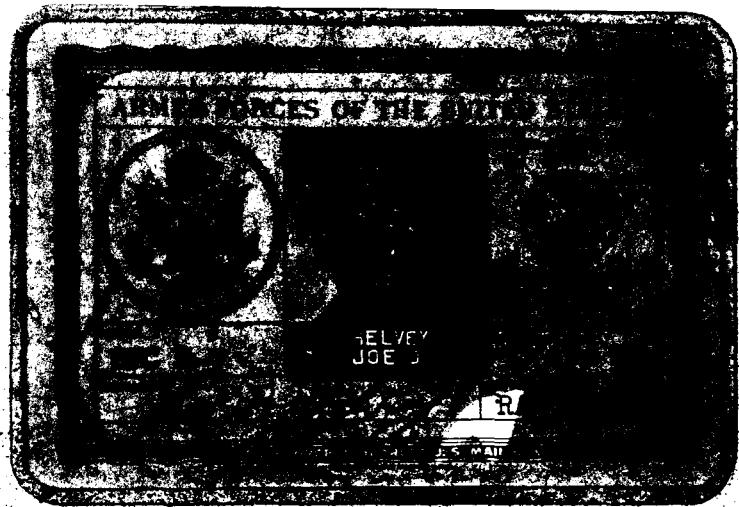


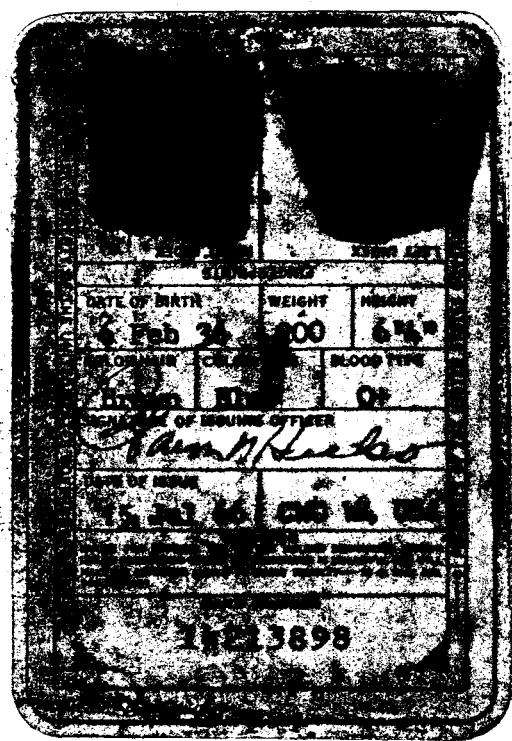
**INDIVIDUAL DECEASED**

**PERSONNEL FILE**

HELMKE, JOE E.  
RA 21 685 160

SFC





RECO. OF IDENTIFICATION PROCESS G  
FINGERPRINT CHART

DA D 4463 - 68

1600  
19 MAY 68

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

HeLVER, JOE D.

GRADE SERVICE NUMBER/SSAN

E-7 25685160

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

PLOT ROW GRAVE

LEFT HAND

RIGHT HAND

NOTE AMPUTATIONS, ABNORMALITIES, MISSING FINGERS,  
AND/OR DERMIS IN APPROPRIATE BLOCK



10. LITTLE FINGER



9. RING FINGER



8. MIDDLE FINGER



7. INDEX FINGER



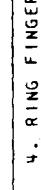
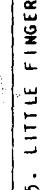
6. THUMB



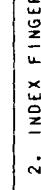
4. RING FINGER



3. MIDDLE FINGER



2. INDEX FINGER



1. THUMB



IMPORTANT

ATTACH DD FORM 2A (Identification Card) TO THIS  
FORM IF AVAILABLE

IMPRESSIONS TAKEN BY (Name)

*Lawrence D. Shaefer*

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 444 63-68

1600

19M400

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

GRADE

SERVICE NUMBER/SSAN

HeLVEY J D E D

E-7

2568516

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

PLOT

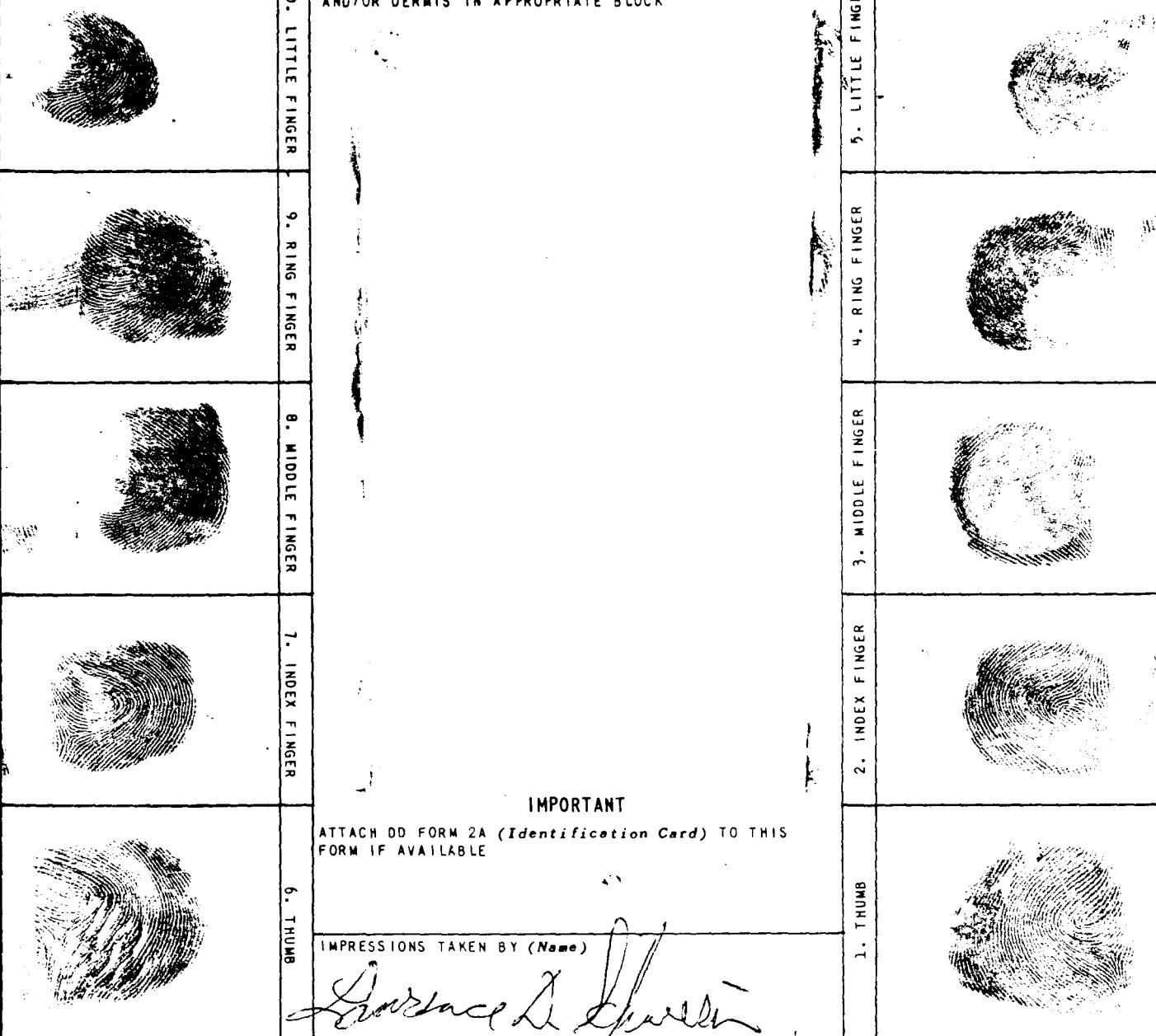
ROW

GRAVE

LEFT HAND

RIGHT HAND

NOTE AMPUTATIONS, ABNORMALITIES, MISSING FINGERS,  
 AND/OR DERMIS IN APPROPRIATE BLOCK



**IMPORTANT**

ATTACH DD FORM 2A (Identification Card) TO THIS  
 FORM IF AVAILABLE

IMPRESSIONS TAKEN BY (Name)

*Barbara L. Spaulding*

**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

1. 22nd Surgical Hospital (MA) APO 96308 Phu Bai RVN	DATE 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 A. Kissack \_\_\_\_\_

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

Date 18 May 68

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

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

REGISTER NO.  
2756

WARD NO.

AUTHORIZATION FOR POST-MORTEM  
Standard Form 523  
523-104

**RECORD OF IDENTIFICATION PROCESSING**  
**ANATOMICAL CHART**

1600

19 MAY 68

DAD 4463-68

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

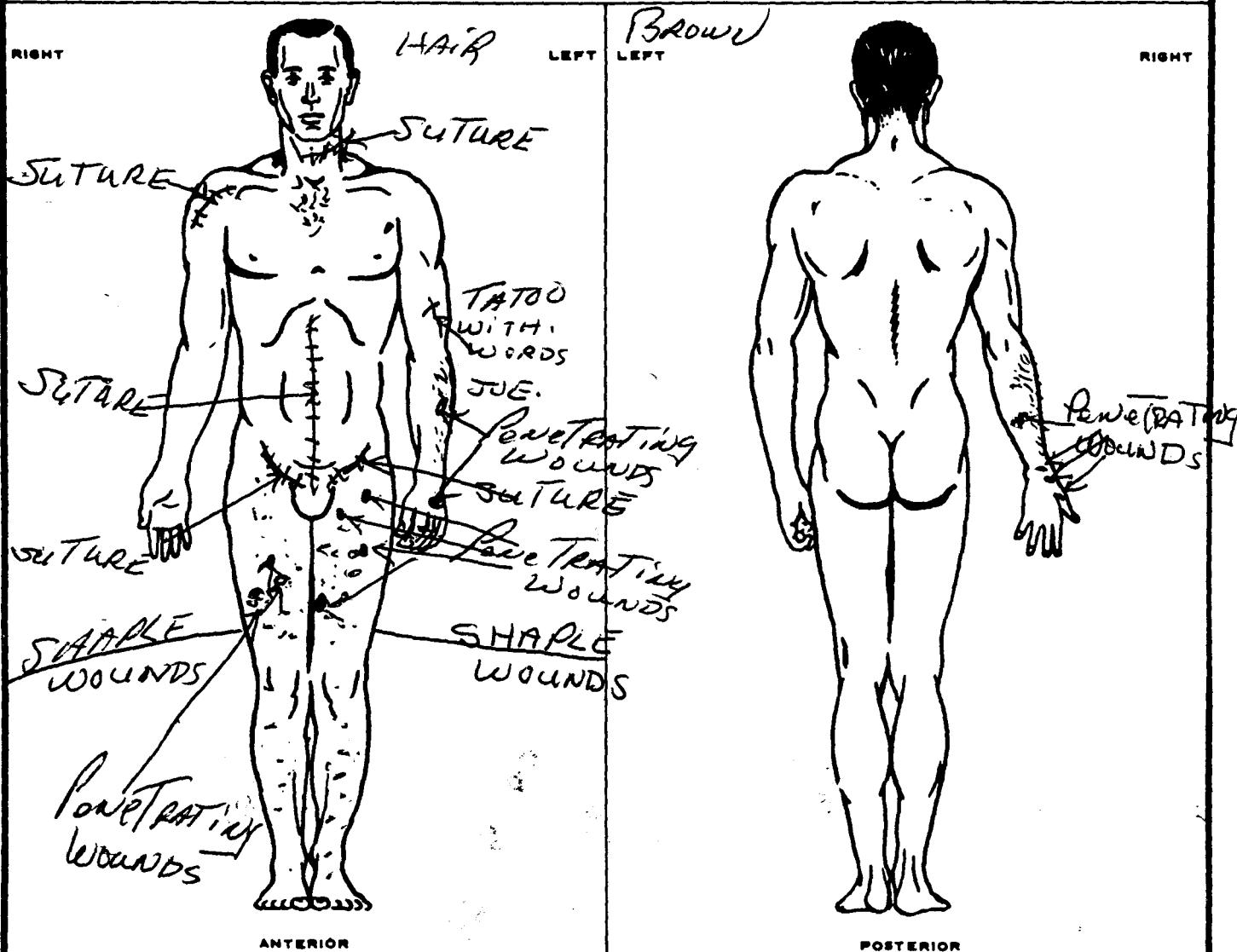
ESTIMATED AGE (Yrs)

77

ESTIMATED HEIGHT

77 "

**BLACK OUT PORTIONS NOT RECOVERED**



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)

Body COMPLETE - See Above  
Race - Cau.

Body MARKINGS - See Above  
TABLE MEASUREMENT: 77"  
ID TAGS - None.  
ID CARD - 1 - ID JOE D Helvey  
(SN) 25685 160

INTACT

BOTH HANDS fingers -  
PRINTED NOTE: Right thumb  
PRINT MATCHES DEATH  
CERTIFICATE FOR JOE D Helvey  
SN, 25685 160.  
R-L index match print on ID card  
CLOTHING None

NAME OF PREPARING OFFICIAL (Print or type)

SIGNATURE

Anton's Adame Gonzales

Anton's Adame Gonzales

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

AVCA SGN MY

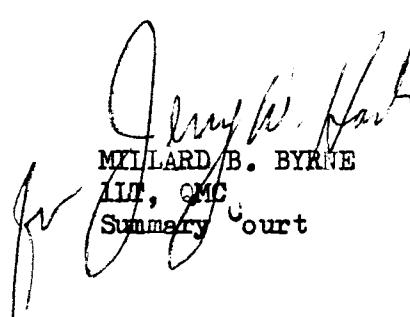
29 June 68

(Date)

CERTIFICATE OF DESTRUCTION

I Certify that the following item belonging to HEVEY, JOE D.  
E-8 RA 25 685 160 (KHA)(MHA) were found to be worn beyond repair and of  
abominous nature (other reasons as indicated). These items were destroyed by me  
LAW 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 Record	" " " "	
1 Draft Card	" " " "	
1 Aviation Card	" " " "	
3 SF 46	" " " "	
1 Operator License	" " " "	

  
MILDRED B. BYRNE  
AAT, QMC  
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 <i>allegedly</i>		a. CIRCUMSTANCES		<input type="checkbox"/> BATTLE	<input checked="" type="checkbox"/> NON-BATTLE
<p>Died from fragment wounds received while  <del>xxxx</del> in base camp when he became involved in an altercation with another <del>xxxxxx</del> indiv.  The other individual pulled pin on grenade causing the grenade to detonate. He was  admitted to 22d Surgical Hospital and later expired. <del>Investigation in progress.</del>  THUA THIEN (02) CTZ I INVEST. IN PROGRESS. (CONTINUED - ITEM #7, BELOW)</p>					
b. PLACE <del>xxxxxx</del> DEAD	c. DATE	d. TIME	e. STATUS OF REMAINS	f. RACE	g. RELIGION
Vietnam	18 May 68	1705	<del>xxx</del> Ready	Cau	Baptist
3a. DATE AND PLACE OF BIRTH 6 Feb 36 Oklahoma City, Oklahoma			3b. COMMENCED TOUR DATE 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 E-7 Over 12 years 415.50 P/F/G/P/ <del>xxx</del> (FSA)					
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)  Mrs Norma S. Helvey (wife)  7. Lawton, Oklahoma 73501 OK			(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.		
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 RVN		b. RECEIVED BY PNU-Debes		c. TIME 0100z	d. DATE 25 May 1968
SECTION II - NOTIFICATION ACTIONS					
10. ACTION		NAMES OF PERSONS PASSING AND RECEIVING THE ACTION (and msg No.)			ZULU TIME
10. ITEMS 1 THROUGH 4 PASSED FOR NOTIFICATION ACTION TO HQ: 4th Army		SSG SMITH / LT RICHMOND			1400 25 May 68
11. PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY: W		CHAP HUTCHINS			1530 25 May 68
12. COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY DIVISION OR ORIGINATOR W		JONES / THIEK			1630 25 May 68
13. CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN		<i>5/27</i>			1955 25 May 68
14. WESTERN UNION MESSAGE DISPATCHED TO SECONDARY NEXT OF KIN		11			11
15. DEATH GRATUITY PAYMENT MESSAGE DISPATCHED TO SURVIVOR ASSISTANCE OFFICER BY:		11			11
16. DATA ENTERED ON INFORMATION MESSAGE NO. BY DA CASUALTY DIVISION					
17. ADDRESS FOR GRATUITY PAY CG, FORT SILL, OKLA.					
18. a. INDIVIDUAL (has) <del>xxxx</del> BEEN POSTHUMOUSLY PROMOTED TO MSG E-8 WITH EFFECTIVE DATE AND DATE OF COMMISSION b. RECEIVED FROM c. RECEIVED BY					

1. Designator's last name, first name, middle name.
2. Social Security Number.
3. Branch and Component.
4. Date and place of birth.
5. D.O. place and home of record at time entry on Active Duty.
6. Selective Service No. at Board and Location.
7. Prior Service Data
8. R. P. I. D.
9. Social Security Number
10. Religion
11. Name and Address of:
  - a. Spouse
  - b. Father
  - c. Mother
  - d. Children
12. Non-Notification Designee.

DA FORM 41 REPLACES EDITION OF  
1 JUL 64 WHICH WILL BE USED  
1 JAN 65. EMERGENCY DATA  
(AF 64-497)

1. <u>Helvey, Joe Dean</u>	2. <u>RA</u>	3. <u>6 Feb 36 Oklahoma City, Okla Co., Okla</u>	4. <u>1 Aug 57 Lawton, Comanche, Okla Lawton, Comanche, Okla</u>	5. <u>34 16 36 37 BL #16 Lawton, Comanche, Okla</u>	6. <u>None</u>	7. <u>Baptist</u>	8. <u>(Spouse) Norma Sechronia (Alvey) Helvey 21 Mar 35 1125</u>
				<u>(Father) John D. Helvey</u> <u>Oklahoma City, Okla</u> <u>(Mother) Ruby Jean (Zachary) Helvey</u> <u>Lawton,</u> <u>Oklahoma</u> <u>(Children) Teresa Jo (F) Dau</u> <u>Lawton,</u> <u>Oklahoma; Johnny Dean (M)</u> <u>Son DO; Linda Gaen (F) Dau 21m</u> <u>DO; Janey Kay (F) Dau</u> <u>DO</u>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

13. Adult NOK to be notified and named in form.
14. Beneficiary(ies) for gratuity pay if no surviving spouse or child. Indicate percent for each.
15. Beneficiary(ies) for unpaid pay and allowances including soldier's dependents. Indicate percentage.
16. Person to receive information if Missing, Incapacitated.
17. Location of will.
18. Insurance data.
19. Remarks.

20. SIGNATURE DESIGNATOR

*Joe D. Helvey*  
SIGNATURE OF WITNESS

*Joe D. Helvey*  
100-367  
TEST REVIEWED

ORIGINAL (Card) See page 4, AFM 100-367 for latest  
DUPLICATE (Yellow paper-like personnel records)

## RECORD OF PREPARATION AND DISPOSITION OF REMAINS

(Deaths Occurring Overseas)  
(AR 638-40)REPORTS CONTROL SYMBOL  
SPTS-15(RI)REPORT NUMBER  
DAD-4463-68/12

## DECEDENT DATA

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

HELVY, 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

8. HOW IDENTIFIED

18 May 68

Fingerprint comparison

## MORTUARY DATA

9. REMAINS RECEIVED AT MORTUARY

10. EMBALMING STARTED

11. EMBALMING COMPLETED

DATE

HOUR

DATE

HOUR

DATE

HOUR

19 May 68

1600

24 May 68

1900

24 May 68

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

16. NAME POINTS OF INJECTION

ARTERIAL

CAVITY

180

80

R/L Carotid, Rt. Femoral

17. TOTAL HARDENING COMPOUND USED  
(lb)

18. AREAS HYPODERMICALLY EMBALMED

N/A

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 SF 96337

22. TYPED NAME OF PREPARING  
EMBALMER

SIGNATURE

GEORGE A LISTENBERGER

George A Listenberger

23. LICENSE NUMBER &amp; STATE

IND-1450

## SHIPMENT DATA

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

25. METHOD OF SHIPMENT

 YES NO (Explain) AIR WATER OVERLAND26. DATE SHIPPED  
FROM PREPARING  
MORTUARY

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

26 May 68

Travis AFB California

28. DATE DEPARTURE  
FROM OR RELEASE  
IN COMMAND

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

26 May 68

 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

SIGNATURE

WILLIAM T. GRAFE, 1LT, CH, MSD

Joseph A. Bona, 2dlt

DA FORM 2775 1 FEB 67

REPLACES PREVIOUS EDITION, WHICH IS OBSOLETE.

MAJOR OVERSEA COMMAND 2

PFC

FROM  
Fuller

RVM CASUALTY / TO

SSG Fisher

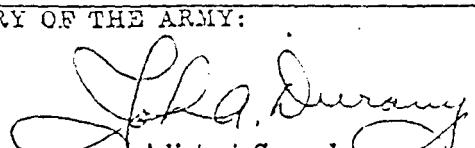
DA CASUALTY

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	D Recommended 18 MAY 68 No	E PL 07-322 Yes <input checked="" type="checkbox"/>	F Date, time and place of incident 18 MAY 68 1705 hrs Indiv in base camp UIC 4D 728328 Thua Thien (02) I CTZ RVM 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 detonated. Indiv admitted to 228ung Hojs 18 May 68 at 1450 and placed on US list on 18 May 68 at 1620 hrs and later expired	
F DOD Cav	G Organization 188 Avn Co, 16 Avn Sq, 1st Avn Bde, APO 96337		HICCS 67250	
H Next of Kin: (Name) Mrs Norma S. Helvey.	Relationship Wife			DA Form 41 8 JAN 68
I Base Pay 415.40	Additional Pay One Stone price Large Angle FSA	Sold Ten-hump wife	EPBD 22 Aug 54	
J Cause of Death Multi frag wound to Right femoral artery with hemorrhage				
K Status of Remains Ready.	L Commended Tour (RVM) 3 JAN 68	M Awards NDSM VCM VSM	6CM 3dud Typ. Safety dr Basic Air medal Act of courage Badge Act of merit Badge	
N Site Doubt.	O Religion Baptist.	P Date 6 Feb 36		

TL: None.

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

FDB

REPORT OF CASUALTY		REPORT NUMBER AND TYPE A6448 FINAL	DATE PREPARED 4 June 1968
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization) HELVEY, JOE DEAN; RA 25 685 160; MSG; RA; 188TH AVN CO, 10TH AVN GP, 1ST AVN BDE, VIETNAM			
2. CASUALTY STATUS <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE DIED 18 May 1968 in Vietnam from wounds received while in base camp when a grenade detonated. SFC Joe D. Helvey was promoted posthumously to grade of MSG E-8, AUS, as of 17 May 1968, under provisions of PL 680, 77th Congress, as amended. Pay grade shown in item 5 is that of E-7, since additional pay is not involved.			
Commenced tour in Vietnam 3 January 1968			
3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE 6 February 1936 Oklahoma City, Oklahoma Caucasian Baptist			
4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 31 January 1964 Fort Wolters, Texas Lawton, Oklahoma			
5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY <span style="float: right;">CHECK IF APPLICABLE</span> E-7 Over 12 Years \$415.50 Flight, Prof <input type="checkbox"/> CREW <input type="checkbox"/> NON-CREW			
6. DUTY STATUS ACTIVE: ON DUTY			
7. INTERESTED PERSONS (Name, Address, Relationship) Mrs Norma S. Helvey, Lawton, Oklahoma 73501, Wife <sup>1,3</sup> notified 25 May 1968 Teresa J., Johnny D, Linda G., Janey K. Helvey, address as above, Children Mr John D. Helvey, Oklahoma City, Oklahoma, Father Mrs Ruby J. Helvey, address as father, Mother <sup>2</sup>			
DA Form 41 dated 4 Oct 67			
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 24 May 1968		
10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services) 34 16 36 37 #16 Lawton, Oklahoma			
11. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
12. REMARKS			
FOR VA: Certification of Basic Pay UP PL 89-622: <u>NONE</u>			
THUA THIEN (02) I CTZ		FILE DISP. BR JUN 26 1968	
FOOTNOTES: 1 Adult next of kin. 2 Beneficiary for gratuity pay in event there is no surviving wife or child-as designated on record of emergency data. 3 Beneficiary for unpaid pay and allowances-as designated on record of emergency data.			
13. DISTRIBUTION B IV		14. BY ORDER OF THE SECRETARY OF THE ARMY:   John A. Duran, Adjutant General	

1600  
DA 0463-731600  
19 APR 67

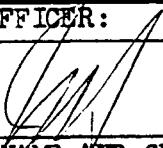
## CERTIFICATE OF DEATH (OVERSEAS)

(AR 638-40)

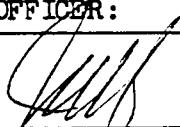
NAME OF DECEASED (Last, First, Middle) <b>Helvey, Joe D.</b>		GRADE <b>E-7</b>	BRANCH OF SERVICE <b>ARMY</b>	SERVICE NUMBER <b>2125 685 160</b>	
ORGANIZATION <b>188th Assault Heli. Co.</b>		DATE OF BIRTH <b>6 Feb. 1936</b>		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
COLOR OR RACE <input checked="" type="checkbox"/> WHITE		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <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 <b>Mora S. Helvey</b>		RELATIONSHIP TO DECEASED <b>Wife</b>			
STREET ADDRESS		CITY OR TOWN AND STATE <b>Lawton, Okla.</b>			
<b>MEDICAL STATEMENT</b>					
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>M.E.W. neck,abd., &amp; lower ext.</b>		2hrs 45mins.	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE				
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE				
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>					
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES <b>Pt. hemorrhaged to death</b>	
DATE OF DEATH (Hour, day, month, year) <b>1705 18 May 1968</b>		PLACE OF DEATH <b>22nd Surgical Hospital A.P.O. San Fransisco 96308</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>Alfred Kissack</b>		TITLE OR DEGREE <b>M.C.-M.D.</b>			
GRADE <b>Cpt.</b>	SERVICE NUMBER <b>05254551</b>	INSTALLATION OR ADDRESS <b>22nd Surgical Hospital A.P.O. San Fransisco</b>			
DATE <b>18 May 1968</b>	SIGNATURE <i>Alfred Kissack</i>				
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS <b>GEORGE A. LISTENBERGER</b>		GRADE <b>GS-10</b>	LICENSE NUMBER	STATE <b>IND</b>	OTHER <b>1450</b>
INSTALLATION OR ADDRESS <b>US Army Mortuary Da Nang RVN</b>		DATE <b>24 May 68</b>	SIGNATURE <i>George A. Listenberger</i>		
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
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.

**RECD. OF PERSONAL PROPERTY - COMBAT AREAS  
(USARV Reg 643-55)**

1. LAST NAME, FIRST, MI:	2. GRADE:	3. SN:
HELVEY, JOE D.	E-8	RA 25 685 160
4. ORGANIZATION AND STATION OR APO: 188th Avn Co, 16th Avn Bde, 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	<p>a. Funds transmitted with property Amount and description</p> <p>b. Funds exchanged, converted, de- posited, etc. Amount and Description</p> <p>Disposition</p>
2	Photo 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	Boxcar 35mm Film	
1	"Nec" Portable Radio	
1	Electric Skillat	
1	Briefcase, Black	
1pr	Civ Shoes	
1	Camera, Ricoh, Supershot	
3	Hankiehiefs	
4	Socks	
1	Instruction Booklet for Ricoh Camera	
2	Sewing Kits	
4	Civ Shirts	
2	Swim Suits	
1	Drinking Mug	
4	Books & Booklets on Accounting	
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.	
DATE: 29 June 68	TYPED NAME AND GRADE: MILLARD B. BYRNES, 1LT, QMC Summary Court	
ORGANIZATION: US ARMY MORTUARY, VIETNAM, APO SF 96307		(Signature of next of Kin, Legal Representative, or Dependent)

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

1. LAST NAME, FIRST, MI:	2. GRADE:	3. SN:
HELKEY, JOE D.	E-8	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 Zippo	
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	Hair Clipper	
1	P-38 Can Opener	
3	Unit Crests	
1	Set Brass, 1 US, 1 Unassigned	
2	Name Plates	
1	Small Pocket Knife	
2	Wings, Cloth, C.D.	
1	Hair Brush	
1	Watch, Silver in color, Fleurus, w/broken band	
1	Hand Bag	
1	Suitcase, Cloth	
//////////LAST ITEM//////////		b. Funds exchanged, converted, deposited, etc. Amount and Description
		Disposition
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.	
DATE: 29 June 68	TYPED NAME AND GRADE: MILLARD B. BIEKE, 1LT, QMC Summary Court	
ORGANIZATION: US ARMY MORTUARY, VIETNAM, APO SF 96307	(Signature of next of Kin, Legal Representative, or Dependent)	

UNCLASSIFIED

RECEIVED

1343 MAY 27 20 59

M  
PRIORITY  
ROUTINE

ATT  
HQ MIL  
DIST. OF WASH.

CHIEF SPTS DA WASH DC

MORTUARY OFFICER APOE DOVER AFB DEL

CGWA MTMS 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. Helvey, RA 25 685 160, Army.

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

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

NOK widow, Mrs. Norma S. Helvey,

Lawton,

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

AIR MDL, ACFT CREMAN RDGE, ACFT MAINT RDGE. Notify information

adrs.

Whittingha  
5430

Kersche

7775

Fields  
77472

27

MAY

1968

1

1

X-77756

F. J. KERSCHER CHIEF OPERATIONS SEC

OREN WOMACK DISP BR MEMORIAL DIVISION

UNCLASSIFIED

RETURN TO DISPOSITION B.I. 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 <b>HQ, WA, MTMITS, 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, MTMITS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626</b>	
3. DECEDENT (Last Name, First Name, Middle Initial) <b>HELVEY, JOE D</b>		4. GRADE/RANK <b>MSG</b>	5. SERVICE NUMBER <b>RA 25 685 160</b>
6. PLACE OF DEATH		7. DATE OF DEATH <b>18 May 1968</b>	
8. NAME OF NEXT OF KIN <b>Mrs Norma S Helvey</b>		9. RELATIONSHIP <b>Lawton, Okla. Widow</b>	
10. NAME AND ADDRESS OF FUNERAL DIRECTOR AND/OR NAME OF NATIONAL CEMETERY SELECTED BY NEXT OF KIN (Include ZIP Code) <b>Becker Funeral Home, 1502 Ft Sill Blvd, Lawton, Oklahoma</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>Fort Sill (Post) Cemetery Fort Sill, Oklahoma 73503</b>		13. DATE OF INTERMENT <b>June 3, 1968</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.) <b>APPROVED</b>		
b. 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>\$ 3,431.93 - \$250.00</b>		s. <b>INTERMENT COSTS</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>S/N 5055</b>		s. <b>n/a</b>
b. Cremation and Urn <b>10 JUN 1968</b>		n. <b>n/a</b>
c. Clothing		<b>Finance &amp; Accounting Office, WAMMITS Oakland, California 94136</b>
d. INTERMENT COSTS (Enter total amount paid or incurred for items listed in 14 above.) <b>\$ 3,431.93 - \$250.00</b>		<b>DA FORM 10-164 1 MAY 62</b>
16. TO BE COMPLETED WHEN NEXT OF KIN PAID OR INCURRED COST FOR SHIPMENT OF REMAINS a. SHIPPING COST <b>n/a</b>		s. <b>n/a</b>
b. SHIPPED FROM (Place) <b>n/a</b>		c. SHIPPED TO (Place) <b>n/a</b>
		d. MODE OF SHIPMENT <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> HEARSE

17. STATEMENT OF NEXT OF KIN: I HAVE PAID OR INCURRED EXPENSES IN THE AMOUNTS ENTERED IN ITEMS 14, 15, AND OR 16. I DESIRE THAT THE AMOUNT ALLOWABLE BY THE GOVERNMENT BE PAID TO:

a. NAME (Print or Type) <b>Mrs. Norma Helvey</b>		b. DATE <b>6/1/68</b>
c. ADDRESS (Include ZIP Code) <b>Lawton, Okla. 73501</b>		d. SIGNATURE OF NEXT OF KIN <b>Norma S. Helvey</b>

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

**WESTERN UNION**  
**TELEGRAM**

W. P. MARSHALL  
E CHAIRMAN OF THE BOARD

R. W. McFALL  
PRESIDENT

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

NO. WDS.-CL. OF SVC.	PD. OR COLL.	CASH NO.	CHARGE TO THE ACCOUNT OF	TIME FILED
			SPT MEM DIV DISP BR (DA) F-HT 46	X

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  
WU1311(R2-65)

HOUR 1500

REL AUTH: *mes*

OREN WOMACK

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

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S  
E

# WESTERN UNION

## TELEGRAM

W. P. MARSHALL  
CHAIRMAN OF THE BOARD

R. W. MC FALL  
PRESIDENT

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

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

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

Mrs. NORMA S. HELVEY-

26 May 68

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