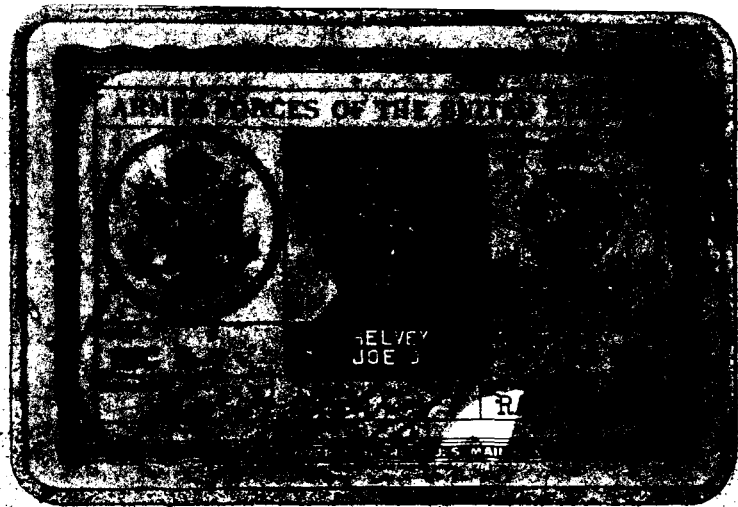


INDIVIDUAL DECEASED





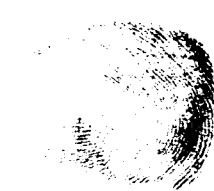



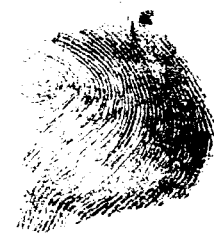

PERSONNEL FILE

~~HELMY, JOE B.~~
RA 25 685 160

SFC



DATE OF BIRTH		WEIGHT	HEIGHT
6 Feb 34		200	5' 10"
BLOOD TYPE		OF	
SIGNATURE OF ISSUING OFFICER			
<i>[Signature]</i>			
DATE OF ISSUE			
15 Jul 46			
CDS 12, USA			
11223898			











REC. OF IDENTIFICATION PROCESS		FINGERPRINT CHART		1600 19 MAY 65
<div style="position: absolute; top: 5px; left: 5px; font-family: cursive; font-size: 1.2em;">DAD 4463-68</div>		<div style="position: absolute; top: 5px; right: 5px; font-family: cursive; font-size: 1.2em;">1600 19 MAY 65</div>		
LAST NAME-FIRST NAME-MIDDLE INITIAL (or unknown number), <div style="font-family: cursive; font-size: 1.2em;">HELVEY JOE D.</div>		GRADE <div style="font-family: cursive; font-size: 1.2em;">E-7</div>		SERVICE NUMBER/SSAN <div style="font-family: cursive; font-size: 1.2em;">25685160</div>
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER		PLOT	ROW	GRAVE
LEFT HAND		RIGHT HAND		
	10. LITTLE FINGER	NOTE AMPUTATIONS, ABNORMALITIES, MISSING FINGERS, AND/OR DERMIS IN APPROPRIATE BLOCK		
	9. RING FINGER			
	8. MIDDLE FINGER			
	7. INDEX FINGER			
	6. THUMB	IMPORTANT ATTACH DD FORM 2A (Identification Card) TO THIS FORM IF AVAILABLE		
IMPRESSIONS TAKEN BY (Name) <div style="font-family: cursive; font-size: 1.2em;">Lawrence D. Shaver</div>		1. THUMB		
FOR FEDERAL BUREAU OF INVESTIGATION USE ONLY				
IDENTIFIED BY FINGERPRINT COMPARISON AS: LAST-NAME-FIRST NAME-MIDDLE INITIAL			SERVICE NUMBER	
OFFICIAL APPROVING FINGERPRINT COMPARISON (Name)			DATE	

RECORD OF IDENTIFICATION PROCESSING FINGERPRINT CHART.

DAD 44 63-68

1600
19 MAY 68

LAST NAME-FIRST NAME-MIDDLE INITIAL (or unknown number)	GRADE	SERVICE NUMBER/SSAN	
HELVEY JOED	E-7	25685160	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE

LEFT HAND			RIGHT HAND	
	10. LITTLE FINGER	NOTE AMPUTATIONS, ABNORMALITIES, MISSING FINGERS, AND/OR DERMIS IN APPROPRIATE BLOCK	5. LITTLE FINGER	
	9. RING FINGER		4. RING FINGER	
	8. MIDDLE FINGER		3. MIDDLE FINGER	
	7. INDEX FINGER		2. INDEX FINGER	
	6. THUMB		1. THUMB	
		<p>IMPORTANT</p> <p>ATTACH DD FORM 2A (Identification Card) TO THIS FORM IF AVAILABLE</p> <p>IMPRESSIONS TAKEN BY (Name)</p> <p><i>Lawrence A. Green</i></p>		

FOR FEDERAL BUREAU OF INVESTIGATION USE ONLY	
IDENTIFIED BY FINGERPRINT COMPARISON AS: LAST-NAME-FIRST NAME-MIDDLE INITIAL	SERVICE NUMBER
OFFICIAL APPROVING FINGERPRINT COMPARISON (Name)	DATE

CLINICAL RECORD

AUTHORIZATION FOR POST-MORTEM EXAMINATION

In the event authorization for post-mortem examination is obtained by letter, telegram, or mechanically recorded telephone call, paragraphs 1 and 2 shall be completed by hospital authorities and the letter, telegram, or memorandum confirming telephone call of authorization attached to this form for permanent file.

NAME AND LOCATION OF HOSPITAL

DATE

1. 22nd Surgical Hospital (MA) APO 96308 Phu Bai RVN

18 May 68

2. You are hereby authorized to perform a complete post-mortem examination on the remains of

JOE HELVY E 7 RA 25685160

(Name of deceased)

Authority is also granted for the preservation and study of any and all tissues which may be removed. This authority shall be limited only by the conditions expressly stated below:

Signature
of witness

Signature

(Person authorized to consent)

Address

Address

Authority
to consent

The performance of the autopsy specified above is approved.

Signature

Title A. KISSACK Cpt MC 05254551 Chief of Professional Services 22nd Surgical Hospital

Date 18 May 68

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.
2756

WARD NO.

HELVY, JOE E 7
RA 25685160
188th Assault Helicopter Co

AUTHORIZATION FOR POST-MORTEM
Standard Form 523
523-104

RECORD OF IDENTIFICATION PROCESSING ANATOMICAL CHART

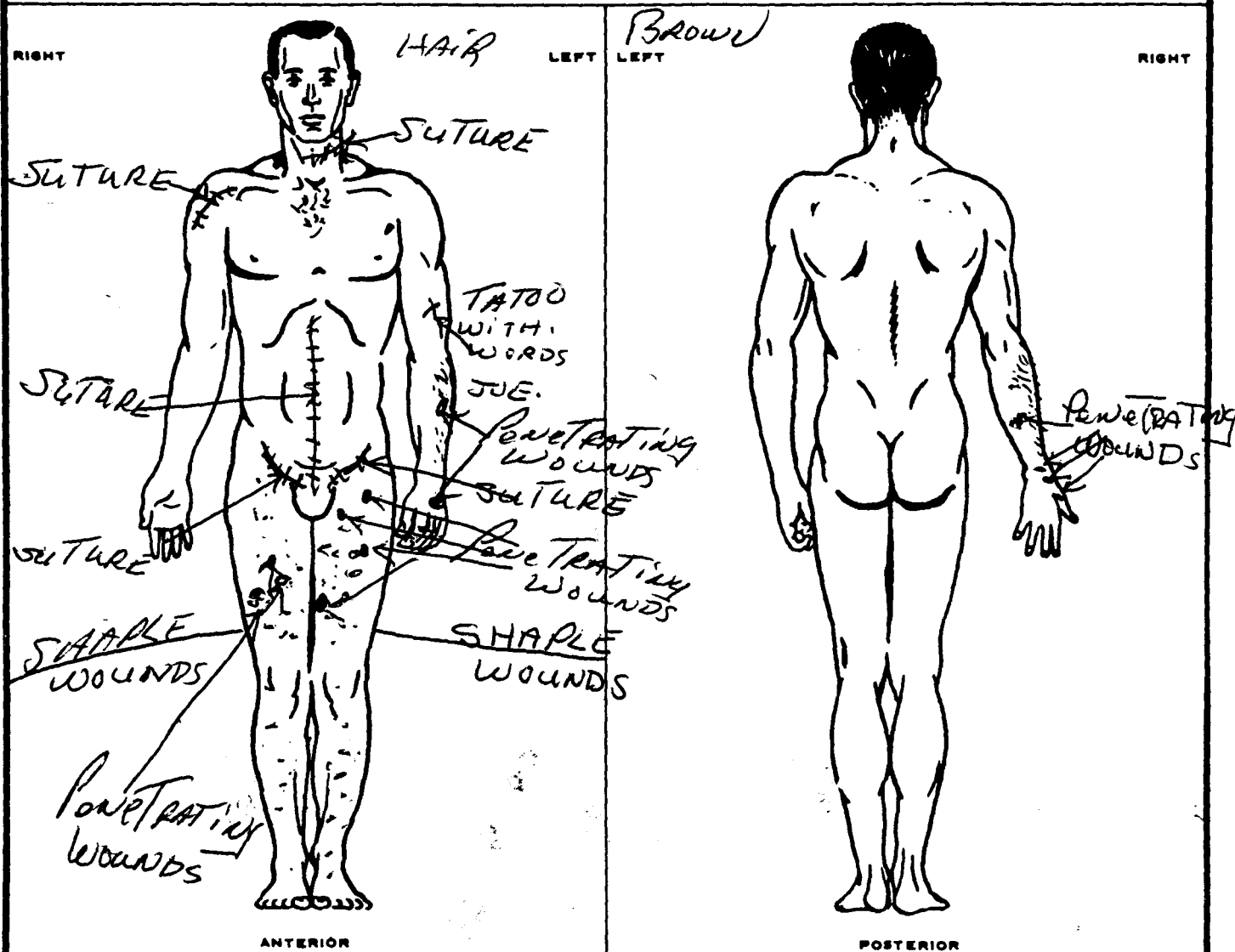
1600

DAD 4463-68

19 MAR 46

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number) Helvey Joe D.				GRADE E-7		SERVICE NUMBER 25685160	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO.				PLOT	ROW	GRAVE	ESTIMATED AGE (Yrs) 77
							ESTIMATED HEIGHT 77"

BLACK OUT PORTIONS NOT RECOVERED



CONDITION OF REMAINS (Check pertinent blocks)		<input checked="" type="checkbox"/> INTACT		<input type="checkbox"/> DECOMPOSED	
<input type="checkbox"/> SEMI-SKELETAL	<input checked="" type="checkbox"/> FLESH COVERED	<input type="checkbox"/> BURNED (Degree: <input type="checkbox"/> 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d)			

REMARKS (Continue on reverse if additional space is required)

Body Complete - See Above
 Race - Cau.
 Body Markings - See Above
 TABLE MEASUREMENT, 77"
 ID TAGS - None.
 ID CARD - 1 - FOR JOE D Helvey
 (SN) 25685160

BOTH HANDS Finger -
 PRINTED NOTE: RIGHT INDEX
 PRINT MATCHES DEATH
 CERTIFICATE FOR JOE D Helvey
 (SN) 25685160. R-L index match print on ID card
 CLOTHING None

NAME OF PREPARING OFFICIAL (Print or type) ANTON'S ADAME CONZAKAS	SIGNATURE Anton's Adame Conzakas
--	-------------------------------------

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

AVCA SGN MY

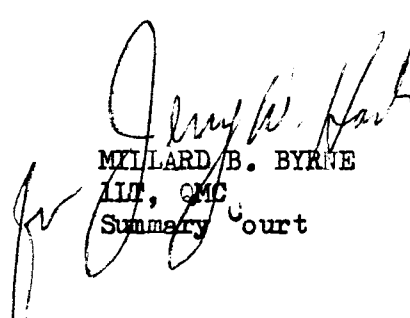
29 June 68

(Date)

CERTIFICATE OF DESTRUCTION

I Certify that the following item belonging to HELVEY, JOE D.
E-8 RA 25 685 160 (KHA)(MHA) were found to be worn beyond repair and of
abnoxious nature (other reasons as indicated). These items were destroyed by me
AW para 21c, AR 643-55 dtd 3 Jun 1961.

<u>ITEM</u>	<u>REASON FOR DESTRUCTION</u>	<u>TURNED INTO SUPPLY CHANNELS</u>
1- Handkerchief	Torn	
2 Ash Trays	Breakable	
1 Wallet	Ripped, Blood Stained	
5 Photos	Blood Stained	
1 Note Book	" " " "	
1 Ration Card	" " " "	
2 Shot "ecord	" " " "	
1 Draft Card	" " " "	
1 Aviation Card	" " " "	
3 SF 46	" " " "	
1 Operator License	" " " "	

for 
MILLARD B. BYRNE
LIT, OMC
Summary Court

REPORT OF CASUALTY		REPORT NUMBER AND CASUALTY CODE REACH 18107		DATE PREPARED 24 May 1968	
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization) HELVEY, Joe Dean, RA 25 685 160, SFC E-7, RA, 188 Avn Co, 16 Avn Gp, 1st Avn Bde, APO SF 96337					
2. CASUALTY STATUS		a. CIRCUMSTANCES <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE			
Died from fragment wounds <i>called</i> while in in base camp when he became involved in an altercation with another soldier indiv. The other individual pulled pin on grenade causing the grenade to detonate. He was admitted to 22d Surgical Hospital and later expired. for further information . THUA THIEN (02) CTZ I <i>INVEST. IN PROGRESS</i> . (CONTINUED - ITEM #7, BELOW)					
b. PLACE WHERE DEAD	c. DATE	d. TIME	e. STATUS OF REMAINS	f. RACE	g. RELIGION
Vietnam	18 May 68	1705	Ready Ready	Cau	Baptist
3a. DATE AND PLACE OF BIRTH			3b. COMMENCED TOUR DATE		
6 Feb 36 Oklahoma City, Oklahoma			3 Jan 1968		
4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME					
1 Aug 57 Lawton, Oklahoma HOR: Lawton, Oklahoma					
5. SOCIAL SECURITY NO., PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY					CHECK IF APPLICABLE
E-7 Over 12 years 415.50 P/E/G/P/ XXX (FSA)					<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)					
34 16 36 37 LB# 16 Lawton, Oklahoma					
7. PRIMARY NEXT OF KIN, RELATIONSHIP, AND ADDRESS (include ZIP Code)			(ITEM 2, CONT): Delay in notifying you of your husband's death is due to delay in transmission of message from Vietnam to the Department of the Army.		
Mrs Norma S. Helvey (wife) Lawton, Oklahoma 73501 <i>OK</i>					
8. ADDITIONAL INFORMATION TO BE OBTAINED					
a. <input type="checkbox"/> CUSTODY					
b. <input type="checkbox"/> MARITAL STATUS					
c. <input checked="" type="checkbox"/> ADDRESS OF: wife, verify;					
d. <input checked="" type="checkbox"/> OTHER: gratuity address;					
9. a. ORIGINATOR		b. RECEIVED BY		c. TIME	d. DATE
RVN		PNU-Debas		0100z	25 May 1968
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: <i>4th Army</i>		SSG SMITH / LT RICHMOND		1400	25 MAY 68
11. PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY: <i>W</i>		CHAP HUTCHINS		1530	25 MAY 68
12. COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY DIVISION OR ORIGINATOR <i>W</i>		JONES / THIEL		1630	25 MAY 68
13. CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN		<i>547</i>		1955	25 May 68
14. WESTERN UNION MESSAGE DISPATCHED TO SECONDARY NEXT OF KIN		"		"	
15. DEATH GRATUITY PAYMENT MESSAGE DISPATCHED TO SURVIVOR ASSISTANCE OFFICER BY:		"		"	"
16. DATA ENTERED ON INFORMATION MESSAGE NO. BY DA CASUALTY DIVISION					
17. ADDRESS FOR GRATUITY PAY <i>CG, FORT SILL, OKLA.</i>					
18. a. INDIVIDUAL (has) been BEEN POSTHUMOUSLY PROMOTED TO MSG E-8 WITH EFFECTIVE DATE					
b. RECEIVED FROM c. RECEIVED BY d. TIME e. DATE					

1. Designator's last name, first name, middle name.
2. Service Number.
3. Branch and Component.
4. Date and place of birth.
5. D, M, Y, place and home of record at last entry on Active Duty.
6. Selective Service No., Local Board and Community.
7. Prior Service Data.
8. E, P, S, D.
9. Social Security Number.
10. Religion.
11. Names and Addresses of:
a. Spouse
b. Father
c. Mother
d. Children
12. Non Notification Designation.

DA FORM 41 REPLACES DD FORM 41, 1 JAN 54 WHICH WILL BE OBSOLETE
1 OCT 66
RECORD OF EMERGENCY DATA (AR 600-107)

1. Helway, Joe Dean
2. RA
3. 6Feb36 Oklahoma City, Okla Co., Okla
4. 1Aug57 Lawton, Comanche, Okla Lawton, Comanche, Okla
5. 34 16 36 37 6L #16 Lawton, Comanche, Okla
6. None
7. Baptist
8. (Spouse) Norma Sephronia (Alvey) Helway 21Mar35 1105 "
9. (Father) John D. Helway Oklahoma City, Okla
10. (Mother) Ruby Jean (Zachary) Helway Lawton, Okla
11. (Children) Teresa Jo (F) Dau Lawton, Okla; Johnny Dean (M) Son DO; Linda Gann (F) Dau 95r DO; Janey Kay (F) Dau DO
12. ☐ Yes ☒ No

13. N/A
14. Mother 100% Ref item #11c
15. Wife 100% Ref item #11a
16. Wife 100% Ref item #11a
17. In possession of EM's wife
18. SGLI Metropolitan Life Ins Co NY, NY Policy # Unk
Woodmen of World Ins Co Address Unk, Policy # Unk
19.
20.
21.
22.
23.
24.
25.
26.
27.
28.
29.
30.
31.
32.
33.
34.
35.
36.
37.
38.
39.
40.
41.
42.
43.
44.
45.
46.
47.
48.
49.
50.
51.
52.
53.
54.
55.
56.
57.
58.
59.
60.
61.
62.
63.
64.
65.
66.
67.
68.
69.
70.
71.
72.
73.
74.
75.
76.
77.
78.
79.
80.
81.
82.
83.
84.
85.
86.
87.
88.
89.
90.
91.
92.
93.
94.
95.
96.
97.
98.
99.
100.

20. SIGNATURE OF DESIGNATOR
21. SIGNATURE OF WITNESS
22. SIGNATURE OF WITNESS
23. SIGNATURE OF WITNESS
24. SIGNATURE OF WITNESS
25. SIGNATURE OF WITNESS
26. SIGNATURE OF WITNESS
27. SIGNATURE OF WITNESS
28. SIGNATURE OF WITNESS
29. SIGNATURE OF WITNESS
30. SIGNATURE OF WITNESS
31. SIGNATURE OF WITNESS
32. SIGNATURE OF WITNESS
33. SIGNATURE OF WITNESS
34. SIGNATURE OF WITNESS
35. SIGNATURE OF WITNESS
36. SIGNATURE OF WITNESS
37. SIGNATURE OF WITNESS
38. SIGNATURE OF WITNESS
39. SIGNATURE OF WITNESS
40. SIGNATURE OF WITNESS
41. SIGNATURE OF WITNESS
42. SIGNATURE OF WITNESS
43. SIGNATURE OF WITNESS
44. SIGNATURE OF WITNESS
45. SIGNATURE OF WITNESS
46. SIGNATURE OF WITNESS
47. SIGNATURE OF WITNESS
48. SIGNATURE OF WITNESS
49. SIGNATURE OF WITNESS
50. SIGNATURE OF WITNESS
51. SIGNATURE OF WITNESS
52. SIGNATURE OF WITNESS
53. SIGNATURE OF WITNESS
54. SIGNATURE OF WITNESS
55. SIGNATURE OF WITNESS
56. SIGNATURE OF WITNESS
57. SIGNATURE OF WITNESS
58. SIGNATURE OF WITNESS
59. SIGNATURE OF WITNESS
60. SIGNATURE OF WITNESS
61. SIGNATURE OF WITNESS
62. SIGNATURE OF WITNESS
63. SIGNATURE OF WITNESS
64. SIGNATURE OF WITNESS
65. SIGNATURE OF WITNESS
66. SIGNATURE OF WITNESS
67. SIGNATURE OF WITNESS
68. SIGNATURE OF WITNESS
69. SIGNATURE OF WITNESS
70. SIGNATURE OF WITNESS
71. SIGNATURE OF WITNESS
72. SIGNATURE OF WITNESS
73. SIGNATURE OF WITNESS
74. SIGNATURE OF WITNESS
75. SIGNATURE OF WITNESS
76. SIGNATURE OF WITNESS
77. SIGNATURE OF WITNESS
78. SIGNATURE OF WITNESS
79. SIGNATURE OF WITNESS
80. SIGNATURE OF WITNESS
81. SIGNATURE OF WITNESS
82. SIGNATURE OF WITNESS
83. SIGNATURE OF WITNESS
84. SIGNATURE OF WITNESS
85. SIGNATURE OF WITNESS
86. SIGNATURE OF WITNESS
87. SIGNATURE OF WITNESS
88. SIGNATURE OF WITNESS
89. SIGNATURE OF WITNESS
90. SIGNATURE OF WITNESS
91. SIGNATURE OF WITNESS
92. SIGNATURE OF WITNESS
93. SIGNATURE OF WITNESS
94. SIGNATURE OF WITNESS
95. SIGNATURE OF WITNESS
96. SIGNATURE OF WITNESS
97. SIGNATURE OF WITNESS
98. SIGNATURE OF WITNESS
99. SIGNATURE OF WITNESS
100. SIGNATURE OF WITNESS

ORIGINAL (Card) (See when a, AR 600-107, for instructions)
DUPLICATE (Yellow paper) (See when a, AR 600-107, for instructions)

RECORD OF PREPARATION AND DISPOSITION OF REMAINS

(Deaths Occurring Overseas)
(AR 638-40)

REPORTS CONTROL SYMBOL
SPTS-15(R1)

REPORT NUMBER

DAD-4463-68/jd

DECEDENT DATA

1. REMAINS OF (Last Name - First Name - Middle Initial)

HELVEY, Joe D.

2. GRADE

E-7

3. SERVICE NUMBER

RA 25 685 160

4. BRANCH OF SERVICE



ARMY



NAVY



AIR FORCE



MARINE CORPS

☐ OTHER (Specify)

5. CAUSE OF DEATH

MFW neck, abdomen and lower extremities

6. PLACE OF DEATH

22nd Surg. Hosp, APO 96308

7. DATE OF DEATH

18 May 68

8. HOW IDENTIFIED

Fingerprint comparison

MORTUARY DATA

9. REMAINS RECEIVED AT MORTUARY

DATE

19 May 68

HOUR

1600

10. EMBALMING STARTED

DATE

24 May 68

HOUR

1900

11. EMBALMING COMPLETED

DATE

24 May 68

HOUR

2230

12. CONDITION OF REMAINS PRIOR TO EMBALMING

POOR

13. TYPE OF CASE

☐ NORMAL

☐ AUTOPSIED

☒ MUTILATED

14. PRE-EMBALMING PROCEDURES COMPLETED (Items 36e thru 36i)

☒ YES

☐ NO (Explain)

15. TOTAL OZ. CONC FLUID USED

ARTERIAL

180

CAVITY

80

16. NAME POINTS OF INJECTION

R/L Carotid, Rt. Femoral

17. TOTAL HARDENING COMPOUND USED
(1b)

N/A

18. AREAS HYPODERMICALLY EMBALMED

BB, Body Walls

19. POST EMBALMING PROCEDURES COMPLETED (Items 36j thru 36l)

☒ YES

☐ NO (Explain)

20. SUBSEQUENT TREATMENT

REMARKS: First stage of decomposition

21. LOCATION OF PREPARING MORTUARY (City and Country)

US Army Mortuary Da Nang, RVNAPO SD 96337

22. TYPED NAME OF PREPARING
EMBALMER

GEORGE A LISTENBERGER

SIGNATURE

George A Listenberger

23. LICENSE NUMBER & STATE

IND-1450

SHIPMENT DATA

24. SHIPPING PROCEDURES COMPLETED (Items 36a thru 36d)

☒ YES

☐ NO (Explain)

25. METHOD OF SHIPMENT

☒ AIR

☐ WATER

☐ OVERLAND

26. DATE SHIPPED
FROM PREPARING
MORTUARY

26 May 68

27. POE DESTINATION (Place of final destination if not to a U.S. Port)

Travis AFB California

28. DATE DEPARTURE
FROM OR RELEASE
IN COMMAND

26 May 68

29. CHECK ONE IF RELEASED IN COMMAND (Remains will be fully dressed and cosmetized)

☐ PRIVATE COMMERCIAL SHIPMENT

☐ LOCAL INTERMENT
(Indicate City, Town and Country)

REIMBURSEMENT DATA

30. TOTAL AMOUNT OF REIMBURSEMENT

31. SPONSOR

32. DATE REIMBURSEMENT EFFECTED (Or action taken to obtain reimbursement)

33. TYPED NAME OF MORTUARY OFFICER OR OTHER
RESPONSIBLE PERSON

WILLIAM T. GRAFE, 1LT, CH, MSD

SIGNATURE

Joseph A. Souza

DA FORM 2775

1 FEB 67

REPLACES PREVIOUS EDITION, WHICH IS OBSOLETE.

MAJOR OVERSEA COMMAND 2

FROM

PFC
Fuller

RTN CASUALTY 1 TO

SSG Feike

DA CASUALTY

pf

REPORT NUMBER R-16107		TELEPHONIC CASUALTY REPORT (DEATH - MISSING)		ZULU TIME 2255	DATE 24 MAY 68
A Name (Last, First, Middle) HELVEY, JOE D.				B Service Number RA25685 160	
C Grade (Pay) SFC E7	Recommended Yes 18 MAY 68 No	PL 07-322 Yes No	D Date, time and place of incident 18 MAY 68 1705 hrs		
E Circumstances Indiv in base camp UIC YD 728328 Thua Thien (02) ICR2 RVN when approached by another indiv, after exchange of words between each other. The other indiv pulled pin of grenade he was carrying and released handle causing grenade to detonate. Indiv admitted to 22 Surg Hosp 18 May 68 at 1450 and died on VLI list on 18 May 68 at 1620 hrs and later expired					
F Cause Caus	G Organization 188 Ann Co, 16 Ann Sp, 1st Ann Bde, AP096337			DNOS 67250	
H Next of Kin: (Name) Mrs Norma S. Helvey.				Relationship Wife	
Address Lawton, Okla				DA Form 41 8 JAN 68	
I Base Pay 415.40	Additional Pay Power & other privs Large Ance FA.	SEI Ten-hump wife		SPED 22 Aug 54	
J Cause of Death Mult frag wounds to Right femoral artery with hemorrhage					
K Status of Remains Ready.	L Commenced Tour (RTN) 3 JAN 68		M Awards NDSM GCM 3rd Lt. Safety dr VCM Basic Air Medal Body VSM Act Crewman Badge Act Maint Badge		
N Survivors Doubt.	O Religion Baptist.		P Date of Birth 6 Feb 36		

TL: None.

FDB

FORM 1300

REPLACES DA FORM 52-1, WHICH IS OBSOLETE.

NAID 1463-03

1600 19 APR 1968

CERTIFICATE OF DEATH (OVERSEAS)

(AR 638-40)

NAME OF DECEASED (Last, First, Middle) Helvey, Joe D.		GRADE E-7	BRANCH OF SERVICE Army	SERVICE NUMBER 2425 685 160
ORGANIZATION 188th Assault Heli. Co.		DATE OF BIRTH 6 Feb. 1936		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 Mora S. Helvey		RELATIONSHIP TO DECEASED Wife		
STREET ADDRESS		CITY OR TOWN AND STATE Lawton, Okla.		

MEDICAL STATEMENT		
CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹	M.F.W. neck, abd., & lower ext.	2hrs 45mins.
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS ²		

MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Pt. hemorrhaged to death

DATE OF DEATH (Hour, day, month, year) 1705 18 May 1968	PLACE OF DEATH 22nd Surgical Hospital A.P.O. San Francisco 96308
---	--

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

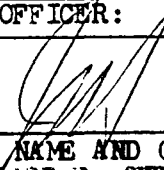
NAME OF MEDICAL OFFICER Alfred Kissack		TITLE OR DEGREE M.C.-M.D.
GRADE Cpt.	SERVICE NUMBER 05254551	INSTALLATION OR ADDRESS 22nd Surgical Hospital A.P.O. San Francisco
DATE 18 May 1968		SIGNATURE <i>[Signature]</i>

DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS GEORGE A. LISTENBERGER	GRADE GS-10	LICENSE NUMBER IND	STATE IND	OTHER 1450
INSTALLATION OR ADDRESS US Army Mortuary Da Nang RVN	DATE 24 May 68	SIGNATURE <i>[Signature]</i>		
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION

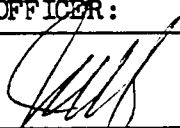
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

RECORD OF PERSONAL PROPERTY - COMBAT AREAS
(USARV Reg 643-55)

1. LAST NAME, FIRST, MI: HELVEY, JOE D.		2. GRADE: E-8		3. SN: RA 25 685 160				
4. ORGANIZATION AND STATION OR APO: 188th Avn Co, 16th Avn Gp, 1st Avn Bde, APO SF 96337								
5. STATUS (Deceased or missing): DECEASED			6. DATE STATUS DETM: 18 May 68		7. PLACE: RVN			
8. INVENTORY OF PROPERTY			9. TOTAL FUNDS					
QUANTITY	ITEM		a. Funds transmitted with property Amount and description					
2	Pkg Negatives							
1	Credit Card							
1	SS Card							
84	Photos							
3	Money Order Stubs							
1	Newspaper Clipping							
1	Notebook							
1	Pkg Envelopes							
30	Letters and Cards							
1	Sun Flame							
1	Small Table Clock w/case							
2	Name Tags							
2	US Army Tags							
1	Civ Belt							
2	Boxes 35mm Film							
1	"Nec" Portable Radio							
1	Electric Skillst							
1	Briefcase, Black							
1pr	Civ Shoes					b. Funds exchanged, converted, de- posited, etc. Amount and Description		
1	Camera, Ricoh, Superastot							
3	Handkerchiefs							
4	Socks							
1	Instruction Booklet for Ricoh Camera							
2	Sewing Kita							
4	Civ Shirts							
2	Swim Suits							
1	Drinking Mug							
4	Books & Booklets on Accounting		Disposition					
1	Flashlight							
1	Knife w/sheath							
Attach supplemental sheet for additional items.								
10. SHIPPED TO: Mrs. Norma S. Helvey Lawton, Okla. 73501			11. DATE AND METHOD OF SHIPMENT: (B/L No, Registry No, etc)					
12. SUMMARY COURT OFFICER: SIGNATURE: 			13. I ACKNOWLEDGE RECEIPT OF ALL ARTICLES LISTED IN ITEM 8 AND ALL FUNDS RECORDED IN ITEM 9a. (Signature of next of Kin, Legal Representative, or Dependent)					
DATE: 29 June 68	TYPED NAME AND GRADE: MILLARD B. BYRNE, 1LT, OMC Summary Court							
ORGANIZATION: US ARMY MORTUARY, VIETNAM, APO SF 96307								

RECORD OF PERSONAL PROPERTY - COMBAT AREAS
(USARV Reg 643-55)

1. LAST NAME, FIRST, MI: HELVEY, JOE D.		2. GRADE: E-8		3. SN: RA 25 685 160	
4. ORGANIZATION AND STATION OR APO:					
5. STATUS (Deceased or missing):			6. DATE STATUS DETM:		7. PLACE:
8. INVENTORY OF PROPERTY			9. TOTAL FUNDS		
QUANTITY	ITEM		a. Funds transmitted with property Amount and description		
1	Ruler				
2	Writing Tablets				
2	Decks Playing Cards				
2	Lighters, "Windmill", 1 Zippe				
2	Mech. Pencils				
4	Pens				
2pr	Civ Pants				
1	New Testament				
1	Webster Dictionary				
1	Pocket Pilots Checklist				
2	Rings, 1 Gold in color, 1 Silver in color				
10	Keys				
1	Nail Clipper				
1	P-38 Can Opener				
3	Unit Crests				
1	Set Brass, 1 US, 1 Unassigned		Amount and Description		
2	Name Plates				
1	Small Pocket Knife				
2	Wings, Cloth, O.D.				
1	Hair Brush				
1	Watch, Silver in color, Benrus, w/broken band				
1	Hand Bag				
1	Suitcase, Cloth		Disposition		
/////////////////LAST ITEM/////////////////					
Attach supplemental sheet for additional items.					
10. SHIPPED TO:			11. DATE AND METHOD OF SHIPMENT: (B/L No, Registry No, etc)		
12. SUMMARY COURT OFFICER: SIGNATURE: 			13. I ACKNOWLEDGE RECEIPT OF ALL ARTICLES LISTED IN ITEM 8 AND ALL FUNDS RECORDED IN ITEM 9a. (Signature of next of Kin, Legal Representative, or Dependent)		
DATE: 29 June 66	TYPED NAME AND GRADE: MILLARD B. BYRNE, 1LT, GAC Summary Court				
ORGANIZATION: US ARMY MORTUARY, VIETNAM, APO SF 96307					

UNCLASSIFIED

RECEIVED

1968 MAY 27 20 50

M

PRIORITY
ROUTINE

HQ MIL
DIST. OF WASH.

CHIEF SPTS DA WASH DC

MORTUARY OFFICER APOE DOVER AFB DEL

CGWA MINTS OAK CALIF

INFO:

CO 1ST USA ESCORT DET DOVER AFB DEL

CO USAR PERSONNEL CENTER OAK CALIF

CGUSARFOUR FT SAM HOUSTON TEXAS

UNCLAS from SPTS-MD 9750 FOR OAB ATTN: Mem Div & AMPCS-TRC

SUBJ: Shipping Instructions

Ship remains MSGT (Pos Pro) Joe D. Halvey, RA 25 685 160, Army,

DOD 18 MAY 68 (Non-Hostile) to Becker Funeral Home, 1502 Ft. Still

Boulevard, Lawton, Oklahoma. Decedent Cau Male; Religion Baptist;

NOK widow, Mrs. Norma S. Halvey,

Lawton,

Oklahoma. AWDS: NDSM, VCM, VSM, GCM, 3D WD, 1YR SAFETY DRIVE, BASIC

AIR MDL, ACFT CREWMAN EDGE, ACFT MAINT EDGE. Notify information

adrs.

Whittingha
5430

Kersche
7775

27

MAY

1968

1

1

Fields
77472

X-77756

P. J. KERSCHER CHIEF OPERATIONS SEC

OREN WOMACK DISP BR MEMORIAL DIVISION

UNCLASSIFIED

RETURN TO DISPOSITION BR, MEM. DIV.

REQUEST FOR PAYMENT OF FUNERAL AND/OR INTERMENT EXPENSES

Form Approved
Budget Bureau No. 22-R229

PART I - TO BE COMPLETED BY MILITARY AUTHORITIES

1. MILITARY ACTIVITY PREPARING THIS FORM HQ, WA, MTMTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626		2. MILITARY ACTIVITY TO WHICH FORM IS TO BE MAILED FOR PAYMENT (Name and Address, Including ZIP Code) HQ, WA, MTMTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626	
3. DECEDENT (Last Name, First Name, Middle Initial) HELVEY, JOE D		4. GRADE/RANK MSG	5. SERVICE NUMBER RA 25 685 160
6. PLACE OF DEATH		7. DATE OF DEATH 18 May 1968	
8. NAME OF NEXT OF KIN Mrs Norma S Helvey, Lawton, Okla		9. RELATIONSHIP Widow	
10. NAME AND ADDRESS OF FUNERAL DIRECTOR AND/OR NAME OF NATIONAL CEMETERY SELECTED BY NEXT OF KIN (Include ZIP Code) Becker Funeral Home, 1502 Ft Sill Blvd, Lawton, Oklahoma			
11. GOVERNMENT CONTRACT FOR CARE OF REMAINS IN EFFECT AT PLACE OF DEATH (Not applicable to Air Force) <input type="checkbox"/> YES <input type="checkbox"/> NO		a. IF YES, ENTER NAME OF CONTRACTING ACTIVITY n/a	

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

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) Fort Sill (Post) Cemetery Fort Sill, Oklahoma 73503		13. DATE OF INTERMENT June 3, 1968	
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.) \$ 3,131.73 - \$250.00			
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 S/N 5055 n/a		10 JUN 1968 n/a	
b. CREMATION AND URN		n/a	
c. CLOTHING		n/a	
d. INTERMENT COSTS (Enter total amount paid or incurred for items listed in 14 above.)		n/a	
16. TO BE COMPLETED WHEN NEXT OF KIN PAID OR INCURRED COST FOR SHIPMENT OF REMAINS a. SHIPPING COST n/a			
b. SHIPPED FROM (Place) n/a		c. SHIPPED TO (Place) n/a	
		d. MODE OF SHIPMENT <input type="checkbox"/> RAIL. <input type="checkbox"/> AIR <input type="checkbox"/> HEARSE	
17. STATEMENT OF NEXT OF KIN: I HAVE PAID OR INCURRED EXPENSES IN THE AMOUNTS ENTERED IN ITEMS 14, 15, AND OR 16. I DESIRE THAT THE AMOUNT ALLOWABLE BY THE GOVERNMENT BE PAID TO: a. NAME (Print or Type) Mrs. Norma Helvey			
		b. DATE 6/1/68	
c. ADDRESS (Include ZIP Code) Lawton, Okla. 73501		d. SIGNATURE OF NEXT OF KIN Norma S. Helvey	

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

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

WESTERN UNION

TELEGRAM

W. P. MARSHALL
CHAIRMAN OF THE BOARD

R. W. MCFALL
PRESIDENT

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

NO. WDS.-CL. OF SVC.	PD. OR COLL.	CASH NO.	CHARGE TO THE ACCOUNT OF	TIME FILED
			SPT MEM DIV DISP BR (DA) F-HT 46	<input checked="" type="checkbox"/>

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

27 MAY 1968

Mrs. Norma S. Helvey

Lawton, Oklahoma

Remains your husband, Joe will be consigned to Becker Funeral Home, 1502 Ft. Sill Boulevard, Lawton, Oklahoma.

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

HELVEY, Joe D., MSGT
RA 25 685 160

jif

MSG # 2
FEB 1967
WU1211(R2-68)

HOUR 1500

REL AUTH:

OREN WOMACK

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

\$
\$
E

WESTERN UNION

W. P. MARSHALL
CHAIRMAN OF THE BOARD

TELEGRAM

R. W. MCFALL
PRESIDENT

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

NO. WDS.-CL. OF SVC.	PD. OR COLL.	CASH NO.	CHARGE TO THE ACCOUNT OF	TIME FILED
			SPT MEM DIV DISP BR (DA) F-HT # 12	X

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

26 May 68

Mrs. NORMA S. HELVEY=

Lawton,, Okla

This concerns your husband MSG Joe D. Helvey 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 \$250; if burial takes place in a civilian cemetery, the maximum allowance is \$500.

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 desired you may include your inquiry in the reply to this message. Please do not set date of funeral until port authorities notify you date and scheduled time of arrival destination.

DISPOSITION BRANCH MEMORIAL DIVISION DEPT OF ARMY WUX MB

HELVEY, Joe D.
RA 25 685 160

fjk

MSG #1 (Initial)
JANUARY 1968

HOUR: 1010

REL AUTH:

OREN WOMACK