PORT EMBALMER OR CONTRACT FUNERAL DIRECTOR (Name)
48. LICENSE NUMBER AND STATE	49. SIGNATURE

50. REMARKS (Indicate item reference number when applicable)	TO THE HONORABLE COMMANDER
Remains thoroughly examined. ID checked. wrapped in fresh, hardening compound, cotton clear sheet, plastic and blanket, put into burial pouch. Proper uniform with decorations furnished by this command, put on top of burial pouch.	TO THE HONORABLE COMMANDER
CASKET MARKED NON-VIEWABLE.	TO THE HONORABLE COMMANDER
TO THE HONORABLE COMMANDER	TO THE HONORABLE COMMANDER
TO THE HONORABLE COMMANDER	TO THE HONORABLE COMMANDER