

**INDIVIDUAL DECEASED**

**PERSONNEL FILE**

CAUTHEN, HENRY C. SR  
SN: W2 215523

(45)

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

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

LBJ:JDG:mmc - 1

# DISPOSITION FORM

(AR 340-15)

REFERENCE OR OFFICE SYMBOL

SUBJECT

AGIC-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 / RAK / 72066

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*

130 226 X30

213167

16391-67

## CERTIFICATE OF DEATH (OVERSEAS)

(AR 638-40)

NAME OF DECEASED (Last, First, Middle) <b>CAUTHEN, HENRY C.</b>		GRADE <b>WO-2</b>	BRANCH OF SERVICE <b>ARMY</b>	SERVICE NUMBER <b>W 2215523</b>
ORGANIZATION <b>188th Avn Co APO 96268</b>		DATE OF BIRTH <b>22 June 1931</b>		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 <b>Gail O. Cauthen</b>		RELATIONSHIP TO DECEASED <b>Wife</b>		
STREET ADDRESS		CITY OR TOWN AND STATE <b>Clarksdale, Mississippi</b>		

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>		<b>Multiple Trauma</b>		<b>Instant</b>
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	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	<b>(1) 100% 3rd degree body burns</b>		
DATE OF DEATH (Hour, day, month, year) <b>2300 hrs 31 July 1967</b>		PLACE OF DEATH <b>Grid CQ 245345 1 1/4 Miles South of Phu Heip, RVN</b>		
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 <b>WILLIAM E. ATLEE JR.</b>			TITLE OR DEGREE <b>MC/AMO</b>	
GRADE <b>CPT</b>	SERVICE NUMBER <b>02320686</b>	INSTALLATION OR ADDRESS <b>188th Aviation Company, APO 96268</b>		
DATE <b>1 Aug 1967</b>		SIGNATURE <i>William E. Atlee Jr.</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS <b>HENRY J. HERMAN</b>		GRADE <b>GS-9</b>	LICENSE NUMBER <b>1703</b>	STATE <b>VT</b>
INSTALLATION OR ADDRESS <b>US Army Mortuary, Vietnam APO 96307</b>		DATE <b>4 Aug 67</b>	SIGNATURE <i>Henry J. Herman</i>	
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)	DATE REGISTERED		FILE NUMBER	STATE <b>VT</b>
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 10-249

1 APR 59

PPC-Japan

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 Asslt 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 <del>UH-1H</del> 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					
ACTION		NAMES OF PERSONS PASSING AND RECEIVING THE ACTION (and msg No.)		ZULU TIME	ZULU DATE
10. ITEMS 1 THROUGH 4 PASSED FOR NOTIFICATION ACTION TO HQ: 3d Army		MECH / TURNER			1 Aug 67
11. PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY:		MAJ NICKLES			
12. COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY DIVISION OR ORIGINATOR		MECH / TURNER		0300	1 Aug 67
13. CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN		GALLI		0750	Aug 7
14. WESTERN UNION MESSAGE DISPATCHED TO SECONDARY NEXT OF KIN		SAME ADDRESS AS PNOK			
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		GARRIS		0450	Aug 17
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

218167

16391-67  
CERTIFICATE OF DEATH (OVERSEAS)

(AR 638-40)

NAME OF DECEASED (Last, First, Middle) <b>CAUTHEN, HENRY C.</b>		GRADE <b>WO-2</b>	BRANCH OF SERVICE <b>ARMY</b>	SERVICE NUMBER <b>W 2215523</b>
ORGANIZATION <b>188th Avn Co APO 96268</b>		DATE OF BIRTH <b>22 June 1931</b>		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 <b>Gail O. Cauthen</b>		RELATIONSHIP TO DECEASED <b>Wife</b>		
STREET ADDRESS		CITY OR TOWN AND STATE <b>Clarksdale, Mississippi</b>		

## 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>	<b>Multiple Trauma</b>	<b>Instant</b>
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	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(1) 100% 3rd degree body burns	
<input checked="" type="checkbox"/> ACCIDENT			
<input type="checkbox"/> SUICIDE			
<input type="checkbox"/> HOMICIDE			

DATE OF DEATH (Hour, day, month, year)	PLACE OF DEATH
<b>2300 hrs 31 July 1967</b>	<b>Grid CQ 245345 1 1/2 Miles South of Phu Heip, RVN</b>

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 <b>WILLIAM E. ATLEE JR.</b>		TITLE OR DEGREE <b>MC/AMO</b>
GRADE <b>CPT</b>	SERVICE NUMBER <b>02320686</b>	INSTALLATION OR ADDRESS <b>188th Aviation Company, APO 96268</b>
DATE <b>1 Aug 1967</b>	SIGNATURE <i>William E. Atlee Jr.</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>HENRY J. HERMAN</b>	GRADE <b>GS-9</b>	LICENSE NUMBER	STATE <b>1703 NY</b>	OTHER
INSTALLATION OR ADDRESS <b>US Army Mortuary, Vietnam APO 96307</b>	DATE <b>4 Aug 67</b>	SIGNATURE <i>Henry J. Herman</i>		
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION	

## REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

<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.

# CORD OF IDENTIFICATION PROCESS ANATOMICAL CHART

6391-67

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number) <b>CAUTHEN, HENRY C.</b>		GRADE <b>CWO-2</b>	SERVICE NUMBER <b>W 3215523</b>	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO.	PLOT	ROW	GRAVE	ESTIMATED AGE (Yrs) <b>49"</b>

BLACK OUT PORTIONS NOT RECOVERED

<p>RIGHT</p> <p>← MUTILATED</p> <p>← Broken</p> <p>← Broken</p> <p>Broken →</p> <p>ANTERIOR</p>		<p>HAIR BROWN</p> <p>LEFT</p> <p>← Broken</p> <p>← Broken</p> <p>← Broken</p> <p>POSTERIOR</p>		<p>RIGHT</p>
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CONDITION OF REMAINS (Check pertinent blocks)		<input type="checkbox"/> INTACT	<input type="checkbox"/> DECOMPOSED
<input type="checkbox"/> SEMI-SKELETAL	<input type="checkbox"/> FLESH COVERED	<input checked="" type="checkbox"/> BURNED (Degree: <input type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 3rd)	

REMARKS (Continue on reverse if additional space is required)

Body incomplete

RACE - CAU

TABLE MEASUREMENT - 49 inches

Body marking - see above

ID CARD - none received

ID TAGS - two (2) for CAUTHEN, HENRY W2 315523 found in remains pouch.

Clothing - none - Boots size 11R no marking found in remains pouch

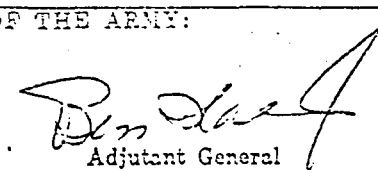
Fingerprints UNOBTAINABLE

NAME OF PREPARING OFFICIAL (Print or type) <b>Alvin J. Bouff</b>	SIGNATURE <i>Al J. Bouff</i>
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<div style="display: flex; justify-content: space-between;"> <span>6391-67</span> <span>RECORD OF IDENTIFICATION PROCESSING</span> </div> <div style="text-align: center;">DENTAL CHART</div>																	
LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)												GRADE		SERVICE NUMBER			
CAUTHEN, Henry C.												WVO-2		W2 215523			
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER												PLOT		ROW		GRAVE	
MARKING ABBREVIATIONS: <div style="display: flex; justify-content: space-between; font-size: small;"> <span>F-Facial L-Lingual</span> <span>O-Occlusal M-Mesial</span> <span>D-Distal I-Incisal</span> <span>AM-Amalgam CR-Crown</span> <span>-Fill-Filling Plas-Plastic</span> <span>Porc-Porcelain Sil-Silicate</span> <span>Back-Backing Fac-Facing</span> </div>																	
CRIES															CRIES		
RESTORATIONS															RESTORATIONS		
<div style="display: flex; justify-content: space-around;"> <span>1</span><span>2</span><span>3</span><span>4</span><span>5</span><span>6</span><span>7</span><span>8</span><span>9</span><span>10</span><span>11</span><span>12</span><span>13</span><span>14</span><span>15</span><span>16</span> </div>																	
UPPER RIGHT															UPPER LEFT		
LOWER RIGHT															LOWER LEFT		
<div style="display: flex; justify-content: space-around;"> <span>32</span><span>31</span><span>30</span><span>29</span><span>28</span><span>27</span><span>26</span><span>25</span><span>24</span><span>23</span><span>22</span><span>21</span><span>20</span><span>19</span><span>18</span><span>17</span> </div>																	
RESTORATIONS															RESTORATIONS		
CRIES															CRIES		
THE FOLLOWING CONDITIONS WILL BE INDICATED IF PRESENT (Describe in detail in Remarks section)																	
MOTTLED ENAMEL				ROTATION				FRACTURED ENAMEL				IRREGULARITY OF ALIGNMENT					
ENAMEL HYPOPLASIA				UNERUPTED TEETH				FRACTURES OF TEETH				UNUSUAL RESTORATIONS					
EROSION				MALOCCLUSION				RETAINED DECIDUOUS TEETH				UNUSUAL APPLIANCES					
ABRASION				SUPERNUMERARY TEETH				ABNORMAL INTERDENTAL SPACES				MALPOSED TEETH					
PREPARED BY (Typed Name and Signature)												VERIFIED BY (Typed Name and Signature)					
James M. Lamb												Wesley A. Free					

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	5 August 67
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization)		
CAUTHEN, HENRY CLAY, SR., W2 215 523; CWO; USAR; 188TH ASSLT HELICOPTER CO, 1ST AVN BDE, VIETNAM		
2. CASUALTY STATUS <input 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 <sup>1,3</sup> 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 <sup>2</sup>		
DA Form 41 dated 27 February 1967		
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 LBN RVN 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		
<p>"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."</p> <p>For VA: Certification of Basic Pay UP 38, USC 402 Unknown</p>		
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	14. BY ORDER OF THE SECRETARY OF THE ARMY:	
A-2  III	 Adjutant General	

IMMEDIATE

RECEIVED  
ADMINISTRATIVE OFFICE

ADMINISTRATIVE OFFICE

ZCFA 1 12 02 PM '67

OFTEZYUW RUEOASB 204 21 31 340-EEEE-RUEOAF.

DE RUMSVA 000 21 31 020

ZNY EEEEE ZOK JPCCO ARCC

O P 21 01 02 JUL 67 ZFF-1

FM CG USARV LBN RVN

TO RUEOAF/CAS DIV DA

INFO RUEPWD, IAG DA

JDZEN, CINCUSARPAC

ZEN, COMUSMACV

RUEOAF, CH SPT SVCS DA

RUCIDGA, CH SP CLMS BR STLITS OPNS FCUSA INDLS IND

ZEN, CG 1 ST AVN BDE TSN RVN

ZEN, CO USA MORT TSN RVN

BT

UNCLAS E F T O ~~AVHAG-CC 22401 JPCCO/ARCC DA FOR AGPBC~~

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

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

A. CAUTHERN, HENRY C.

B. W2 21 0 220, REPEAT, W2 21 0 220

C. CW2 W2

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

E. INDIVIAST SEEN CO-PILOT OF UHLC HELI ENROUTE TO COUNTER MORTAR  
ATTACK MSN VIC COORD: CG 233 330, RVN, WHEN ACFT COLLIDED IN

PAGE 2 RUMSVA 000 UNCLAS E F T O ~~AVHAG-CC 22401~~

MID-AIR WITH ANOTHER UHLC 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 SFRAN 96268 II CORPS

H. NOK: GAIL CAUTHERN (W)

CLARDSDALE, MISS.

DA FORM 41 DATED 27 EB 60

I. BP: 0226.00 ADD PAY: POWER, ANGLE, GLOBE (FSA) BPED: 4 NOV 47

SGLI-TENLUP-LAW TL UNDER UCMJ. NONE

BT

# 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>HQ, WA, MTMTS, 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>HQ, WA, MTMTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626</b>	
3. DECEDENT (Last Name, First Name, Middle Initial) <b>CAUTHEN, HENRY C.</b>		4. GRADE/RANK <b>CW2</b>	5. SERVICE NUMBER <b>W2 215 523</b>
6. PLACE OF DEATH <b>Vietnam</b>		7. DATE OF DEATH <b>31 July 1967</b>	
8. NAME OF NEXT OF KIN <b>Mrs. Gail O. Cauthen, , Clarksdale, Mississippi</b>		9. RELATIONSHIP <b>Widow</b>	
10. NAME AND ADDRESS OF FUNERAL DIRECTOR AND/OR NAME OF NATIONAL CEMETERY SELECTED BY NEXT OF KIN (Include ZIP Code)  <b>National Funeral Home, 615 S. State St., Clarksdale, Mississippi</b>			
11. GOVERNMENT CONTRACT FOR CARE OF REMAINS IN EFFECT AT PLACE OF DEATH (Not applicable to Air Force)  <input type="checkbox"/> YES <input type="checkbox"/> NO		a. IF YES, ENTER NAME OF CONTRACTING ACTIVITY  <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>Oakridge Cemetery Clarksdale Miss. 38614</b>		13. DATE OF INTERMENT  <b>Aug. 11, 1967</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>\$650.00</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>NATIONAL FUNERAL HOME</b>		b. DATE  <b>8-10-67</b>
c. ADDRESS (Include ZIP Code)  <b>P. O. Box 717 Clarksdale, Miss. 38614</b>		d. SIGNATURE OF NEXT OF KIN  <i>Mrs. Gail O. Cauthen</i>

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

**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)

Yes

WERE YOU ASKED TO STAY FOR FUNERAL?

Yes

WERE MILITARY SERVICES RENDERED?

Yes

DATE AND HOUR OF FUNERAL

1000 Hours  
11 Aug 67

NAME AND LOCATION OF CEMETERY

Oakridge Cemetery, Clarksdale, Miss.

FLAG PRESENTED TO

Mrs. Henry C. Cauthen

DATE DEPARTED ON RETURN  
TRIP

11 Aug 67

DATE ARRIVED DUTY STATION

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

14 Aug 67

SIGNATURE OF ESCORT

Morris Lewkowicz

RECORD OF PERSONAL EFFECTS-MILITARY OPERATIONS (See instructions on reverse side)		PAGE NO <b>1</b>	NO OF PAGES <b>12</b>
1. NAME (Last, First, Middle Initial) <b>CAYTHER, MARY C.</b>	2. GRADE <b>C-2 102</b>	3. SERVICE NUMBER <b>102 315 533</b>	
4. ORGANIZATION AND STATION OR APO <b>100th Asslt Heli Co 1st Avn Bde</b>	5. STATUS <b>Deceased</b>	6. DATE OF STATUS <b>31 July 67</b>	
EFFECTS DATA			
7. PLACE OF RECOVERY <b>100th Asslt Heli Co 1st Avn Bde</b>		8. DATE OF RECOVERY	
9. INVENTORY OF EFFECTS		10. VERIFICATION OF INVENTORY	
QTY	DESCRIPTION	BY COMMAND EFFECTS DEPOT a.	BY CONUS EFFECTS OFFICE b.
		REC'D DISPOSITION	REC'D DISPOSITION
1	Personal papers	1 Shaving bag	1 Coat, dress greens
1	Travel aloft w/ears	1 Petri camera	1 Trouser dress green
1	Lee bag	2 Petri lens w/ears	1 Leather belt
1	Pr. jump boots	1 Petri filter	2 Neck ties w/ tie pin
1	Pr. lee quarters	1 Garrison cap w/ears	1 Plastic garment bag
1	Stove, Coleman	8 Trowsers	1 Civ. suit
1	Flight bag, black	3 Towels	3 Civ. shirts
2	Sewing kit	8 T-shirts	2 Civ. trousers
1	Flashlight	1 Civ. raincoat	2 Sets khaki's
1	Flash adapter	1 Civ. shirt	1 Luggage carrier green
2	Sold drink	1 Pr. shorts	12 Pr. socks
1	Kerosene w/gard w/ears	1 Pr. gym shoes	2 Knives
1	Civ. belt	1 Plastic bag	1 Belt buckle
7	Handkerchiefs	1 Field jacket	7 Fatigue shirts
1	Hand towel	1 Flight jacket	6 Fatigue trousers
1	Straight razor	1 Polaroid camera	2 Nylon shirts
3	Salvors on key chain	1 Wrist watch	1 Sewing kit
1	Nail clipper	2 Balls of ball leather	1 Kiting shot
1	Trowsers	3 Towels	1 Barber kit
4	Kape w/chain w/sailing edge	2 Face cloths	3 Hooks
		1 Rain pants	
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
	<b>NO FUNDS TRANSMITTED THIS STATION.</b>		
(Attach supplemental sheet for 1 items and/or discrepancies)			
12. SEAL NO. 112 - EFFECTS SHIPPED TO <b>Clarksville, Tennessee</b>		14. DATE AND METHOD OF SHIPMENT <b>31 August 1967 PAC PRI #1 403116704</b>	
15. THE ABOVE INVENTORY OF EFFECTS OF PERSON NAMED IN ITEM 1 COMPRISES <input type="checkbox"/> ALL KNOWN EFFECTS <input type="checkbox"/> ALL KNOWN EFFECTS EXCEPT THOSE REMOVED FROM REMAINS <input type="checkbox"/> ALL KNOWN EFFECTS REMOVED FROM REMAINS <input type="checkbox"/> ADDITIONAL EFFECTS 2D SHIPMENT			
16. <b>19 Aug 67</b>	TYPE <b>FORM 1076-1, 100000, 1st, 1967</b> <b>Summary Court</b>		SIGNATURE <i>Thomas L. Boland</i>

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

*att*

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

AVCA-SCN-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 *LA*

*7/14/67*  
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 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:

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 ✓

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

✓  
FILE DISPOSITION BR. AUG 31 1967  
*MA*

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 CAUTHEN, HENRY C.  
W2 215 523 (Deceased) were found to be worn beyond repair and of ob-  
noxious 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.Js
- 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

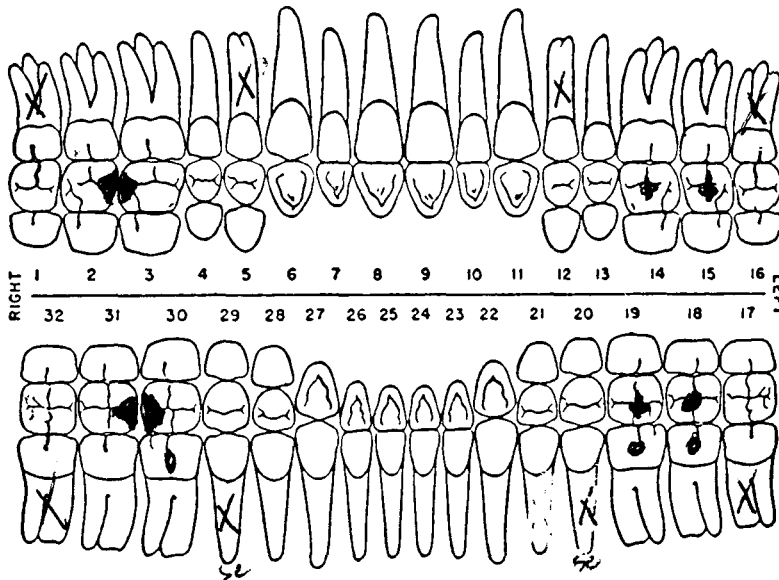
## HEALTH RECORD

## DENTAL

### SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION			2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION				
<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> SEPARATION	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

#### 4. MISSING TEETH AND EXISTING RESTORATIONS

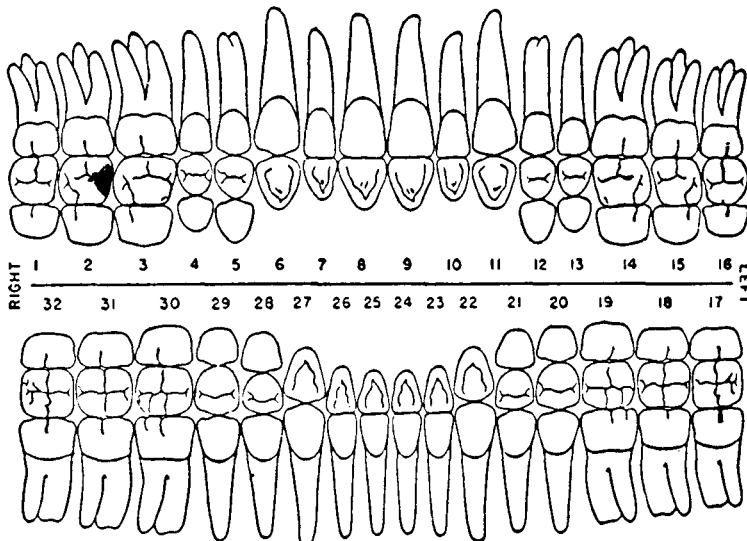


#### REMARKS

Allergy..... Diabetes.....  
Bleeder..... Drug Sen.....  
Cardiac..... Rheum Fvr.....  
Negative XRT.

KUHN DENTAL CL.  
PLACE OF EXAMINATION  
FT. CAMPBELL, KY. DATE  
OCT 17 1966  
SIGNATURE OF DENTIST COMPLETING THIS SECTION  
R. B. Thompson capt

#### 5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS			
<input type="checkbox"/> SLIGHT	<input checked="" type="checkbox"/> MODERATE	<input type="checkbox"/> HEAVY	
B. PERIODONTOCALASIA			
<input type="checkbox"/> LOCAL		<input type="checkbox"/> GENERAL	
<input type="checkbox"/> INCIPIENT	<input type="checkbox"/> MODERATE	<input type="checkbox"/> SEVERE	
C. STOMATITIS (Specify)			
<input type="checkbox"/> GINGIVITIS		<input type="checkbox"/> VINCENT'S	
D. DENTURES NEEDED (Include dentures needed after indicated extractions)			
<input type="checkbox"/> FULL		<input type="checkbox"/> PARTIAL	
<input type="checkbox"/> U	<input type="checkbox"/> L	<input type="checkbox"/> U	<input type="checkbox"/> L
ABNORMALITIES OF OCCLUSION—REMARKS			

#### E. INDICATE X-RAYS USED IN THIS EXAMINATION

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

DATE  
OCT 17 1966

PLACE OF EXAMINATION  
KUHN DENTAL CL.  
FT. CAMPBELL, KY.

SIGNATURE OF DENTIST COMPLETING THIS SECTION

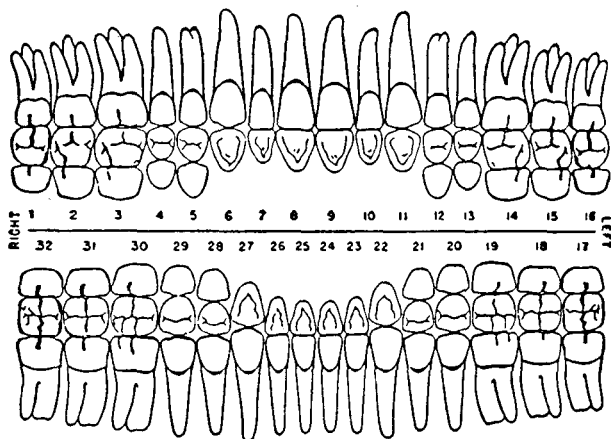
R. B. Thompson capt

### SECTION II. PATIENT DATA

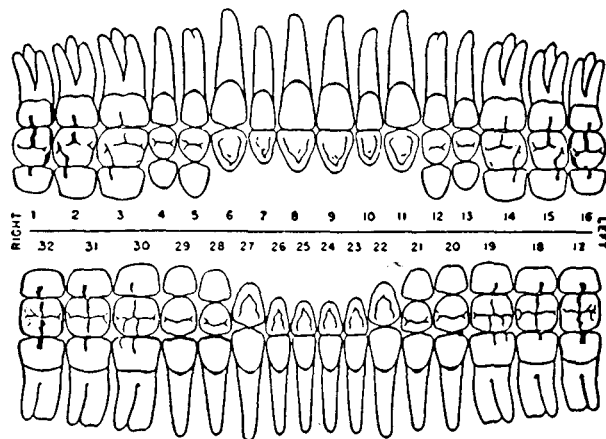
6. SEX M	7. RACE CAU	8. GRADE, RATING, OR POSITION WO-7	9. ORGANIZATION UNIT 158th	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY US ARMY
12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME CAUTHEN, HENRY C				13. DATE OF BIRTH (DAY—MONTH—YEAR) 22 JUN 31	14. IDENTIFICATION NO. W2215523

## 15. RESTORATIONS AND TREATMENTS (Completed during service)

## 16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS



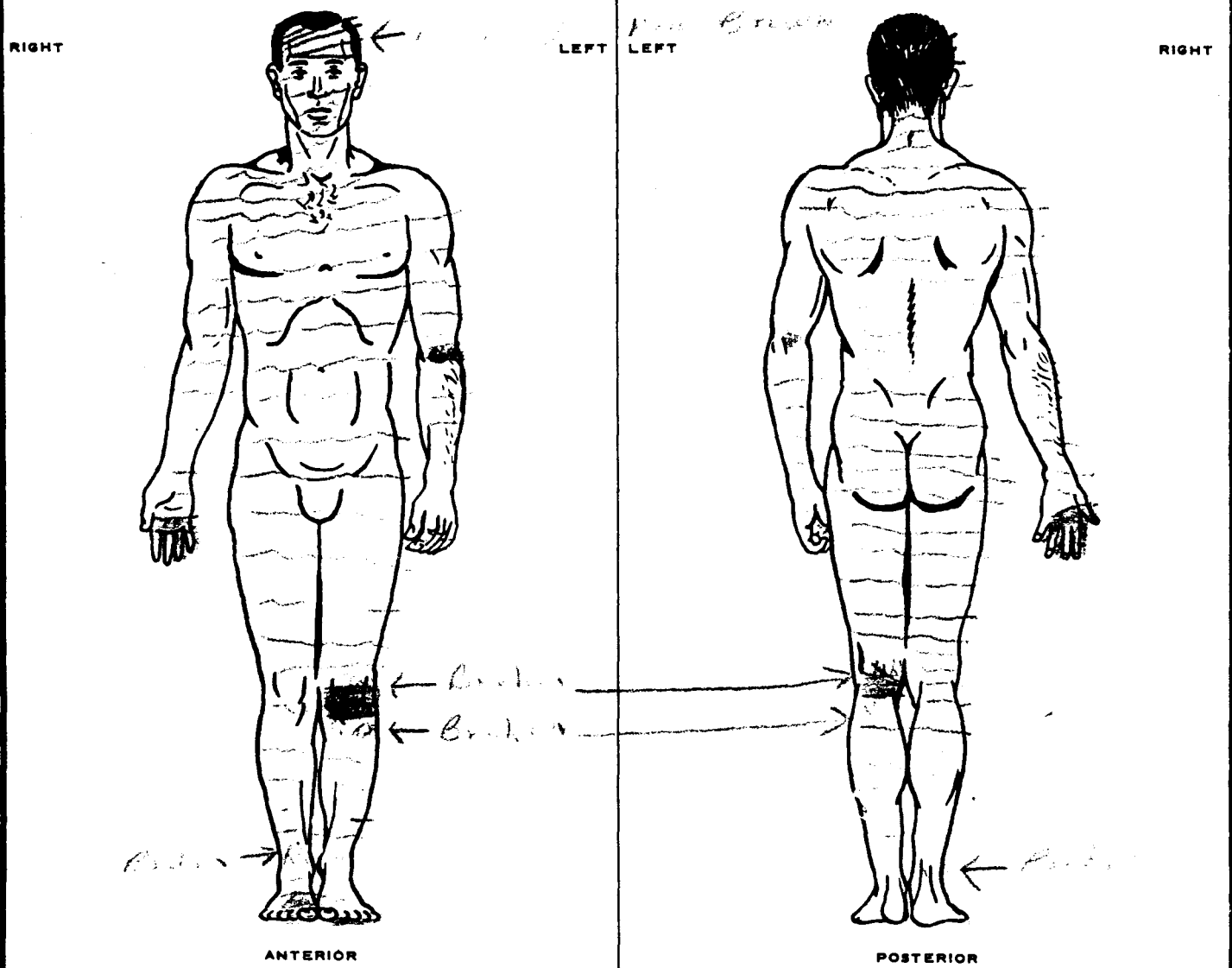
REMARKS

[illegible][illegible]

631167

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)		GRADE		SERVICE NUMBER	
MORTIMER HARRY D.		CWO-2		W 2315573	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO.		PLOT		ROW	GRAVE
				ESTIMATED AGE (Yrs)	ESTIMATED HEIGHT
					6' 7"

BLACK OUT PORTIONS NOT RECOVERED



CONDITION OF REMAINS (Check pertinent blocks) ☐ INTACT ☐ DECOMPOSED  
☐ SEMI-SKELETAL ☐ FLESH COVERED ☒ BURNED (Degree: ☐ 1st ☐ 2d ☐ 3d)

[illegible]

NAME OF PREPARING OFFICIAL (Print or type)	SIGNATURE
John J. ...	AL ...

# RECORD OF IDENTIFICATION PROCESSING DENTAL CHART

6391-67

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

CAUTHEM, Henry C.

GRADE

WO-2

SERVICE NUMBER

W2 215523

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

PLOT

ROW

GRAVE

## MARKING ABBREVIATIONS:

F-Facial  
L-Lingual

O-Occlusal  
M-Mesial

D-Distal  
I-Incisal

AM-Amalgam  
CR-Crown

-Fill-Filling  
Plas-Plastic

Porc-Porcelain  
Sil-Silicate

Back-Backing  
Fac-Facing

CARIES	RESTORATIONS	2	3	4	5	6	7	8	9	10	11	12	13	14	15	CARIES
		M O Am F Am	D O Am		MAX MISG							NO SPACE		O Am O Am		
UPPER RIGHT																UPPER LEFT
LOWER RIGHT																LOWER LEFT
		31	30	28	27	26	25	24	23	22	21	20	19	18		
		M O Am	D O Am F Am	4mm EST								NO SPACE	D O Am F Am	O Am F Am		
												INCISAL DISTAL				

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)

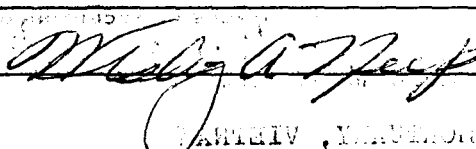
James M. Lamb

VERIFIED BY (Typed Name and Signature)

Wesley A. Zapp

DD FORM 891

REPLACES DD FORM 891, 1 SEP 51, WHICH IS OBSOLETE (for Army use only).

NAME OF DECEASED (Last, First, Middle) <b>CAUTHEN, Henry C.</b>		GRADE <b>CWO-2</b>	SERVICE NUMBER <b>W2 215 523</b>
BRANCH OF SERVICE <b>US ARMY</b>		ORGANIZATION AND BASE <b>188th Avn Co</b>	
DATE OF DEATH <b>31 July 1967</b>		PLACE OF DEATH <b>Coord: CQ 245 345 (1 1/4 miles south of Phu Heip, RVN)</b>	
CONDITION OF REMAINS (Describe briefly in Remarks)			
	RECOGNIZABLE		EVIDENCE OF DECOMPOSITION
<input checked="" type="checkbox"/>	NOT RECOGNIZABLE	<input checked="" type="checkbox"/>	MANGLED OR MUTILATED
	COMMINGLED	<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		INCLOSURES
	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
	FINGERPRINTS		DD FORM 894
	VISUAL RECOGNITION		
	OTHER (Specify in Remarks)		
REMARKS (If additional space is required, continue on separate sheet)			
<p>This severely mutilated and charred remains received as WO Henry C. CAUTHEN, but there were no statements verifying identity received for this remains.</p> <p>Race - Caucasian. (WO-2 CAUTHEN was Caucasian)</p> <p>Table measurement - 69 inches. (WO-2 CAUTHEN was 72" tall)</p> <p>Hair - Brown. (WO-2 CAUTHEN had Brown hair)</p> <p>Fingerprints unobtainable.</p> <p>Two (2) ID tags for "CAUTHEN, HENRY C. W2 215 523" were found in the pouch with this remains.</p> <p>Size 11-R boots were the only portions of remains found on this remains.</p> <p>The tooth chart prepared for this remains is in agreement with the Dental Records for WO-2 CAUTHEN, Henry C., W2 215 523.</p>			
TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE.			
DATE <b>2 August 1967</b>		TYPED NAME, GRADE AND TITLE OF IDENTIFYING OFFICER <b>Wesley A. Neep GS-12 Anthropology Splst</b>	
		SIGNATURE OF IDENTIFYING OFFICER 	
NAME AND ADDRESS OF INSTALLATION <b>US ARMY MORTUARY, VIETNAM</b>			

## REMARKS

## 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

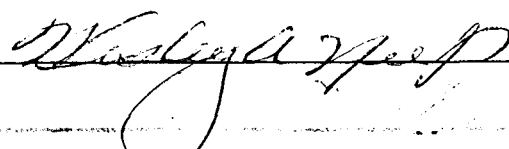
DATE

2 August 1967

TYPED NAME AND TITLE OF IDENTIFICATION SPECIALIST

Wesley A. Neep Anthropology Splst

SIGNATURE OF IDENTIFICATION SPECIALIST



NAME AND ADDRESS OF INSTALLATION

US ARMY MORTUARY, VIETNAM

## RECOMMENDATIONS ACCEPTED

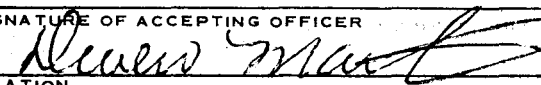
DATE

2 August 1967

TYPED NAME, GRADE AND TITLE OF ACCEPTING OFFICER

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

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

72. 101111Z 08 AUG 67  
 70. 101111Z 08 AUG 67

101111Z 08 AUG 67  
 101111Z 08 AUG 67

101111Z 08 AUG 67  
 101111Z 08 AUG 67

43. DESCRIBE RESTORATIVE TREATMENT (State reason if features not restored)

Charred

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)

6201-101111Z 08 AUG 67

46. DATE SHIPPED TO RECEIVING FUNERAL DIRECTOR 8 Aug 67	47. PORT EMBALMER OR CONTRACT FUNERAL DIRECTOR (Name) JASON R. TAYLOR
48. LICENSE NUMBER AND STATE 4091	49. SIGNATURE JASON R. TAYLOR

50. REMARKS (Indicate item reference number when applicable)

Remains thoroughly examined. ID checked. Wrapped in fresh, hardening compound, cotton clean sheet, plastic and blanket, put into burial pouch. Proper uniform with decorations furnished by this command, put on top of burial pouch.

CASKET MARKED NON-VIEWABLE.