

COLLATERAL
REPORT

VOL II of III

DEFENDANT'S
EXHIBIT
D 300
II of III

I N D E X

VOLUME II

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PASSENGER MANIFEST

(AF FORM 96)

FOR TRIP No. SAAMS578/094

ABOARD C-5/218 FROM

TAN SON NHUT TO CLARK AB

4 APRIL 1975

PASSENGER MANIFEST

(Check applicable box)

1. CARRIER

2. AIRCRAFT NO.

X NONREVENUE

REVENUE

XAC

C-5/218

3. ORIGIN

4. DESTINATION (Name and location)

5. MANIFEST NO.

6. TRIP NO. AND DATE

7. CABIN ATTENDANT

TAI SON KHUT

LARK AFB, PHIL 50-00363RC SA 100857Z/04

E/A

MANIFEST

LINE NO.	GRADE OR TITLE	U.S. ARMED FORCES PASSENGERS (Name and AFSN or SSAN) U.S. CIVILIANS AND FOREIGN NATIONALS (Name-Last, First, M.I.- and Passport No.)	CHECKED BAGGAGE		PASSENGER WEIGHT PLUS CABIN BAGGAGE	AUTHORITY AND/OR PRIORITY IDENTIFICATION (HQS., Order No., and Date)
			PIECES	WEIGHT		
1	CIV	ADAMS, BARBARA E.				SGN CRK 3CU AZ 04
2	CIV	ADAMS, LINDA				SGN CRK 3CU AZ 04
3	CIV	AYOT, CLARA				SGN CRK 3CU AZ 04
4	CIV	BELL, ROVA				SGN CRK 3CU AZ 04
5	CIV	BELL, MICHAEL				SGN CRK 3CU AZ 04
6	CIV	BELL, ANDREA				SGN CRK 3CU AZ 04
7	CIV	BETHELL, ALEXIA				SGN CRK 3CU AZ 04
8	CIV	BLACKBURN, HELEN				SGN CRK 3CU AZ 04
9	CIV	BUTTERFIELD, ANN				SGN CRK 3CU AZ 04
10	CIV	BROWN, CELESTA M.				SGN CRK 3CU AZ 04
11	CIV	CLARK, VIVIENNE				SGN CRK 3CU AZ 04
12	CIV	CHILL, ANITA				SGN CRK 3CU AZ 04
13	CIV	CROUCH, MARY				SGN CRK 3CU AZ 04
14	CIV	CURTIS, DOROTHY M.				SGN CRK 3CU AZ 04
15	CIV	DAVIDSON, TWILA				SGN CRK 3CU AZ 04
16	CIV	DYKE, HELEN				SGN CRK 3CU AZ 04
17	CIV	DYKE, ROSE				SGN CRK 3CU AZ 04
18	CIV	DYKE, THEDA			AND THE R/H FOR POSSIBLE OR EXPLOSIVE DANGER	SGN CRK 3CU AZ 04
19	CIV	EDGREN, MARYLYN				100000 WATONS ON BOARD OF AIRCRAFT
20	CIV	PUJING, ELIZABETH				SGN CRK 3CU AZ 04
TOTALS						TOTAL WEIGHT PASSENGERS AND ALL BAGGAGE

20 PAS

9. ALL PASSENGERS AND BAGGAGE LISTED ON THIS MANIFEST HAVE BEEN LOADED.

DATE

MANIFEST PREPARED BY (Typed name, grade, title)

SIGNATURE OF LOADING SUPERVISOR

1 APR 75

HIEU NGUYEN HNGC RGA

MR. J. E. D. DICKIN

10. ALL PASSENGERS AND BAGGAGE LISTED ON THIS MANIFEST HAVE BEEN RECEIVED EXCEPT AS CIRCLED AND NOTED ON REVERSE.

DATE

PRINTED NAME, GRADE OR TITLE OF UNLOADING SUPERVISOR

SIGNATURE

AF FORM
APR 68 76REPLACES AF FORM 960, OCT 63, WHICH WILL
BE USED UNTIL 30 JUN 69.

PASSENGER MANIFEST			(Check applicable box)		1. CARRIER MAC	2. AIRCRAFT NO. C-5/218
			<input checked="" type="checkbox"/> NONREVENUE	REVENUE		
3. ORIGIN TAN SON NHUT CL BY AIR, PHNOM PENH, CAMBODIA	4. DESTINATION (Name and location) CL BY AIR, PHNOM PENH, CAMBODIA	5. MANIFEST NO. 58-0036300	6. TRIP NO. AND DATE 1/1	7. CABIN ATTENDANT		

LINE NO.	GRADE OR TITLE	U.S. ARMED FORCES PASSENGERS (Name and AFSN or SSAN) U.S. CIVILIANS AND FOREIGN NATIONALS (Name-Last, First, M.I.- and Passport No.)	CHECKED BAGGAGE		PASSENGER WEIGHT PLUS CABIN BAGGAGE	AUTHORITY AND/OR PRIORITY IDENTIFICATION (HQ#, Order No., and Date)
			PIECES	WEIGHT		
A.	B.	C.	D.	E.	F.	
21	CIV	GASPER, RUTHANNE				SGN CRK 3CU AZ 04
22	CIV	HERBERT, BEVERLY				SGN CRK 3C AZ 04
23		HINMAN, PHILIPPE				SGN CRK 3CU AZ 04
24	CIV	HOLLIBAUGH, VERA S.				SGN CRK 3CU AZ 04
25	CIV	KAVILJA, BARBARA				SGN CRK 3CU AZ 04
26	CIV	NAJEE, BARBARA J.				SGN CRK 3CU AZ 04
27	CIV	MARTIN, REBECCA				SGN CRK 3CU AZ 04
28	CIV	MARTIN, A A				SGN CRK 3CU AZ 04
29	CIV	MIDDLEBROOK, MARTHA				SGN CRK 3C AZ 04
30	CIV	MO. RE, KATHERINE				SGN CRK 3CH AZ 04
31	CIV	MOSCHKIN, MARTA				SGN CRK 3CU AZ 04
32	CIV	MOSEKIN, KAREN				SGN CRK 3CB AZ 04
33	CIV	POLGRAN, MARION P.				SGN CRK 3CH AZ 04
34	CIV	POULIN, JUNE W.				SGN CRK 3CH AZ 04
35	CIV	POULIN, OBIE J.				SGN CRK 3CH AZ 04
36	CIV	PRAY, JOAN E.				SGN CRK 3CH AZ 04
37		RANBELL, SAXONIA K.			1 CEN	SGN CRK 3CH AZ 04
38	CIV	RETHOLES, ANNE	AND THEIR HANDGUNS, GUNS, FIREARMS, FIREWORKS, EXPLOSIVES, AND OTHER DANGEROUS WEAPONS FOR POSSESSION, USE, OR TRANSPORTATION, OR EXPLOSIVE PRIOR TO BOARDING AIRCRAFT			SGN CRK 3CH AZ 04
39	CIV	ROON, MAJONIE				SGN CRK 3CH AZ 04
40	CIV	STOUT, BARBARA				SGN CRK 3CU AZ 04
		TOTALS				TOTAL WEIGHT OF PASSENGERS AND ALL BAGGAGE

20	X		ALL PASSENGERS AND BAGGAGE LISTED ON THIS MANIFEST HAVE BEEN LOADED.
DATE	MANIFEST PREPARED BY (Typed name, grade, title)		SIGNATURE OF LOADING SUPERVISOR
APRIL 25 1975	MR. R. E. DODSON		
10. ALL PASSENGERS AND BAGGAGE LISTED ON THIS MANIFEST HAVE BEEN RECEIVED EXCEPT AS CIRCLED AND NOTED ON REVERSE			
DATE	PRINTED NAME, GRADE OR TITLE OF UNLOADING SUPERVISOR		SIGNATURE

PASSENGER MANIFEST

(Check applicable box)

 NONREVENUE

REVENUE

1. CARRIER

MAC

2. AIRCRAFT NO.

C-5/213

3. ORIGIN

4. DESTINATION (Name and location)

5. MANIFEST NO.

6. TRIP NO. AND DATE

7. CABIN ATTENDANT

TAY SON BENT CLARK AFB, PHIL 307-5P-003696 SAAM8578/09

N/A

MANIFEST

LINE NO.	GRADE OR TITLE	U.S. ARMED FORCES PASSENGERS (Name and AFSN or SSAN) U.S. CIVILIANS AND FOREIGN NATIONALS (Name-Last, First, M.I.- and Passport No.)	CHECKED BAGGAGE		PASSENGER WEIGHT PLUS CABIN BAGGAGE	AUTHORITY AND/OR PRIORITY IDENTIFICATION (HQs., Order No., and Date)
			PIECES	WEIGHT		
1	CIV	THOMPSON, THELMA				SGN CRK 3CU AZ 04
2	CIV	WATKINS, DORIS J.				SGN CRK 3CU AZ 04
3	CIV	WESLEY, SHARON				SGN CRK 3CU AZ 04
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19					I CERTIFY AND THEIR MAJESTY FOR POSSSESSION OR EXPLOSIVE MATERIAL WEAPONS PRIOR TO BOARDING AIRCRAFT.	
20						
TOTALS					TOTAL WEIGHT PASSENGERS AND ALL BAGGAGE	

9. ALL PASSENGERS AND BAGGAGE LISTED ON THIS MANIFEST HAVE BEEN LOADED.

DATE MANIFEST PREPARED BY (Typed name, grade, title) SIGNATURE OF LOADING SUPERVISOR

10. ALL PASSENGERS AND BAGGAGE LISTED ON THIS MANIFEST HAVE BEEN RECEIVED EXCEPT AS CIRCLED AND NOTED ON REVERSE

DATE PRINTED NAME, GRADE OR TITLE OF UNLOADING SUPERVISOR SIGNATURE

SUPPLEMENTARY LIST OF
PASSENGERS (VOLUNTEERS)

ABOARD C-5A/218

FOR FLIGHT FROM TAN SON NHUT
TO CLARK AB, 4 APRIL 1975

The following volunteers were aboard the aircraft.

① Dr Stark - Survived.

② Laurie Stark -

③ Susan Durgee - Survived (Evac to Clark)

④ Margaret Moses - Australian

⑤ Sister Ursula - Malayan Chinese

⑥ Polly Din - German

⑦ Christy Liberman - German (Survived)

⑧ Bridgett Blank - German ~~████████~~

⑨ Tina Bui (?) - Listed German.

⑩ Gyopatra Maria Mark - Australian.

These people worked at various orphanages in the Saigon area.

There was no manifest of orphans. They came from various orphanages in the Saigon area. Those agencies who put children on the airplane are attempting to compile lists, but none was available as of 6 April 1975.

EMERGENCY EVACUATION TRAVEL ORDERS
50 CIVILIAN EMPLOYEES (DECEASED)
OF
UNITED STATES DEFENSE ATTACHE OFFICE (USDAO), SAIGON

ADAMS, Barbara E.	MAIER, Barbara J.
BOYOT, Clara F.	MARTIN, Rebecca A.
BERTWELL, Arleta L.	MARTINI, Sarah D.
BLACKBURN, Helen J.	MIDDLEBROOK, Martha J.
BOTTOROFF, Ann N.	MOORE, Katherine B.
BROWN, Celeste M.	POLGREAN, Marion P.
CLARK, Vivienne A.	POULTON, June W.
CREEL, Wanita T.	PRAY, Joan K.
CROUCH, Mary Ann	RANDALL, Sayonna K.
CURTISS, Dorothy M.	REYNOLDS, Anne
DONELSON, Twila M.	SNOW, Marjorie V.
FUJINO, Elizabeth K.	STOUT, Barbara L.
GASPER, Ruth Anne	WATKINS, Doris J.
HERBERT, Beverly A.	WESLEY, Sharon K.
HINDMAN, Penelope L.	HOWARD, Dorothy

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF ROD PERSONNEL

1. DATE OF REQUEST

4 Apr 75

(Reference: Joint Travel Regs 600-1)

Travel Authorized as Indicated in Items 2 through 21.

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial)	SSN	3. POSITION TITLE AND GRADE OR RATING
ADAMS, BARBARA E		EXecutive Assistant GS 301-7
4. OFFICIAL STATION		5. ORGANIZATIONAL ELEMENT
Defense Attaché Office FPO San Francisco 906620		6. PHONE NO.
7. TYPE OF ORDERS	8. SECURITY CLEARANCE	9. PURPOSE OF TDY
Single		To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.
10. APPROX NO. OF DAYS OF TDY (Including travel time)	11. PROCEED O/A (Date)	
30 Days	4 Apr 75	

11. ITINERARY VARIATION AUTHORIZED

FROM: RVN

TO: APOD in CONUS and onward to HOR at

12. MODE OF TRANSPORTATION							
COMMERCIAL				GOVERNMENT			
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	N/A
X	X	X	X	X	X	X	PRIVATELY OWNED CONVEYANCE (Check one)
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)							
<input type="checkbox"/> RATE PER MILE:							
<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT							
MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMERCIAL CARRIER TRANSPORTATION RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.							

13. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
 OTHER RATE OF PER DIEM (Specify)

14. ESTIMATED COST				15. PER DIEM AUTHORIZED
PER DIEM	TRAVEL	OTHER	TOTAL	
\$	\$	\$	\$	\$ MAX

16. REMARKS (Use this space for special requirements, leave, superior or first-class accommodations, excess luggage, registration, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay. IAW CMMI 550.84A3a(3)

NAME RELATIONSHIP
Linda D. ADAMS DAUGHTER

17. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

18. MOVING OFFICIAL (Title and signature)

HENRY B. HICKS, JR., CHIEF, PERS DIV

19. ACCOUNTING CITATION

1751804.3820 212 68206 0 068206 20509107 EF00 E, 30 days advance per diem auth,
CIC 3509107 N68206WS.

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

Maximilian Lamont

Maximilian Lamont, Col, USAF, Exec Off

21. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

EVAC- 1-75

ENCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR WORK TRAVEL OF EOD PERSONNEL

(Reference: Joint Travel Regulation)

Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial)				3. POSITION/TITLE AND GRADE OR RATING			
BAYOT, CLARA F +				GS-301-05			
4. OFFICIAL STATION				5. ORGANIZATIONAL ELEMENT		6. PHONE NO.	
Defense Attaché Office IPO San Francisco 96620				AOSOP - ISR			
7. TYPE OF ORDERS		E. SECURITY CLEARANCE		S. PURPOSE OF TDY			
Single				To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.			
10a. APPROX NO. OF DAYS OF TDY (including travel time)		6. PROCEED O/A (Date)					
30 Days		4 Apr 75					
11. ITINERARY		<input type="checkbox"/> VARIATION AUTHORIZED					
FROM: RVN							
TO: APON in CONUS and onward to HOR at							
12. MODE OF TRANSPORTATION							
COMMERCIAL				GOVERNMENT			N/A PRIVATELY OWNED CONVEYANCE (Check one)
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	<input type="checkbox"/> RATE PER MILE
X	X	X	X	X	X	X	<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT
AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)							
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST							
PER DIEM	TRAVEL	OTHER	TOTAL		15. ADVANCE AUTHORIZED		
\$	\$	\$	\$		\$ MAX		
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)							
17. REQUESTING OFFICIAL (Title and signature)				MOVING OFFICIAL (Title and signature)			
JOE H. BEARD, XO, PERS DIV				HENRY C. HICKS, JR., CHIEF, PERS DIV			
18. AUTHORIZING OFFICIAL							
19. ACCOUNTING CITATION 1751804.3820 212 68206 0 058206 20509107 EF00 E, 30 days advance per diem auth, CIC 3509107 N68206WS.							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION				21. DATE ISSUED			
Maximilian Lamont, Col, USAF, Exec Off				4 Apr 75			
22. TRAVEL ORDER NUMBER EVAC-3-75							

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

Reference: Joint Travel Regulations
Travel Authorized as Indicated in Item 2 through 21.

1. DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial) BERTWELL, ARLETA L.		3. POSITION TITLE AND GRADE OR RATING Clerk Typing GS 312-5
4. OFFICIAL STATION Defense Attaché Office FPO San Francisco 96620		5. ORGANIZATIONAL ELEMENT AOSOP
6. TYPE OF ORDERS Single	7. SECURITY CLEARANCE	8. PURPOSE OF TDY To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.
10a. APPROX NO. OF DAYS OF TDY (Including travel time) 30 Days	11. PROCEED O/A (Date) 4 Apr 75	

11. ITINERARY VARIATION AUTHORIZED

FROM: RVN
TO: APOD in CONUS and onward to HOR at

Mrs. Jerry Beck

12. MODE OF TRANSPORTATION							
COMMERCIAL				GOVERNMENT			N/A PRIVATELY OWNED CONVEYANCE (Check one)
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	<input type="checkbox"/> RATE PER MILE
X	X	X	X	X	X	X	<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT
13. AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Officers Travel only)							
MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMM CARRIER TRANSPORTATION RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.							

15. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. OTHER RATE OF PER DIEM (Specify)

14. ESTIMATED COST			15. ADVANCE AUTHORIZED
PER DIEM	TRAVEL	OTHER	MAX
\$	\$	\$	\$

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay. IAW CMMI 550.SA3(3)

17. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

APPROVING OFFICIAL (Title and signature)

HENRY P. HICKS, JR., CHIEF, PERS DIV

18. ACCOUNTING CITATION

1751804.3820 212 68206 0 068206 20509107 EF00 E, 30 days advance per diem auth, CIC 3509107 N68206WS.

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

Maximilian Lamont, Col, USAF, Exec Off
DOD FORM 1000
110

21. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

EVAC- 5-75

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR OFFICIAL TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regs, 100-10)

Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial)

BLACKBURN, HELEN J

3. POSITION TITLE AND GRADE OR RATING

ADMIN. SPEC GS-301-9

4. OFFICIAL STATION

Defense Attaché Office
APO San Francisco 96620

5. ORGANIZATIONAL ELEMENT

AOSAF

6. PHONE NO.

7. TYPE OF ORDERS

Single

8. SECURITY CLEARANCE

10a. APPROX NO. OF DAYS OF
TDY (including transit time)

30 Days

9. PROCEED O/A (Date):

4 Apr 75

10. PURPOSE OF TDY

To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

11. ITINERARY

□ VARIATION AUTHORIZED

FROM: RVN

TO: APOD in CONUS and onward to HOR at VANDENBERG, AFB CA.

12.

MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			N/A PRIVATELY OWNED CONVEYANCE (CARRIER ONLY)	
MAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:	
X	X	X	X	X	X	X	<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT	

(X) AS DETERMINED BY APPROPRIATE TRANSPORTATION
OFFICER (Overseas Travel only)

MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF CARRIER CARRIER TRANSPORTATION RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13.

 PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. OTHER RATE OF PER DIEM (Specify)

14.

ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	EX. ADVANCE AUTHORIZED
\$	\$	\$	\$	\$ MAX

15. REMARKS (Use this space for special requirements, leave, superior or 1st class accommodations, excess luggage, registration fees, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay.

IAW CMMI 550.5443(3)

16. APPROVING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

APPROVING OFFICIAL

HENRY P. HICKS, JR., CHIEF, PERS DIV

17. ACCOUNTING CITATION

1751804.3820 212 68206 0 068206 20509107 EFCO E. 30 days advance per diem auth,
CIC 3509107 N68206WS.

18. ORDER AUTHORIZING OFFICIAL (Title and signature) ON AUTHENTICATION

Maximilian Lamont

Maximilian Lamont, Col, USAF, Exec Off

DD FORM 1 JUN 67 1610

21. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

EVAC-6-75

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)

Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (last, first, middle, initial) BOTTORFF, ANN N	3. POSITION TITLE AND GRADE OR RATING Public Info Officer GS-13
4. OFFICIAL STATION Defense Attaché Office FPO San Francisco 96620	5. ORGANIZATIONAL ELEMENT AOSPA
6. TYPE OF ORDERS Single	7. SECURITY CLEARANCE
10a. APPROX. NO. OF DAYS OF TDY (including travel time) 30 Days	8. PROCEED O/A (Date) 4 Apr 75
9. PURPOSE OF TDY To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.	

11. ITINERARY FROM: RVN TO: APOD in CONUS and onward to HOR at	<input type="checkbox"/> VARIATION AUTHORIZED	<input type="checkbox"/> 
--	---	--

12. MODE OF TRANSPORT IN							
COMMERCIAL				GOVERNMENT			N/A PRIVATELY OWNED CONVEYANCE (Check one)
MAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	<input type="checkbox"/> RATE PER MILE
X	X	X	X	X	X	X	<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT
13. AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)							
<input type="checkbox"/> <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.							
<input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST							
PER DIEM	TRAVEL	OTHER	TOTAL	<input type="checkbox"/> AS ADVANCED AUTHORIZED			
\$	\$	\$	\$	<input type="checkbox"/> MAX			

15. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, regularization fees, etc.)
1. Employee limited to 44' pounds of luggage. 2. Employee authorized 30 days advance pay.
IAW CMMI 550.84/3.2(5)

17. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

18. ISSVING OFFICER (Title and signature)

HENRY P. HICKS, JR., CHIEF, PERS DIV

19. ACCOUNTING CITATION

1751804.3820 212 68206 0 068206 20509107 EF00 E, 30 days advance per diem auth,
CIC 3509107 N68206WS.

AUTHORIZATION

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

Maximilian Lantant

Maximilian Lantant, Col, USAF, Exec Off

DIA FORM 1 JUN 67 1010

21. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

EVAC- 7-75

EMERGENCY EVACUATION TRAVEL ORDER

NON-GOVT-20 (AOSDP)
REQUEST AND AUTHORIZATION FOR DOD CIVILIAN PERMANENT DUTY TRAVEL
(Reference: Joint Travel Regulations)
TRAVEL AUTHORIZED HEREIN AS NECESSARY IN THE PUBLIC SERVICE

1. DATE REQUESTED

26 Mar 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial) BROWN, CELESTE M. SSAN: [REDACTED]		3. NEW POSITION TITLE AND GRADE OR RATING Secretary (Typing) GS-06		
4. RELEASING OFFICIAL STATION AND LOCATION, OR ACTUAL PLACE OF RESIDENCE Defense Attaché Office (AOSDP) Saigon RVN FPO SF 96320		5. NEW OFFICIAL STATION AND LOCATION, ACTUAL PLACE OF RESIDENCE, OR ALTERNATE DESTINATION Defense Intelligence Agency Wash DC.		
6. DUTY REPORTING DATE AT NEW STATION o/a 27 Mar 75				
7. PURPOSE OF TRAVEL <input checked="" type="checkbox"/> TRAVEL BETWEEN OFFICIAL STATIONS <input type="checkbox"/> RENEWAL AGREEMENT TRAVEL <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> RETURN FROM OVERSEAS FOR SEPARATION				
8. MODE OF TRANSPORTATION <input checked="" type="checkbox"/> GOVERNMENT <input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> RAIL <input checked="" type="checkbox"/> AIR <input checked="" type="checkbox"/> BUS <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> TO BE DETERMINED BY TRANSPORTATION OFFICER	PRIVately OWNED CONVEYANCE <input type="checkbox"/> ADVANTAGEOUS <input checked="" type="checkbox"/> NOT ADVANTAGEOUS <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> OTHER (Specify) RATE PER MILE		
9. PER DIEM FOR EMPLOYEE AND DEPENDENTS (if applicable) AUTHORIZED PER JTR.		10. ROUND TRIP TRAVEL, NOT TO EXCEED CALENDAR DAYS INCLUDING TRAVEL TIME <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT AUTHORIZED TO SEEK PERMANENT RESIDENCE		
11. MISCELLANEOUS EXPENSES <input type="checkbox"/> REAL ESTATE EXPENSES <input type="checkbox"/> UNEXPIRED LEASE EXPENSES N/A AUTHORIZED PER JTR				
12. DEPENDENT OVERSEA TRAVEL <input type="checkbox"/> CONCURRENT <input type="checkbox"/> DELAYED <input type="checkbox"/> EARLY RETURN <input type="checkbox"/> NOT AUTHORIZED N/A				
13. TRANSPORTATION OF DEPENDENTS AUTHORIZED	FROM N/A	TO N/A		
	NAMES OF DEPENDENTS		RELATIONSHIP	DATE OF BIRTH (Child-0)
14. <input checked="" type="checkbox"/> SHIPMENT OF HOUSEHOLD GOODS AUTHORIZED NOT IN EXCESS OF 5,000 (Net Weight in Pounds)				NONTEMPORARY STOREAGE OF HOUSEHOLD GOODS AUTHORIZED
FROM Saigon, RVN	TO Arlington, VA			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
15. OVERSEAS SHIPMENT OF PRIVATELY OWNED MOTOR VEHICLE AUTHORIZED				16. ADVANCE AUTHORIZED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				None
17. REMARKS OR OTHER AUTHORIZATION (Use this space for special requirements, leave, excess baggage, etc. or other authorizations) Return to CONUS for purpose of exercising reemployment rights. Employee will depart Saigon RVN on or about 26 Apr 75. 20 days A/L delay enroute is auth. In the event MAC flight not available, Cat 2 is auth. Items 1,2,3,4ab,5,8,9,10,11 and 12 on the reverse side apply. Employee responsible for costs connected with indirect or interrupted travel for personal reasons IAW JTR. Carrying of dangerous weapons or ammunition not auth. aboard military or civilian aircraft. Gaining activity is auth. to amend orders to include Misc expenses and TQS expenses. Contact address.				
18. ESTIMATED PER DIEM (Q) COST \$ 35.00	TRAVEL (F) \$ 453.00	OTHER / (X) \$ 1,000.00	TOTAL \$ 1,493.00	19. TRANSPORTATION AGREEMENT SIGNED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20. REQUESTING OFFICIAL (Title and Signature) <i>F. Gasper</i>		21. APPROVING OFFICIAL (Title and Signature) <i>Joe H. Beard</i>		
F. GASPER, Chief Staffing Section		JOE H. BEARD, Executive Officer, Pers. Div.		
AUTHORIZATION				
22. ACCOUNTING CITATION 1751804.3820 212 68206 0 063206 2D 509210 KEQXE CIC. 3509210X68206WS				
23. ORDER AUTHORIZING OFFICIAL (Title and Signature) OR AUTHENTICATION FOR THE DEFENSE ATTACHE: <i>Steve Ulrich</i> STEVE ULRICH, Administrative Officer, LDR, Admin Division				24. DATE ISSUED 2 April 1975
				25. TRAVEL ORDER NUMBER Para 12, SO 92

DD FORM, JUL 64

5PCB

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)

Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initials)

CLARK, Vivienne A.

SSN

3. POSITION TITLE AND GRADE OR RATING

Admin. Technician, GS-8

4. OFFICIAL STATION

Defense Attaché Office
FPO San Francisco 96620

5. ORGANIZATIONAL ELEMENT

AOSAE, USDAO

6. PHONE NO.

7. TYPE OF ORDERS

Single

8. SECURITY CLEARANCE

10a. APPROX NO. OF DAYS OF TDY (including travel time)

30 Days

9. PROCEED O/A (Date)

4 Apr 75

11. PURPOSE OF TDY

To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

11. ITINERARY

 VARIATION AUTHORIZED

FROM: RVN

TO: APOD in CONUS and onward to HOR at WASHINGTON, D.C.

12.

MODE OF TRANSPORTATION

COMMERCIAL

GOVERNMENT

N/A

PRIVATELY OWNED CONVEYANCE (Specify one)

RAIL

AIR

BUS

SHIP

AIR

VEHICLE

SHIP

RAIL

AIR

VEHICLE

SHIP

RATE PER MILE:

13. AS DETERMINED BY APPROPRIATE TRANSPORTATION
 OFFICER (Overseas Travel only) MORE ADVANTAGEOUS TO GOVERNMENT
 MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13.

 PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. OTHER RATE OF PER DIEM (Specify)

14. ESTIMATED COST

15. ADVANCE AUTHORIZED

PER DIEM

TRAVEL

OTHER

TOTAL

MAX

16. REMARKS (Use this space for special requirements, leave, superior or first-class accommodations, excess baggage, registration fees, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay. IAW CMMI 550.54A3a(3)
- Contact add: c/o Mr./Mrs. Remy Dillenseger,

17. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

18. MOVING OFFICIAL (Title and signature)

HENRY P. HICKS, JR., CHIEF, PERS DIV

AUTHORIZATION

19. ACCOUNTING CITATION

1751804.3820 212 68206 0 068206 2D509107 EF00 E, 30 days advance per diem auth,
CIC 3509107 N68206WS.

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

Maximilian Lamont

Maximilian Lamont, Col. USAF, Exec Off

21. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

EVAC- 41-75

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF USAF PERSONNEL

1. DATE OF REQUEST:

4 Apr 75

(Reference: Joint Travel Regulations)
Travel Authorized as indicated in Items 2 through 21.

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle, Initial)

CREEL, MANITA T.

3. POSITION, TITLE AND GRADE OR RATING

SECT GS-318-5

4. OFFICIAL STATION

Defense Attaché Office
FPO San Francisco 96620

5. ORGANIZATIONAL ELEMENT

AOSAF-OF

6. PHONE NO.

7. TYPE OF ORDERS

Single

8. SECURITY CLEARANCE

10a. APPROX NO. OF DAYS OF
TDY (including travel time)

30 Days

9. PROCEED O/A (Date)

4 Apr 75

11. PURPOSE OF TDY

To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

12. ITINERARY

13. VARIATION AUTHORIZED

FROM: RVN

TO: APOD in CONUS and onward to HOR at

12.

MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
X	X	X	X	X	X	X

N/A PRIVATELY OWNED CONVEYANCE (Check off)

 RATE PER MILE MORE ADVANTAGEOUS TO GOVERNMENT13. AS DETERMINED BY APPROPRIATE TRANSPORTATION
OFFICER (Oversea Travel only)

MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13.

 PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. OTHER RATE OR PER DIEM (Specify)

PER DIEM	ESTIMATED COST			14. ADVANCE AUTHORIZED
	TRAVEL	OTHER	TOTAL	
\$	\$	\$	\$	\$ MAX

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess luggage, registration fees, etc.)

1. Employee limited to 44 pounds of luggage.

2. Employee authorized 30 days advance pay. IAW CMMI 550.5434(3)

17. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

18. AUTHORITY

HENRY P. HICKS, JR., CHIEF, PLANE DIV

19. ACCOUNTING CITATION

1751604.3820 212 68206 0 068205 2D509107 EF00-E, 30 days advance per diem auth,
CIC 3509107 NG8206WS.

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

Maximilian Lamont

Maximilian Lamont, Col, USAF, Exec Off

DOD FORM 1640

21. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

EVAC- 9-75

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)

Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial)

CROUCH MARY ANN

3. POSITION, TITLE AND GRADE OR RATING
SECT(STNO) GS 318-5

4. OFFICIAL STATION

Defense Attaché Office
FPO San Francisco 966205. ORGANIZATIONAL ELEMENT
AOSAR

6. PHONE NO.

7. TYPE OF ORDERS

Single

8. SECURITY CLEARANCE

9. PURPOSE OF TDY

10a. APPROX NO. OF DAYS OF
TDY (including travel time)

30 Days

10b. PROCEED O/A (Date)

4 Apr 75

To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

11. ITINERARY

 VARIATION AUTHORIZED

FROM: RVN

TO: APOD in CONUS and onward to HOR at

12.

MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
X	X	X	X	X	X	X

N/A PRIVATELY OWNED CONVEYANCE (Check off)

 RATE PER MILE: MORE ADVANTAGEOUS TO GOVERNMENT13. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
 OTHER RATE OF PER DIEM (Specify)

MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMERCIAL CARRIER TRANSPORTATION RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

14.

ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED
\$	\$	\$	\$	\$ MAX

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay.

IAW CMMI 550.54234(3)

17. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

MOVING OFFICER (Title and signature)

HENRY R. HICKS, JR., CHIEF, PERS DIV

18. ACCOUNTING CITATION

1751804.3820 212 68206 0 068206 20509107 EFCO 5, 30 days advance per diem auth,
CIC 3509107 N68205WS.

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

Maximilian Lamont, Col, USAF, Exec Off

21. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

EVAC-11-75

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulation)

Travel Authorized as indicated in Items 2 through 21.

1. DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initials)

CURTISS DOROTHY M.

3. POSITION TITLE AND GRADE OR RATING

Clerk Typist

4. OFFICIAL STATION

Defense Attaché Office
FPO San Francisco 96620

5. ORGANIZATIONAL ELEMENT

AOSAE

6. PHONE NO.

7. TYPE OF ORDERS

Single

8. SECURITY CLEARANCE

9. PURPOSE OF TDY

10. APPROX NO. OF DAYS OF TDY (Including travel time)

30 Days

11. PROCEED O/A (Date)

4 Apr 75

To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

11. ITINERARY

FROM: RVN

TO: APOD in CONUS and onward to HOR at Washington, D.C.

12. VARIATION AUTHORIZED

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
X	X	X	X	X	X	X

N/A PRIVATELY OWNED CONVEYANCE (Check one)

RATE PER MILE:

 MORE ADVANTAGEOUS TO GOVERNMENT

MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. OTHER RATE OF PER DIEM (Specify)

ESTIMATED COST			14. ADVANCE AUTHORIZED
PER DIEM	TRAVEL	OTHER	
\$	\$	\$	\$ MAX

15. REMARKS (Use this space for special requirements, leave, superior or first-class accommodations, excess baggage, registration fees, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay.

Contact Address: _____

17. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

18. TRAVELING OFFICIAL (Title and signature)

HENRY P. HICKS, JD., CHIEF, PERS DIV

19. ACCOUNTING CITATION

1751804.3820 212 68206 0 068206 20509107 EFOO E, 30 days advance per diem auth,
CIC 3509107 N68206WS.

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

Maximilian Lamont
Maximilian Lamont, Col, USAF, Exec Off

21. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

EVAC- 40-75

DD FORM 1810

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)

Travel Authorized in Indicated in Items 2 through 21.

1. DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (last, first, middle initial) DONELSON, TWILA M		3. POSITION/TITLE AND GRADE OR RATING SUPPLY SYSTEM ANALYST GS -12					
4. OFFICIAL STATION Defense Attaché Office FPO San Francisco 96620		5. ORGANIZATIONAL ELEMENT AOSAF-LL					
6. PHONE NO.							
7. TYPE OF ORDERS Single		8. SECURITY CLEARANCE					
9. APPROX NO. OF DAYS OF TDY (including travel time) 30 Days		10. PROCEED ON/A (Date) 4 Apr 75					
11. ITINERARY FROM: RVN TO: APOD in CONUS and onward to HOR at		12. VARIATION AUTHORIZED <input type="checkbox"/>					
13. MODE OF TRANSPORTATION							
COMMERCIAL		GOVERNMENT		N/A PRIVATELY OWNED CONVEYANCE (Check off)			
RAIL	AIR	DLIS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: <input type="checkbox"/>
X	X	X	X	X	X	X	MORE ADVANTAGEOUS TO GOVERNMENT <input type="checkbox"/>
14. AS DETERMINED BY APPROPRIATE TRANSPORTATION <input checked="" type="checkbox"/> OFFICER (Overseas Travel only)							
15. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
16. ESTIMATED COST				17. ADVANCE AUTHORIZED			
PER DIEM	TRAVEL	OTHER	TOTAL	\$ MAX			
\$	\$	\$	\$	\$ MAX			
18. REMARKS (Use this space for special requirements, leave, superie or 1st-class accommodations, excess baggage, registrations fees, etc.)							
1. Employee limited to 44 pounds of luggage. 2. Employee authorized 30 days advance pay.				IAN CMNOI. 550.54434(3)			

19. REQUESTING OFFICER (Title and signature)

JOE H. BEARD, XO, PERS DIV

20. APPROVING OFFICER (Title and signature)

HENRY P. HICKEY, JR., CHIEF, PERS DIV

21. ACCOUNTING CITATION

1751004.3820 212 68206 0 068206 20509107 EFOO E, 30 days advance per diem auth,
CIC 3509107 N68206WS.

22. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

Maximilian Lamont, Col, USAF, Exec Off

23. DATE ISSUED

4 Apr 75

24. TRAVEL ORDER NUMBER

EVAC- 12-75

DD

1 JUN 67 1610

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR OFFICIAL TRAVEL OF ECONOMIC

(Reference: Joint Travel Regulation)

Travel Authorized as indicated in Items 2 through 21.

ECONOMIC REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (First, Middle Initial)

GASPER, RUTHANNE

3. POSITION, TITLE AND GRADE OR RATING
Adm Spec GS-301-6/2

4. OFFICIAL STATION

Defense Attaché Office
FPO San Francisco 96620

5. ORGANIZATIONAL ELEMENT

AOSOP-OR

6. PHONE NO.

7. TYPE OF ORDER

Single

8. SECURITY CLEARANCE

10a. APPROX NO. OF DAYS OF
TDY (including travel time)

30 Days

9. PROCEED O/A (Date)

4 Apr 75

11. PURPOSE OF TRAVEL

To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

11. ITINERARY

 VARIATION AUTHORIZED

FROM: RVN

TO: APOD in CONUS and onward to HOR at

12.

MODE OF TRANSPORTATION

COMMERCIAL			GOVERNMENT			N/A PRIVATELY OWNED CONVEYANCE (CIVIL C-1)	
RAIL	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE	
X	X	X	X	X	X		

(X) AS DETERMINED BY APPROPRIATE TRANSPORTATION
(X) OFFICER (Overseas Travel only)

MORE ADVANTAGEOUS TO GOVERNMENT

MILAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF CIVIL CARRIER TRANSPORTATION RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13.

 PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. OTHER RATE OF PER DIEM (Specify)

ESTIMATED COST			14. ADVANCE AUTHORITY
PER DIEM	TRAVEL	OTHER	
\$	\$	\$	\$ MAX

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay. IAW C MM 550.5
- IAW CMM 550.54A3a(3)

17. APPROVING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

HENRY P. HICKS, JR., CHIEF, PERS DIV

AUTORIZATION

18. ACCOUNTING CITATION

1751804.3820 212 68206 0 068206 20509107 EFOO E, 30 days advance per diem auth,
CIC 3509107 N68206WS.

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

Maj. William L. Lamont, Col, USAF, Exec Off

21. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

EVAC- 12-75

DD FORM 1040

EMERGENCY EVACUATION TRAVEL ORDER

REQUEST AND AUTHORIZATION FOR TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)

Travel Authorized as indicated in Items 2 through 21.

DATE OF REQUEST

4 Apr 75

APPROVAL/VERIFICATION

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial)

HEIBEIT, BEVERILY A.

3. POSITION/TITLE AND GRADE/GRADE/STAFF GRADE

SECRETARY/STENO, GS-379-7

4. OFFICIAL STATION

Defense Attaché Office
FPO San Francisco 96620

5. ORGANIZATIONAL ELEMENT

AOSN I (Navy Division)

6. PHONE NO.

7. TYPE OF ORDERS

Single

8. SECURITY CLEARANCE

10c. APPROX NO. OF DAYS OF
TDY (including travel time)

30 Days

9. PROCEED O/A (Date)

4 Apr 75

11. PURPOSE OF TDY

To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

12. ITINERARY

13. VARIATION AUTHORIZED

FROM: RVN

TO: APOD in CONUS and onward to HOR at Washington, D.C.

(Leave address: Leesburg, Florida)

14.

MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT		
RATE	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
X	X	X	X	X	X	X

N/A PRIVATELY OWNED CONVEYANCE (Car, etc.)

RATE PER MILE:

 MORE ADVANTAGEOUS TO GOVERNMENT15. DETERMINED BY APPROPRIATE TRANSPORTATION
(Officer (Overseas Travel only)) MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMM CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

16.

 PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. OTHER RATE OR PER DIEM (Specify)

17.

ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	18. ADVANCE AUTHORIZED
\$	\$	\$	\$	\$ MAX

19. REMARK (Use this space for special requirements, leave, superior or 1st-class accommodations, excess luggage, registration, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay. IAW CMMI 550.5 4A3a(3)

Leave address: c/o Ms. W. M. Ziegenbein.

20. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

MOVING OFFICER (Title and signature)

HENRY P. HICKS, JR., CHIEF, PERS DIV

21. ACCOUNTING CITATION

1751804.3820 212 68206 0 068206 20509107 EFOO E, 30 days advance per diem auth,
CIC 3509107 NG8206WS.

22. ORDER AUTHORIZING OFFICIAL (Title and signature or authentication)

Maximilian Lainert, Col, USAF, Exec Off

23. DATE ISSUED

4 Apr 75

24. TRAVEL ORDER NUMBER

EVAC-19-75

DD FORM 1 JUN 67 1610

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR OFFICIAL TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulation)

Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial)

HINDEMAN, PENELOPE L.

3. POSITION/TITLE AND GRADE OR RATING

SECRETARY (STENO), GS-5

4. OFFICIAL STATION

Defense Attaché Office
FPO San Francisco 96620

5. ORGANIZATIONAL ELEMENT

AOSAF - LF

6. PHONE NO.

7. TYPE OF ORDERS

Single

8. SECURITY CLEARANCE

10a. APPROX NO. OF DAYS OF
STDY (including travel time)

30 Days

9. PROCEED O/A (Date)

4 Apr 75

11. PURPOSE OF TRAVEL

To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

11. ITINERARY

 VARIATION AUTHORIZED

FROM: RVN

TO: APOD in CONUS and onward to HOR at Grove City, Pennsylvania

12.

MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
<input checked="" type="checkbox"/>						

13. AS DETERMINED BY APPROPRIATE TRANSPORTATION
 OFFICER (Overseas Travel only)

IV/A. PRIVATELY OWNED CONVEYANCE (Car, etc.)

RATE PER MILE

 MORE ADVANTAGEOUS TO GOVERNMENT MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMERCIAL CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13.

 PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. OTHER RATE OF PER DIEM (Specify)

14.

ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED MAX
\$	\$	\$	\$	\$

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay. IAW CMMI 550.5 4A3(a)3

Home of record:

17. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

MOVING OFFICE IN CHARGE
HENRY P. HICKS, JET, CHIEF, PERS DIV

18. ACCOUNTING CITATION

1751804.3820 212 62206 0 068206 20509107 EF00 E, 30 days advance per diem auth,
CIC 3509107 N68206WS.

AUTHORIZATION

19. OTHER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

Maximilian Lamont, Col, USAF, Exec Off

20. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

EVAC- 70-75

DD FORM 1 JUN 67 1010

EMERGENCY EVACUATION TRAVEL ORDER

C5

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initials)		3. POSITION TITLE AND GRADE OR RATING	
MAIER, BARBARA J.		Admin. Services Asst, GS-6	
4. OFFICIAL STATION		5. ORGANIZATIONAL ELEMENT	
Defense Attaché Office FPO San Francisco 96620		AOSSA	
7. TYPE OF ORDERS		8. SECURITY CLEARANCE	
Single		SEC 3	
10a. APPROX NO. OF DAYS OF TDY (Including travel time)		9. PROCEED O/A (Date)	
30 Days		4 Apr 75	
11. ITINERARY		<input type="checkbox"/> VARIATION AUTHORIZED	
FROM: RVN TO: APOD in CONUS and onward to HOR at HELENA, MONTANA			

9. PURPOSE OF TDY
To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

12. MODE OF TRANSPORTATION							
COMMERCIAL				GOVERNMENT			
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	N/A
X	X	X	X	X	X	X	PRIVATELY OWNED CONVEYANCE (Check one)
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)							
<input type="checkbox"/> RATE PER MILE:							
<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT							
MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.							
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST							
PER DIEM	TRAVEL	OTHER	TOTAL		15. ADVANCE AUTHORIZED		
\$	\$	\$	\$		\$ MAX		

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, regalia/visas/fees, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay. IAW 550.54A3a(3)

3. Contact:

Mont. , Ph :

17. REQUESTING OFFICIAL (Title and signature)
JOE H. BEARD, XO, PERS DIV18. TRAVEL OFFICIAL AUTHORIZED FOR THIS TRAVEL
HENRY P. HICKE, 1st. CHIEF, PERS DIV

19. ACCOUNTING CITATION

1751804.3820 212 68206 0 068206 20509107 EFOO E, 30 days advance per diem auth,
CIC 3509107 N68205WS.20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
Maximilian Lamont, Col, USAF, Exec Off

21. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

EVAC- 43-75

INCLOSURE FOR MOBILITY KIT

C-5

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF HQD PERSONNEL

REF ID: A65131
REQUEST(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME, LAST, FIRST, MIDDLE INITIALS

MARTIN, REBECCA A.

3. POSITION, TITLE AND GRADE OR RATE

Invent. Mgt Spec, GS-2010-11

4. OFFICIAL STATION

Defense Attaché Office
FPO San Francisco 96620

5. ORGANIZATIONAL ELEMENT

AOSAFZ-LL

6. PHONE NO.

7. TYPE OF ORDERS

Single

8. SECURITY CLEARANCE

10a. APPROX NO. OF DAYS OF
TDY (including travel time)

30 Days

9. PHOCLED O/A (Date)

4 Apr 75

10. PURPOSE OF TDY

To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

11. ITINERARY

12. VARIATION AUTHORIZED

FROM: RVN

TO: AFBON, CONUS and onward to HOR at
Tinker AFB, Okla

Lubbock, TX 79414

12.

MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			N/A PRIVATELY OWNED CONVEYANCE (JTR 21)	
RATE	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE	
X	X	X	X	X	X	X		

AS DETERMINED BY APPROPRIATE TRANSPORTATION
 OFFICER (Overseas Travel only)

MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMERCIAL CARRIER TRANSPORTATION RELATED PER DIEM AS DETERMINED IN JTR, TRAVEL IS LIMITED AS INDICATED IN JTR.

13.

 PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. OTHER RATE OR PER DIEM (Specify)

ESTIMATED COST				ADVICE AUTHORIZE
ITEM	TRAVEL	OTHER	TOTAL	
5	\$	\$	\$	MAX

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, telegram fees, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay.
- IAW COMII 550.S4A3a(3)

17. APPROVING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

APPROVING OFFICIAL

HENRY P. HICKS, JPA, CHIEF, PERS

AUTHORIZATION

18. ACCOUNTING CITATION

1751804.3820 212 08206 0 068206 20509107 EF00 E, 30 days advance per diem auth, CIC 3509107 N68206WS.

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

Maximilian Lamont, Col. USAF, Exec Off

21. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

TAC- 34-25

DD FORM 1050

EMERGENCY EVACUATION 11/1973 UNDER

INCLUSION FOR MOBILITY KIT

Q. 5

REQUEST AND AUTHORIZATION FOR TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulation)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

SEAN 053-32-6106

2. NAME (First, Middle Initial) MATTINI MAFTINI / Sarah L.	3. POSITION/TITLE AND GRADE (OR RANK) Admin. Asst (Steno), GS-6/7	
4. OFFICIAL STATION Defense Attaché Office FPO San Francisco 96620	5. ORGANIZATIONAL ELEMENT AOSOP-OE	6. PHONE NO.
7. TYPE OF ORDERS Single	8. SECURITY CLEARANCE	9. PURPOSE OF TDY To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.
10a. APPROX NO. OF DAYS OF TDY (including travel time) 30 Days	10b. PROCLED O/A (Date) 4 Apr 75	

11. ITINERARY VARIATION AUTHORIZEDFROM: RVN
TO: APOD in CONUS and onward to HOR at ~~XXXXXX~~ UTICA, NEW YORK

12. MODE OF TRANSPORTATION							
COMMERCIAL				GOVERNMENT			
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	N/A
X	X	X	X	X	X	X	PRIVATELY OWNED CONVEYANCE (Car, Boat)
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)							<input type="checkbox"/> RATE PER MILE:
<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT							<input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF CARRIER TRANSPORTATION RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
 OTHER RATE OF PER DIEM (Specify)

14. ESTIMATED COST				15. ADVANCE AUTHORIZED
PER DIEM	TRAVEL	OTHER	TOTAL	MAX
\$	\$	\$	\$	

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay. *IAW CMMI 550.S4A3a(3)*

Home address

Utica, New York

17. REQUESTING OFFICER (Title and Signature)
Joe H. Beard
JOE H. BEARD, XO, PERS DIV18. APPROVING OFFICER (Title and Signature)
Henry P. Hicks
HENRY P. HICKS, JR., CHIEF, PERS DIV

AUTHORIZATION

19. ACCOUNTING CITATION

1751804.3820 212 53206 0 068206 2D509107 EFOC E, 30 days advance per diem auth,
CIC 3500107 N68206WS.

20. ORDER AUTHORIZING OFFICIAL (Title and Signature) OR AUTHENTICATION

Maximilian Lamont
Maximilian Lamont, Col, USAF, Exec Off

21. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

EVAC- 25-75

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: DoD Travel Regulations)

Travel Authorized as indicated in Items 2 through 21.

1. DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (last, first, middle initial) MIDDLEBROOK, MARTHA Jeannette		3. POSITION TITLE AND GRADE OR RATE CLERK (TYPING), GS-301-5	
4. OFFICIAL STATION Defense Attaché Office FPO San Francisco 96620		5. ORGANIZATIONAL ELEMENT USDAO, Opns&PlnsDiv, IntelBr	
6. TYPE OF CARRIERS Single	7. SECURITY CLEARANCE	8. PURPOSE OF TDY To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.	
10c. APPROX NO. OF DAYS OF TDY (including transit time) 30 Days	9. PROCEED O/A (Date) 4 Apr 75		

11. ITINERARY VARIATION AUTHORIZEDFROM: RVN
TO: AFOD in CONUS and onward to HOR at CAPE GIRARDEAU MISSOURI

12. MODE OF TRANSPORTATION						
COMMERCIAL			GOVERNMENT			N/A PRIVATELY OWNED CONVEYANCE (Check one)
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
X	X	X	X	X	X	X
13. AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Officers Travel only)						
<input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)						
14. ESTIMATED COST						
PER ITEM	TRAVEL	OTHER	TOTAL			15. ADVANCE AUTHORIZED
\$	\$	\$	\$			\$ MAX

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay. IAW 550.84A3a(3).

3. HOR:

Missouri

Ph:

17. APPROVING OFFICER (Title and signature)

H. E. BEARD, XO, TERS DIV

APPROVING OFFICER
HENRY E. BEARD, JET. CHIEF, PERIOD DIV

18. AUTHORITY CITATION

AUTORIZATION

175100113020 212 68206 0 066206 2D509107 E100 E, 30 days advance per diem auth,
CIC-5509107 N68206S.

19. APPROVING OFFICER (Title and signature or authentication)

Maximilian Lamont, Col, USAF, Exec Off

DD FORM 1750

21. DATE ISSUED

4 Apr 75

22. TRAVEL CASH REQUIREMENT

EVAC- 144-75

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulation
Travel Authorized as Indicated in Items 2 through 21.)

1. DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

SSN 560-28-6136

2. FULL NAME (First, Middle Initial)	SSN	3. POSITION TITLE AND GRADE OR RATE
POLK HEAD, MARION P.		Admin. Assist/Steno, GS-7
4. OFFICIAL STATION Defense Attaché Office APO San Francisco 96620		5. ORGANIZATIONAL ELEMENT AOSA F
7. TYPE OF ORDERS Single	6. SECURITY CLEARANCE	8. PURPOSE OF TDY
10a. APPROX NO. OF DAYS OF TDY (Including travel time) 30 Days	8. PROCEED O/A (Date) 4 Apr 75	To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

11. ITINERARY VARIATION AUTHORIZEDFROM: RVN
TO: APOD in CONUS and onward to HOR at SAN JOSE, CALIFORNIA

12. MODE OF TRANSPORTATION							
COMMERCIAL				GOVERNMENT			
MAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	N/A
X	X	X	X	X	X	X	PRIVATELY OWNED CONVEYANCE (Check one)
RATE PER MILE							
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)							
<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT							
MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION RELATED PER DIEM AS DETERMINED IN JTR, TRAVEL TIME LIMITED AS INDICATED IN JTR.							
13. <input checked="" type="checkbox"/> PER-DIEM AUTHORIZED IN ACCORDANCE WITH JTR.							
<input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST							
PER ITEM	TRAVEL	OTHER	TOTAL		15. ADVANCE AUTHORIZED		
\$	\$	\$	\$		\$ MAX		

16. REMARKS (Use this space for special requirements, leave, superior or first-class accommodations, excess baggage, rental expenses, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay. IAW CMMI 550.54A3a(3)

Mailing address: c/o Le Joy Polgreen,
Phone:

San Jose CA

5

17. REQUESTING OFFICIAL (Title and Signature)

JOE H. BEARD, XO, PERS DIV

18. TRAVELING OFFICIAL (Title and Signature)

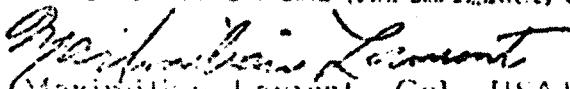
HENRY P. HICKS, JR., CHIEF, PERS DIV

AUTHENTICATION

19. ACCOUNTING CITATION

1751804.3820 212 68206 0 068206 2D509107 EFOO E, 30 days advance per diem auth,
CIC 3509107 N68206NS.

20. ORDER AUTHORIZING OFFICIAL (Title and Signature) OR AUTHENTICATION


 Maximilian Lemoine, Col., USAF, Exec. Off.

21. DATE ISSUED

4 Apr 75

22. TRAVEL CREDIT NUMBER

EVAC- 209-75

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulation)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initials)

POULTON, JUNE W.

3. POSITION/TITLE AND GRADE OR RATING

GS-03

4. OFFICIAL STATION

Defense Attaché Office
FPO San Francisco 96620

5. ORGANIZATIONAL ELEMENT

AOSOP-IS-R

6. PHONE NO.

7. TYPE OF ORDERS

Single

8. SECURITY CLEARANCE

9. PURPOSE OF TDY

10a. APPROX NO. OF DAYS OF TDY (including travel times)

30 Days

10b. PROCEED O/A (Date)

4 Apr 75

To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

11. ITINERARY

 VARIATION AUTHORIZED

FROM: RVN

ACROSS APOD in CONUS and onward to HOR at
Salt Lake City, Utah

12.

MODE OF TRANSPORTATION

COMMERCIAL			GOVERNMENT			N/A	PRIVately OWNED CONVEYANCE (Check or)
MAIL	TRAIN	BUS	SHIP	AIR	VEHICLE		
X	X	X	X	X	X	X	

 AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)

RATE PER MILE:

 MORE ADVANTAGEOUS TO GOVERNMENT MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMM CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.13. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.

14. OTHER RATE OF PER DIEM (Specify)

PER DIEM	ESTIMATED COST			TOTAL	15. ADVANCE AUTHORIZED
	TRAVEL	OTHER	TOTAL		
\$	\$	\$	\$	\$	\$

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay.
- IAW CMMI 550.S4A3a(3).

17. REQUESTING OFFICIAL (Title and Signature)

JOE H. BEARD, XO, PERS DIV

APPROVING OFFICIAL (Title and Signature)

HENRY S. HICKS, JR., CHIEF, PER-DIV

18. ACCOUNTING CITATION

1751804.3820 212 68206 0 068206 2D509107 EFOO E, 30 days advance per diem auth,
CIC 3509107 N68206WS.

20. CHIEF AUTHORIZING OFFICIAL (Title and Signature) OR AUTHENTICATION

Maximilian Lamont

Maximilian Lamont, Col, USAF, Exec Off

21. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

EVAC- 30-75

DD FORM 1 JUN 67 1610

EMERGENCY EVACUATION TRAVEL ORDER

ENCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHENTICATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)

Travel Authorized as Indicated in Items 2 through 21.

1. DATE REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

SSH 037-24-3614

2. NAME (Last, First, Middle Initial)

SSN

PRAY JOAN K.

4. OFFICIAL STATION

Defense Attaché Office
FPO San Francisco 96620

3. POSITION/TITLE AND GRADE OR RATING

INTELLIGENCE RESEARCH SPECIALIST

GS-9

7. TYPE OF ORDERS

10. SECURITY CLEARANCE

Single

5. ORGANIZATIONAL ELEMENT

AOSOP-ISM

6. PHONE NO.

11a. APPROX NO. OF DAYS OF
TDY (including travel time)

6. PROCEED O/A (Date)

30 Days

4 Apr 75

7. PURPOSE OF TDY

To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

11. ITINERARY

 VARIATION AUTHORIZED

FROM: RVN

TO: APOD in CONUS and onward to HOR at ALEXINGTON, VIRGINIA

12.

MODE OF TRANSPORTATION

COMMERCIAL			GOVERNMENT			IV/A	PRIVATELY OWNED CONVEYANCE (Check one)
RAIL	AIR	BUS	SHIP	AIR	VEHICLE		
X	X	X	X	X	X	X	

RATE PER MILE:

 MORE ADVANTAGEOUS TO GOVERNMENT13. AS DETERMINED BY APPROPRIATE TRANSPORTATION
OFFICER (Overseas Travel only)14. PER DIEM REIMBURSEMENT AND PER DIEM LIMITED TO CON-
STRUCTIVE COST OF COMMON CARRIER TRANSPORTATION
RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME
LIMITED AS INDICATED IN JTR.13. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. OTHER RATE OF PER DIEM (Specify)15. ADVANCE
AUTHORIZED

MAX

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay. IAW CMNI 550.5 4A3a(3)

Home of Record:

Arlington, Va.

17. REQUESTING OFFICIAL (Title and signature)

JOHN H. BEARD, XO, PERS DIV

APPROVING OFFICIAL (Title and signature)

HENRY B. HICKS, JD., CHIEF, PERS DIV

18. ACCOUNTING CITATION

1751804.3820 212 03206 0 068206 20509107 EFOO E, 30 days advance per diem auth,
CIC 3509107 N68206WS.

20. ORIGIN AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

Maximilian Lamont, Col, USAF, Exec Off

21. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

EVAC- 3-2-75

DD FORM 1 APR 1970

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

C-5

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Item 2 through 21.

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initials) MOORE, Katherine B.	3. POSITION, TITLE AND GRADE OR RATE Secy, GS-318-07
4. OFFICIAL STATION Defense Attaché Office FPO San Francisco 96620	5. ORGANIZATIONAL ELEMENT AOSSA
6. PHONE # 43	
7. TYPE OF ORDERS Single	8. SECURITY CLEARANCE
10a. APPROX NO. OF DAYS OF TDY (Including travel time) 30 Days	6. PROCEED O/A (Date) 4 Apr 75
9. PURPOSE OF TDY To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.	

11. ITINERARY VARIATION AUTHORIZED

FROM: RVN
TO: AFOD in CONUS and onward to HOR at
CA, phone **---**

12. MODE OF TRANSPORTATION							
COMMERCIAL				GOVERNMENT			
MAIL	AIR	RCS	SHIP	AIR	VEHICLE	SHIP	N/A
X	X	X	X	X	X	X	PRIVATELY OWNED CONVEYANCE (Automobile)
RATE PER MILE: <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT							
MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMERCIAL TRANSPORTATION RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL IS LIMITED AS INDICATED IN JTR.							

13. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
 OTHER RATE OF PER DIEM (\$/day)

14. ESTIMATED COST			15. AUTHORIZED
PER DIEM	TRAVEL	OTHER	TOTAL
\$	\$	\$	\$

16. REMARKS (Use this space for special requirements, leave, superior or first-class accommodations, excess baggage, registration fees, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay.
- IAW CJMFI 550.54A3a(3).

17. REQUESTER (Print, Title and signature)
JOE H. BEARD, XO, PERS DIV

18. AUTHORIZING OFFICIAL (Print, Title and signature)
HENRY P. HICKS, JUN, CHIEF, PERS

19. ACCOUNTING CITATION

1751804.3820 212 03206 0 068200 20509107 EFCO E, 30 days advance per diem auth,
CIC 3509107 N6820EWS.

20. ORDER AUTHORIZING OFFICIAL (Print and signature) OR AUTHENTICATION Maximilian Lamont Maximilian Lamont, Col, USAF, Exec Off	21. DATE ISSUED 4 Apr 75
	22. TRAVEL ORDER NUMBER EVAC-26-75

DD FORM 1010
100-6710

EMERGENCY EVACUATION TRAVEL ORDER

ENCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TRAVEL OF DOD PERSONNEL

DOD REQUEST

(Reference: Joint Travel Regulations)

Travel Authorized as Indicated in JTR, 2 through 21.

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

SSAN 532-42-2224

2. NAME (Last, First, Middle Initials)
(RANK/CLASS)
IAN TALL SAYCHNA K

SSN

3. POSITION/TITLE AND GRADE ON PAY PAY

ADMIN. SPECIALIST, GS-301-7/74. OFFICIAL STATION
**Defense Attaché Office
FPO San Francisco 96620**

5. ORGANIZATIONAL ELEMENT

AOSAD

6. PHONE NO.

7. TYPE OF ORDERS

Single

8. SECURITY CLEARANCE

9. PURPOSE OF TDY

10a. APPROX NO. OF DAYS OF
TDY (including travel time)

30 Days

10b. PROCEDED O/A (Date)

4 Apr 75

To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

11. ITINERARY

 VARIATION AUTHORIZED

FROM: RVN

TO: APOD in CONUS and onward to HOR at WASHINGTON, D.C.

12.

MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			N/A		PRIVATELY OWNED CONVEYANCE (Check One)	
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:			
X	X	X	X	X	X	X				

 AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only) MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13.

 PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. OTHER RATE OF PER DIEM (Specify)

PER DIEM	ESTIMATED COST			TOTAL	ADDITIONAL AUTHORIZED
	TRAVEL	OTHER	TOTAL		
\$	\$	\$	\$	\$	\$ MAX

16. REMARKS (Use this space for special requirements, leave, superior or first-class accommodations, excess baggage, registration fees, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay. IAW CMMI 550.5 4A3a(3)

Contact address (HOR):

17. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

18. TRAVELING OFFICER (Title and signature)

HENRY P. HICKS, CIV., CHIEF, PEP, PIA

AUTORIZATION

19. ACCOUNTING CITATION

1751804.3820 212 08206 0 068203 20509107 EF00 E, 30 days advance per diem auth, CIC 3509107 N68206WS.

20. ORDER AUTHORIZING OFFICIAL (Title and signature)

Maximilian Lamont, Col, USAF, Exec Off

21. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

FMAC-35-75

DD FORM 1 JUN 67

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)

Travel Authorized as Indicated in Paragraphs 2 through 21.

1. REQUEST

4 Apr 75

2. NAME (Last, First, Middle Initial) SSR REYNOLDS ANNE		3. REQUEST FOR OFFICIAL TRAVEL 124-065-09-7230	
4. OFFICIAL STATION Defense Attaché Office FPO San Francisco 96620		5. POSITION, TITLE AND GRADE OR RATE Classified Documents Control Officer GS-5/1	
6. TYPE OF ORDERS Single		7. SECURITY CLEARANCE	
10a. APPROX NO. OF DAYS OF TDY (including travel time) 30 Days		8. PROCEED O/A (Date) 4 Apr 75	
9. PURPOSE OF TDY To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.			

11. ITINERARY VARIATION AUTHORIZEDFROM: RVN
TO: APOD in CONUS and onward to HOR at TUCSON, ARIZONA

12. MODE OF TRANSPORTATION							
COMMERCIAL				GOVERNMENT			
RAIL	AIR	BUS	SHIP	VEHICLE	TRAILER	SHIP	TRAILER
X	X	X	X	X	X	X	X
13. AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only). <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST PER DIEM <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER <input type="checkbox"/> TOTAL <input type="checkbox"/> MAX							
15. REMARKS (use this space for special requirements, leave, etc. for 1st class accommodations, excess baggage, registrations, etc.) 1. Employee limited to 44 pounds of luggage. 2. Employee authorized 30 days advance pay. FAM CMMI 550.8 <i>4A3a(3)</i> HOR. TUCSON ARIZ. NOK: <i>Maximilian Lamont, Col. USAF, Exec. Off.</i> <i>Sherman Oaks, CA</i>							

16. REQUESTING OFFICIAL (Title or Position)
JOE H. BEARD, XO, PERS DIV17. APPROVING OFFICIAL (Title or Position)
HENRY D. HICKS, MET. CHIEF, PERS DIV

18. ACCOUNTING CITATION

1751804.3820 212 68206 0 068205 20509107 EFCO E, 30 days advance per diem auth,
CIC 3509107 N68206WS.

20. ORDER AUTHORIZING OFFICIAL (Title or Position) OR AUTHENTICATION

Maximilian Lamont, Col. USAF, Exec. Off.

DD FORM 1 APR 1970

EMERGENCY EVACUATION TRAVEL ORDER

21. DATE ISSUED
4 Apr 7522. TRAVEL ORDER NUMBER
FVAC-124-75

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF EOD PERSONNEL

REF ID: A61001

(Reference: Joint Travel Regulations)

Travel Authorized as Indicated in Items 2 through 21.

4 Apr 75

2. NAME (Last, First, Middle Initial) SNOW MAJ WOME V.		3. REQUEST FOR OFFICIAL TRAVEL SSN 012-16-5224
4. OFFICIAL STATION Defense Attaché Office FPO San Francisco 96620		5. POSITION/TITLE AND GRADE OR RATE PILOT/PILOT ANALYST, GS-345-9
6. TYPE OF ORDERS Single	7. SECURITY CLEARANCE	8. ORGANIZATIONAL ELEMENT AOSA J-BA
9. APPROX NO. OF DAYS OF TDY (Including travel time) 30 Days	10. PROCEED O/A (Date) 4 Apr 75	11. PURPOSE OF TDY To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.
11. ITINERARY FROM: RVN TO: APOD in CONUS and onward to HOR at BOSTON, MASSACHUSETTS		12. VARIATION AUTHORIZED <input type="checkbox"/>

12. MODE OF TRANSPORTATION						
COMMERCIAL			GOVERNMENT			N/A PRIVATELY OWNED CONVEYANCE (Check one)
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
X	X	X	X	X	X	X
13. AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						
<input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)						
14. ESTIMATED COST						
PER DIEM	TRAVEL	OTHER	TOTAL			15. ADVANCE AUTHORIZED MAN
\$	\$	\$	\$			

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)						
1. Employee limited to 44 pounds of luggage. 2. Employee authorized 30 days advance pay. IAW CMMI 550.54A3a(3) Address: c/o Mrs. Jane Greer, Somerville, Mass.						

17. REQUESTING OFFICER (Title and Standard) JOE H. BEARD, XO, PERS DIV		18. AUTHORIZING OFFICER (Title and Standard) HENRY P. HICKS, JR., CHIEF, PERS DIV
--	--	---

19. ACCOUNTING CITATION 1751804.3820 212 68206 0 068206 20509107 EFOO E, 30 days advance per diem auth, CIC 3509107 N68206WS.	
---	--

20. ORDER AUTHORIZING OFFICIAL (Title and Standard) OR AUTHENTICATION Maximilian Lamont Maximilian Lamont, Col., USAF, Exec. Off	21. DATE ISSUED 4 Apr 75
DD FORM 1 JUN 67 1610	22. TRAVEL ORDER NUMBER EVAC-34-75

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY P/T

REQUEST AND AUTHORIZATION FOR OFFICIAL TRAVEL OF US PERSONNEL

(Reference: Joint Travel Regs (JTR))

Travel Authorized as indicated in Pages 2 through 21.

REF ID: A6454

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

28APR 308-2041298

1. NAME (Last, First, Middle Initial)

SSN

STOUT, BAHAM, L.

2. OFFICIAL STATION

Defense Attaché Office
FPO San Francisco 06620

3. POSITION TITLE AND GRADE OF TRAVELER

Admin. Office Services Supvr.

4. ORGANIZATIONAL ELEMENT

6. PHONE NO.

C-E DIV, IAO

5. PURPOSE OF TDY

To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

11. ITINERARY

 VARIATION AUTHORIZED

FROM: RVN

TO: APOD in CONUS and onward to HOR at FORT LAUERDALE, FLORIDA

12. MODE OF TRANSPORTATION						
COMMERCIAL			GOVERNMENT			
RATE	FARE	FEES	SHIP	AIR	VEHICLE	TRAILER
X	X	X	X	X	X	X

AS DETERMINED BY APPROPRIATE TRANSPORTATION
OFFICER (Dissens. Trans. Only)

13. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.

OTHER RATE OF PAY DEDUC (Specify)

14. ESTIMATED COST			15. PER DIEM AUTHORIZED	
PER DIEM	TRAVEL	OTHER	TOTAL	PER DIEM
\$	\$	\$	\$	\$

16. REMARKS (Use this space for special requirements, leave, supper or firstclass accommodations, excess baggage, rationing fees, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay. IAW CHM 550.8413a(1)

Home Add: _____, Fla.
Point of Hire: Honolulu, Hawaii

17. PERSONNEL OF WHICH TRAVELER IS MEMBER

18. AUTHORITY FOR TRAVEL

COL. H. BEARD, XO, TERS DIV

HENRY H. BEARD, JR., COL, USAF, TERS DIV

19. ACCOUNTANT CITATION

AUTHENTICATION

1751804,3820 212 06206 0 068206 20509107 EFCO E, 30 days advance per diem au.,
CIC 3509107 N68206WS.

21. DATE ISSUED

4 Apr 75

22. TRAVEL ORDER NUMBER

IWM-047-75

1975, 100-1010

EMERGENCY MOBILITY TRAVEL ORDER

Major General Leonard, Col. USAF, Engr. Off.

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulation)

Travel Authorized as indicated in Items 2 through 21.

1. DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial)

WATKINS, DORIS JEAN

SSN

3. POSITION TITLE AND GRADE OR RATING

CLERK-TYPIST, GS-6/6

4. OFFICIAL STATION

Defense Attaché Office
FPO San Francisco 96620

5. ORGANIZATIONAL ELEMENT

USDAO/AOSAE

6. PHONE NO.

7. TYPE OF ORDERS

Single

8. SECURITY CLEARANCE

9. PURPOSE OF TDY

10a. APPROX NO. OF DAYS OF TDY (including travel time)

30 Days

10b. PROCEED O/A (Date)

4 Apr 75

To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

11. ITINERARY

 VARIATION AUTHORIZEDFROM: RVN
TO: APOD in CONUS and onward to HOR at WASHINGTON, D.C.

12.

MODE OF TRANSPORTATION

COMMERCIAL

GOVERNMENT

N/A PRIVATELY OWNED CONVEYANCE (Check one)

MAIL AIR BUS SHIP AIR VEHICLE SHIP

RATE PER MILE:

 MORE ADVANTAGEOUS TO GOVERNMENT AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)

MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMERCIAL CARRIER TRANSPORTATION RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. OTHER RATE OF PER DIEM (Specify)

14.

ESTIMATED COST

15. ADVANCE AUTHORIZED

PER DIEM

TRAVEL

OTHER

TOTAL

\$ MAX

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess luggage, registration fees, etc.)

1. Employee limited to 44 pounds of luggage.

2. Employee authorized 30 days advance pay. IAN CMMI 550.S4A3a(3)

3. Home agency: Defense Intelligence, WASHDC 20301

Contact addresses: c/o Ms. Denise Bond, WashDC
(Ph: or c/o Mrs. Mary F. Watkins, Memphis, Tennessee Ph:

17. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

APPROVING OFFICIAL (Title and signature)

HENRY B. HICKS, JR., CHIEF, PERS DIV

18. ACCOUNTING CITATION

1751804.3320 212 68206 0 058206 2D509107 EFOO E, 30 days advance per diem auth, CIC 3509107 N68206WS.

19. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

Maximilian Lamont

Maximilian Lamont, Col. USAF, Exec Off

20. DATE ISSUED

4 Apr 75

21. TRAVEL ORDER NUMBER

EVAC- 39-75

INCLOSURE FOR MOBILITY JTR

REQUEST AND AUTHORIZATION FOR OFFICIAL TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulation)

Travel Authorized as indicated in Items 2 through 21.

D. DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial) WESLEY, SHARON FAY SSN		3. POSITION, TITLE AND GRADE OR RATING CLERK-STENO GS-5	
4. OFFICIAL STATION Defense Attaché Office FPO San Francisco 96620		5. ORGANIZATIONAL ELEMENT DAO/AOSOP-0	
6. TYPE OF ORDERS Single		7. SECURITY CLEARANCE	
10a. APPROX NO. OF DAYS OF TDY (including travel time) 30 Days		8. PROCEED O/A (Delete) 4 Apr 75	
9. PURPOSE OF TDY To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.			

11. ITINERARY VARIATION AUTHORIZED

FROM: RVN

TO: APOD in CONUS and onward to HOR at SAN FRANCISCO CALIFORNIA

12. MODE OF TRANSPORTATION							
COMMERCIAL				GOVERNMENT			
MAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	N/A
X	X	X	X	X	X	X	PRIVATELY OWNED CONVEYANCE (Check one)
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)							
<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT							
MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMERCIAL TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.							

13. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
 OTHER RATE OF PER DIEM (Specify)

14. ESTIMATED COST			15. ADVANCE AUTHORIZED	
PER DIEM	TRAVEL	OTHER	TOTAL	MAX
\$	\$	\$	\$	\$

16. REMARKS (Use this space for special requirements, leave, expense or other less accountable items, excess baggage, return from leave, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay. IAW CMR-I 550.54A3a(3)

Name of Record:

San Francisco, CA

Ph:

17. REQUESTING OFFICIAL (Title and signature)
JOE H. BEARD, XG, PERS DIV18. TRAVELING OFFICER
HENRY P. HICKS, JR., CHIEF, PERS DIV

19. ACCOUNTING CITATION

1751804.3820 212 68206 0 008206 2D509107 EF00 E, 30 days advance per diem auth,
CIC 3509107 68206WS.

20. ORIGIN AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

Maximilian Lamont, Col, USAF, Exec Off

21. DATE ISSUED

4 Apr 75

22. TRAVEL CLOUD NUMBER

EVAC- 4/5-75

DD FORM 1010

EMERGENCY EVACUATION / TRAVEL ORDER

INCLUSION FOR TRAVEL

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF USAF PERSONNEL

DATE OF REQUEST

4 Apr 75

Reference: Joint Travel Regulation
Travel Authorized in Inclusive to Item 2 through 21.

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial)

HOWARD DOROTHY

3. POSITION TITLE AND GRADE OR RATING

Clerk, GS-06

4. OFFICIAL STATION

Defense Attaché Office
FPO San Francisco 96620

5. ORGANIZATIONAL ELEMENT

AOSSA-P

6. PHONE NO.

7. TYPE OF ORDERS

Single

8. SECURITY CLEARANCE

10a. APPROX NO. OF DAYS OF
TDY (including travel time)

30 Days

9. PROCEED ON (Date)

4 Apr 75

10. PURPOSE OF TRAVEL

To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.

11. ITINERARY

12. VACATION AUTHORIZED

FROM: RVN

13. APOD in CONUS and onward to HOR at

LUTZ, Florida

12.

MODE OF TRANSPORTATION

COMMERCIAL							GOVERNMENT			N/A		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR	BUS	SHIP	AN	VEHICLE	SHIP					RATE PER MILE:		
X	X	X	X	X	X	X							

AS DETERMINED BY APPROPRIATE TRANSPORTATION
(Officer Overseas Travel only)

MORE ADVANTAGEOUS TO GOVERNMENT

MILAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMERCIAL TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13.

EXPER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.

14. OTHER RATE OF PER DIEM (Specify)

PER DIEM	ESTIMATED COST			IS ADVANTAGEOUS TO GOVERNMENT AUTHORIZED
	TRAVEL	OTHER	TOTAL	
\$	\$	\$	\$	\$ MAX

15. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess luggage, registration, etc.)

- Employee limited to 44 pounds of luggage.
- Employee authorized 30 days advance pay. IAW CMMI 550.84/ea(3).
- NOK T.E. STEELE,
New Orleans, LA

16. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERIS DIV

17. ROVING OFFICIAL (Title and signature)

HENRY P. HICKS, JR., CHIEF, PERIS DIV

18. ACCOUNTING CITATION

1751804.3820 212 68205 0 068205 20509107 EFOO E, 30 days advance per diem auth;
CIC 3509107 N68205WS.

20. CHIEF AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

Maximilian Lamont, Col, USAF, Exec Off

DD FORM 1 JUN 67 1610

21. DATE ISSUED

4 Apr 75

22. TRAVEL CARRIER NUMBER

EVAC- 22-75

EMERGENCY EVACUATION TRAVEL ORDER

TRAVEL ORDER FOR

DEPENDENTS OF

ARMY E-7 GARNETT E. BELL

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

1. DATE OF REQUEST

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial) BELL, GARNETT E.		3. POSITION/TITLE AND GRADE OR RATING E-7 FPJNT
4. OFFICIAL STATION Defense Attaché Office FPO San Francisco 96620		5. ORGANIZATIONAL ELEMENT FPJNT
6. PHONE NO.		
7. TYPE OF ORDERS Single	8. SECURITY CLEARANCE N/A	9. PURPOSE OF TDY To evacuate dependent(s) and to permit dependent to escort Vietnamese Orphans out of Vietnam on an humanitarian flight to the United States.
10a. JTR. MAX NO. OF DAYS OF TDY (Including travel time) N/A	10b. PROCEED O/A (Date) 4 April 1975	

11. ITINERARY VARIATION AUTHORIZED
**From: Saigon, RVN
To: APOD in CONUS and onward to HOR at: Old Hickory, Tenn**

12. MODE OF TRANSPORTATION							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
MAIL <input checked="" type="checkbox"/>	AIR <input checked="" type="checkbox"/>	BUS <input checked="" type="checkbox"/>	SHIP <input type="checkbox"/>	AIRC <input checked="" type="checkbox"/>	VEHICLE <input type="checkbox"/>	SHIP <input type="checkbox"/>	RATE PER MILE: <input type="checkbox"/>
<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT							
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Oversees Travel only)							
<input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.							

13. <input type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)				14. ESTIMATED COST	15. ADVANCE AUTHORIZED
PER DIEM	TRAVEL	OTHER	TOTAL		
\$ N/A	\$ 	\$ 	\$ 	\$ N/A	

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)
1. 44 pounds free checkable baggage authorized per dependent.

NAME Nova, L. Bell Michael E. Bell Andrea C. Bell	RELATIONSHIP Wife Son Son	DOB 9/22/64 12/24/69	NATIONALITY US US US
---	---	------------------------------------	--

17. REQUESTING OFFICIAL (Title and signature) WILLIAM A. DAVIS, PERS MGT SPEC	18. APPROVING OFFICIAL (Title and signature) MORRIS H. WILSON, ASST PERS OFFICER
---	--

AUTHORIZATION

19. ACCOUNTING CITATION
**1751804 3820 212 68206 0 068206 2D509107 EF00 E
CIC 3509107 N6820611S.**

20. ORDER AUTHORIZING OFFICIAL (Title and signature) ON AUTHENTICATION Maximilian Lamont MAXIMILIAN LAMONT, EXEC OFFICER	21. DATE ISSUED 4 April 1975
22. TRAVEL ORDER NUMBER EVAC- 4-75	

TRAVEL ORDERS

FOR

DR. MERITT W. STARK

AID-58 (11/77)

AGENCY FOR INTERNATIONAL DEVELOPMENT

REQUEST AND AUTHORIZATION OF OFFICIAL TRAVEL

THORIZATION NUMBER

AID-VN-75-0528

DATE

April 4, 1975

1. NAME AND ADDRESS OF TRAVELER

DR. MERITT W. STARK
 USAID c/o American Embassy
 Saigon, Vietnam

2. STATUS OF TRAVELER

ADMINISTRATIVE EMPLOYEE
 OTHER (Specify) ~~ADLD/PH (50)~~

3. OFFICIAL STATION

Saigon, Vietnam

4. This document becomes an authorization of official travel only when the certificate of authorization has been signed by the designated authorizing officer. This travel is ordered on official business for the convenience of the government. Vouchers should be submitted promptly as provided in the applicable regulations.

5. APPLICABLE REGULATIONS: Travel and necessary expenses are authorized in accordance with the AID Manual Orders 560.2, 563.1, and 563.4 Standardized Government Travel Regulations, and the maximum per diem under these regulations is allowable unless otherwise noted in item 6.

6. ITINERARY, PURPOSE AND SPECIAL AUTHORIZATION

Employee is authorized to travel from Saigon, Vietnam to San Francisco, California and return to Saigon, Vietnam.

Purpose: Airlift of Vietnam orphans to U.S.

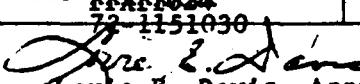
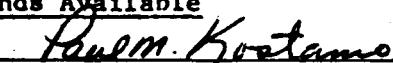
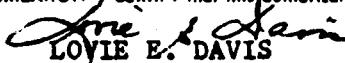
66 lbs. gross weight accompanied baggage authorized.

Travel is to begin o/a April 4, 1975.

Use of military aircraft if available or commercial airline.

Air travel must be by U.S.
 Airlines providing regularly
 scheduled service. See
 M.O. 560.2-134 for exceptional
 conditions before using
 foreign flag carriers.

Oblig. # 730-415-2-5-01497

7. APPROPRIATION LIMITATION SYMBOL XXXXXX 72-1151030	ALLOTMENT ACCOUNT SYMBOL 424030000000000000 530-50-730-00-67-51	REQUESTING OFFICE SYMBOL PER:LEDavis:kimhoa	DATE 4/4/75
8.  Lovie E. Davis, Asst. Personnel Officer		Funds Available  Pauline Kostamo OTHER REQUIRED APPROVAL	
9. CERTIFICATE OF AUTHORIZATION - I CERTIFY that this authorization has been approved as indicated in item 6			
 LOVIE E. DAVIS		Assistant Personnel Officer TITLE	
SIGNATURE OF APPROVING OFFICER			

IMPORTANT - Every Voucher and Message Concerning this Travel Must Refer to Authorization Number and Date at Top.

COPY FOR TRAVELER - SEE REVERSE SIDE

TRAVEL ORDERS

FOR

DEPENDENTS OF UTSCHUR MOSCHKIN

CASUALTY REPORT
SUBMITTED BY
CWU-4 SCOTT AFMPC/DPMCB

REQUEST AND AUTHORIZATION FOR TEMPORARY DUTY - MILITARY

Any blank space is required, not reverse; identifying letter by number

TO: DPMCA	FROM: DPMSC	TELEPHONE 2909
The following individual(s) will proceed on TDY:		
1. GRADE CWO-W4	2. LAST NAME, FIRST, MIDDLE INITIAL SCOTT, LEO F.	3. AFSC AND SEAP AFMPC/DPMSC
4. ORGANIZATION AFMPC/DPMSC		5. SECURITY CLEARANCE TOP SECRET
6. EFFECTIVE ON OR ABOUT 11 Apr 75		7. APPROXIMATE NO. OF DAYS (Indicate travel time) 15
8. DUTY 10. LEAVE ADDRESS		11. ITINERARY FROM: Randolph AFB, TX TO: Clark AB, PL
12. PURPOSE OF TDY To assist in casualty reporting of a major aircraft accident. Directed by AF/DP.		RETURN TO: Randolph AFB, TX
13. IF TDY IS OF THIRTY OR MORE DAYS DURATION, WITHIN THE UNITED STATES, THEN: PURSUANT TO AFR 30-15, YOU OR YOUR AGENT WILL REPORT TO THE BASE HOUSING OFFICE/HOUSING REFERRAL OFFICE SERVICING YOUR TDY STATION BEFORE ENTERING INTO ANY RENTAL OR LEASE AGREEMENT FOR OFF-BASE HOUSING.		
14. FOR TRAVEL WITHIN CONUS OR WITHIN OVERSEA AREA		
<input type="checkbox"/> TRAVEL TIME BY MOST ECONOMICAL CARRIER AVAILABLE IS 10 DAYS. TRAVEL TIME IN EXCESS IS CHARGED TO LEAVE AREA IN ITEM 15.		<input type="checkbox"/> THIS MOVE HAS BEEN DETERMINED MORE ADVANTAGEOUS TO THE GOVERNMENT.
15. EXCESS BAGGAGE AUTHORIZED PER PERSON:		16. APPROVED IN ACCORDANCE WITH THE PROVISIONS OF AFR 30-5 FOR ALL NECESSARY TRAVEL EXPENDITURES INCLUDING 17. BAG RATE (Airline Only)
POUNDS	PIECES	FOR REGISTRATION AND/OR ADMISSION FEES.
(Items 18 Through 22 Apply For Overseas Travel)		
18. NAME OF DESIGNATED OFFICIAL CONCIER		19. AIR MOVEMENT DESIGNATOR ASSIGNED IS 20. PROPER AREA CLEARANCES HAVE BEEN OBTAINED
21. MODES OF TRANSPORTATION AUTHORIZED FOR TRAVEL TO, FROM, AND WITHIN OVERSEA AREA		
<input checked="" type="checkbox"/> MILITARY AIRCRAFT	<input type="checkbox"/> AIRCRAFT	COMMERCIAL AIRCRAFT (First Class Accommodation) <input type="checkbox"/> RAIL <input type="checkbox"/> BUS
22. a. PRIOR TO TRAVEL OVERSEAS COMPLY WITH THE FOREIGN CLEARANCE GUIDE FOR PASSPORT, IMMUNIZATION, AND CLEARANCE REQUIREMENTS. b. RETURN AIR MOVEMENT DESIGNATOR WILL BE OBTAINED FROM THE LOCAL AREA PRIORITY TRAVEL AGENCEY.		
23. REMARKS Category Z Travel authorized. Hire of special conveyance (taxicab) for use within area of TDY station authorized (LAW paragraph 4405 and 4413(2), JTR) as more advantageous to the Government. Traveler is required to submit a travel voucher within 5 work days after completion of travel.		
24. DATE 11 Apr 1975	25. ORDERS ISSUING/APPROVING OFFICIAL (Type Name and Title) A. W. GRATCH, Colonel, USAF Chief, Casualty Services	26. SIGNATURE <i>A. W. Gratch</i>
27. AUTHORITY AFR 36-20	28. SPECIAL ORDERS NO. T-0316	29. DATE 11 Apr 1975
30. DESIGNATION AND LOCATION OF HEADQUARTERS DEPARTMENT OF THE AIR FORCE HQ AIR FORCE MILITARY PERSONNEL CENTER Randolph AFB, Texas 78148	31. EXPENSES CHARGEABLE TO ACCOUNTING CLASSIFICATION 5753400-305 5710 190602 09- 407 408 409 S525000 CIG: 4-4-557-0906-525000	32. TIN FOR THE COMMANDER
33. DISTRIBUTION C	34. SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL <i>LEAONE, YOUNG, CMSgt, USAF Chief of Administration</i>	35. AIR FORCE MIL PERS CENTER OFFICIAL <i>LEAONE, YOUNG, CMSgt, USAF Chief of Administration</i>

CASUALTY REPORT

The following data was compiled from crew testimony, existing manifests, and discussion with JCRC (Saigon) and Army pathologists at Camp Samae San, Thailand. It is believed that the figures given are very accurate although, in some categories, not precise (those with an asterisk). Imprecision of some of the figures was unavoidable despite the exhaustive effort of CWO Scott to compile this casualty/survivor list for several reasons:

- a. There was no manifest for the orphans.
- b. There was conflicting crew testimony in some categories.
- c. Civilian attendants were moving about the aircraft while a head count was being done. Therefore, some may have been counted twice or not at all.
- d. There were several American children on board and it could not be ascertained if they were counted as orphans or civilian attendants.
- e. After the crash, the exact number of survivors could not be counted because they were hurriedly taken to many hospitals and orphanages throughout Saigon.

	<u>ON BOARD</u>	<u>SAVED</u>	<u>DECEASED</u>
1. Flight Crew	16	12	4
2. Med Crew	10	7	3
3. Photo	2	0	2
4. Observer	1	0	1
5. Orphans Troop Cmpt	145	143*	2*
6. Attendants Troop Cmpt	7*	6*	1

	<u>ON BOARD</u>	<u>SAVED</u>	<u>DECEASED</u>
7. Orphans Cargo Cmpt	102*	6	96*
8. Others Cargo Cmpt	47*	2	45*

1. Data concerning flight crew, medical crew, photographers, and observer are definitely correct.
2. The number of orphans in the troop compartment is exact as determined by crew testimony. However, there was the possibility that there were three rather than two fatalities.
3. The number of attendants in the troop compartment is an estimate according to the crew. The count was confused because some of the attendants were going to and from the cargo compartment. However, the figure seven is probably realistic. It was definitely ascertained that only one of the attendants sustained fatal injury.
4. JCRC Office in Saigon got figure of 247-253 orphans aboard. Crew was sure 145 were in troop compartment. Sgt Wise, survivor from cargo compartment believes at least over 100 children in cargo compartment. This figure (102) with six survivors appears realistic. Six survivors was count by crew.
5. Sgt Wise said at least 50 adults in cargo compartment. Some adults moved up and down from troop compartment. With number of adults manifested/nonmanifested thought to be aboard, 47 appears accurate.
6. Central Identification Laboratory has reported they have probable remains of 47/46 adults (excluding crew). They report having remains of 93 children with possibility of more. Difficult to determine at this time (18 April) because of status of remains.

CASUALTY REPORTS

CREW MEMBERS

AGUILLO, 1SGT FELIZARDO C.

CASTRO, MSGT JOE

DIONNE, SSGT DONALD T.

JOHNSON, MSGT DENNING C.

KLINKER, CAPT MARY I.

MELTON, CAPT EDGAR R.

NANCE, SSGT KENNETH E.

PAGET, SSGT MICHAEL G.

PARKER, TSGT WILLIAM M.

PAYNE, MSGT WENDLE L.

WILLIS, LT COL WILLIAM S.

CERTIFICATE OF DEATH (OVERSEAS)
(DA FORM 3565)

OF

35 U. S. NATIONALS (DECEASED)

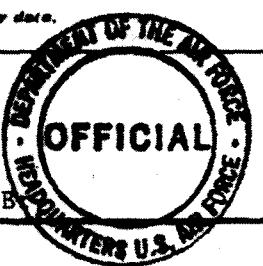
ADAMS, Barbara E.	HOWARD, Dorothy
BAYOT, Clara F.	KAVULIA, Barbara J.
BERTWELL, Arletta L.	MAIER, Barbara J.
BLACKBURN, Helen J.	MARTIN, Rebecca A.
BOTTORFF, Ann N.	MARTINI, Sarah D.
BROWN, Celeste M.	MIDDLEBROOK, Martha S.
CLARK, Vivienne	MOORE, Katherine
CREEL, Wanita T.	POLGREAN, Marion P.
CROUCH, Mary	POULTON, June W.
CURTISS, Dorothy M.	POULTON, Orin J.
DONELSON, Twila M.	PRAY, Joan K.
DRYE, Helen R.	RANDALL, Sayonna K.
EICHEN, Marilynn P.	REYNOLDS, Anne B.
FUJINO, Elizabeth K.	SNOW, Marjorie V.
GASPER, Ruth Anne	STOUT, Barbara L.
HERBERT, Beverly A.	WATKINS, Doris J.
HINDMAN, Penelope L.	WESLEY, Sharon K.
HOLLIBAUGH, Vera S.	

DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE Completes Report Number 471	2. DATE PREPARED 15 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization). (MOS/NJC) AGUILLO, Felizardo Cuenca, FR, TSgt, Regular, USAF - 22 Mil Alft Sq, Travis AFB CA AFSC: A60770A			
4. CASUALTY STATUS a. <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE b. COMMENCED TOUR DATE			
c. STATUS: <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER			
d. DATE: 4 Apr 75* e. PLACE: Near Tan Son Nhut AB RVN (Specify)			
f. CAUSE & CIRCUMSTANCES: Military Aircraft Accident (Loadmaster Technician C-5A Aircraft)			
5. a. DATE AND PLACE OF BIRTH 20 Sep 38 - Cavite City Philippines	b. RACE Malayan	c. SEX Male	d. RELIGIOUS PREFERENCE Roman Catholic
6. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 10 Feb 70 - Travis AFB CA - San Francisco CA			
7. a. PAY GRADE E-6	b. BASIC PAY	c. INCENTIVE/ADDITIONAL PAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	d. CHECK IF APPLICABLE <input checked="" type="checkbox"/> CREW <input type="checkbox"/> PASSENGER
8. DUTY STATUS Active - On Duty			
9. INTERESTED PERSONS (Name, Address, Relationship)		DATE OF RECORD OF EMERGENCY DATA FORM: 29 Jul 74	
Mrs Clarita T Aguillon		wife (3)	
Michelle M Aguillon		dau	
Clariza L Aguillon		dau	
Theresa D Aguillon		dau	
Mr Antonio P Aguillon		father**	
10. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 9 APR 75		
12. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Unknown			
13. REMARKS *This individual is held to have been missing from 4 Apr 75 to 9 Apr 75, the date of receipt of evidence in Headquarters, USAF, that the above named person is dead. The provisions of Title 37, USC, Sections 551-558 are considered applicable.			
**Mrs Amparo C Aguillon same mother			
SGLI: BY LAW		LUMP SUM \$20,000	
NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS, THE PAYMENT OF COMMERCIAL INSURANCE, OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED			
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.			
14. DISTRIBUTION NOT USED	15. BY ORDER OF THE SECRETARY OF THE AIR FORCE DEAN M. MURPHY, Lt. Colonel, USAF Ch, Casualty Rptg & Survivor Assistance B		

DD FORM 1300
1 FEB 73

REPLACES DD FORM 1300, 1 MAR 60, WHICH IS OBSOLETE.

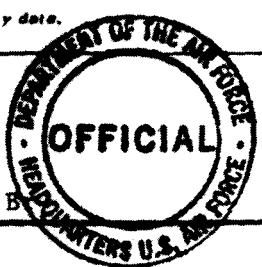


DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE Completes Report Number: 481	530 - Final	2. DATE PREPARED 23 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization, (MOS/ N/C)) CASTRO, Joe, PR 1369, MSgt, Regular, USAF - Det 7, 1369 Photo Sq, APO San Francisco 96274 AFSC: A23570				
4. CASUALTY STATUS a. <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE b. COMMENCED TOUR DATE				
c. STATUS <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER				
d. DATE: 4 Apr 75*		e. PLACE: Near Tan Son Nhut AB RVN (Specify)		
f. CAUSE & CIRCUMSTANCES: Military Aircraft Accident (Photographer C-5A Aircraft)				
g. DATE AND PLACE OF BIRTH 13 Sep 38 - Tulare CA		b. RACE Caucasian	c. SEX Male	d. RELIGIOUS PREFERENCE Roman Catholic
e. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 13 Dec 71 - Eglin AFB FL - Fresno CA				
g. PAY GRADE E-7	h. BASIC PAY	c. INCENTIVE/ADDITIONAL PAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	d. CHECK IF APPLICABLE <input checked="" type="checkbox"/> CREW <input type="checkbox"/> PASSENGER	
6. DUTY STATUS Active - On Duty				
7. INTERESTED PERSONS (Name, Address, Relationship)			DATE OF RECORD OF EMERGENCY DATA FORM: 20 May 74	
Mrs Marianna Castro Brigitte M Castro same A1C Dominique R Castro Mrs Alice Rivas			wife (3) dau son mother	
10. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 12 APR 75		
12. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		AF19534380		
13. REMARKS *This individual is held to have been missing from 4 Apr 75 to 12 Apr 75, the date of receipt of evidence in Headquarters, USAF, that the above named person is dead. The provisions of Title 37, USC, Sections 551-558 are considered applicable.				
SGLI: BY LAW		LUMP SUM		\$20,000
NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS, THE PAYMENT OF COMMERCIAL INSURANCE, OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED				
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.				
14. DISTRIBUTION NOT USED		15. BY ORDER OF THE SECRETARY OF THE AIR FORCE DEAN M. MURPHY, Lt. Colonel, USAF Ch, Casualty Rptg & Survivor Assistance B		

DD FORM 1 FEB 73 1300

REPLACES DD FORM 1300, 1 MAR 60, WHICH IS OBSOLETE.

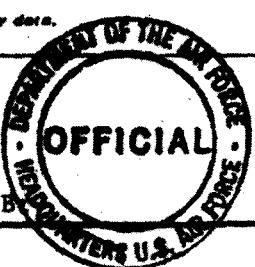


DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

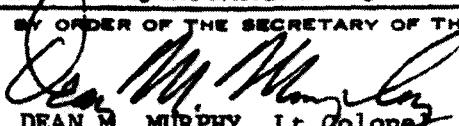
REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE Completes Report Number 469	489 - Final	2. DATE PREPARED 15 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization, (MOS/NJC)) DIONNE, Donald Thomas Sr., FR, SSgt, Regular, USAF - 22 Mil Alft Sq, Travis AFB CA AFSC: A43550C				
4. CASUALTY STATUS <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE 5. COMMENCED TOUR DATE:				
C. STATUS: <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER _____				
6. DATE: 4 Apr 75* 7. PLACE: Near Tan Son Nhut AB RVN (Specify)				
8. CAUSE & CIRCUMSTANCES Military Aircraft Accident (Flight Enginner C-5A Aircraft)				
9. a. DATE AND PLACE OF BIRTH 17 Jan 45 - Glendale CA		b. RACE Caucasian	c. SEX Male	d. RELIGIOUS PREFERENCE Baptist
10. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 6 Oct 71 - Bentwaters England - Sylmar CA				
11. PAY GRADE E-5	12. BASIC PAY	13. INCENTIVE/ADDITIONAL PAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14. CHECK IF APPLICABLE <input checked="" type="checkbox"/> CREW <input type="checkbox"/> PASSENGER	
15. DUTY STATUS Active - On Duty				
16. INTERESTED PERSONS (Name, Address, Relationship)			DATE OF RECORD OF EMERGENCY DATA FORM: 14 Feb 75	
Mrs Penelope M Dionne			Travis AFB 94535 wife (3)	
Donald C Dionne			same son	
Elizabeth Dionne			same dau	
Donald T Dionne			same son **	
17. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 9 APR 75		
19. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		AF18873466		
20. REMARKS *This individual is held to have been missing from 4 Apr 75 to 9 Apr 75, the date of receipt of evidence in Headquarters, USAF, that the above named person is dead. The provisions of Title 37, USC, Sections 551-558 are considered applicable.				
**Mr L J Dionne Mrs D L Dionne			same father same mother	
21. SGLI: BY LAW LUMP SUM \$20,000				
NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS, THE PAYMENT OF COMMERCIAL INSURANCE, OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED				
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.				
22. DISTRIBUTION NOT USED		23. BY ORDER OF THE SECRETARY OF THE AIR FORCE DEAN M. MURPHY, Lt Colonel, USAF Ch, Casualty Rptg & Survivor Assistance Br		

DD FORM 1300
1 FEB 73

REPLACES DD FORM 1300, 1 MAR 60, WHICH IS OBSOLETE.

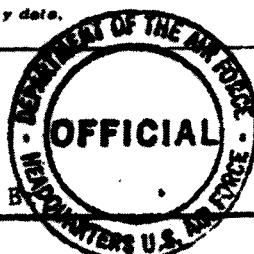


DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

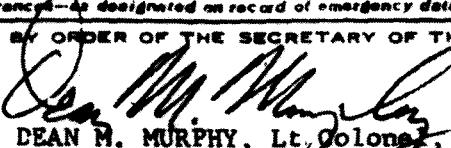
REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE Completes Report Number 451	499 - Final	2. DATE PREPARED 16 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS/ NJC) JOHNSON, Denning Cicero, MSgt*, Regular, USAF - 9 Aeromed Evac Gp, APO San Francisco 96274 AFSC: A90270				
4. CASUALTY STATUS		<input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE	b. COMMENCED TOUR DATE	
c. STATUS		<input checked="" type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER		
d. DATE		4 Apr 75	e. PLACE	
f. CAUSE & CIRCUMSTANCES Military Aircraft Accident (Med Tech C-5A Aircraft)				
g. DATE AND PLACE OF BIRTH 1 Aug 38 - Burgal NC		b. RACE Caucasian	c. SEX Male	d. RELIGIOUS PREFERENCE Baptist
e. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 22 Oct 70 - Scott AFB IL				
f. PAY GRADE E-6		b. BASIC PAY	c. INCENTIVE/ADDITIONAL PAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	d. CHECK IF APPLICABLE <input checked="" type="checkbox"/> CREW <input type="checkbox"/> PASSENGER
g. DUTY STATUS Active - On Duty				
h. INTERESTED PERSONS (Name, Address, Relationship)			DATE OF RECORD OF EMERGENCY DATA FORM: 26 Apr 74	
Mrs Marilyn S Johnson			wife (3)	
Sandra D Johnson			dau	
Jerry D Johnson			son	
Harry C Johnson			son	
Marilyn Y Johnson			dau	
i. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		j. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 4 APR 75		
l. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		AF14580534		
m. REMARKS *Under the provisions of Section 1522, Title 10, USC, subject airman was posthumously promoted to the grade of MSgt, effective 4 Apr 75 by Department of the Air Force Special Order AB-93 dated 4 Apr 75. This promotion is subject to the provisions of Section 1523, which states that no increased pay or gratuities may be derived from such action.				
SGLI: BY LAW		LUMP SUM		\$20,000
NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS, THE PAYMENT OF COMMERCIAL INSURANCE, OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED				
FOOTNOTES: *Indicates change				
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.				
14. DISTRIBUTION NOT JPD		15. BY ORDER OF THE SECRETARY OF THE AIR FORCE		
		 DEAN M. MURPHY, Lt. Colonel, USAF Ch, Casualty Rptg & Survivor Assistance B		

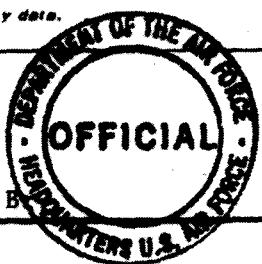
DD FORM 1300
1 FEB 73

REPLACES DD FORM 1300, 1 MAR 60, WHICH IS OBSOLETE.



DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 477 - Final Completes Report Number 461	2. DATE PREPARED 14 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization, (MOS/ N/C)) KLINKER, Mary Therese, FV, Capt, Reserve, USAF - 10 Aeromed Evac Sq, Travis AFB CA AFSC: 9761			
4. CASUALTY STATUS a. <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE b. COMMENCED TOUR DATE			
c. STATUS: <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER _____			
d. DATE: 4 Apr 75* e. PLACE: Near Tan Son Nhut AB RVN (Specify)			
f. CAUSE & CIRCUMSTANCES: Military Aircraft Accident (Flight Nurse C-5A Aircraft)			
g. DATE AND PLACE OF BIRTH 3 Oct 47 - Lafayette IN		b. RACE Caucasian	c. SEX Female
d. RELIGIOUS PREFERENCE Roman Catholic			
e. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 9 Jan 70 - Lafayette IN - Lafayette IN			
7a. PAY GRADE O-3	b. BASIC PAY	c. INCENTIVE/ADDITIONAL PAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	d. CHECK IF APPLICABLE <input type="checkbox"/> CREW <input type="checkbox"/> PASSENGER
8. DUTY STATUS Active - On Duty			
9. INTERESTED PERSONS (Name, Address, Relationship)		DATE OF RECORD OF EMERGENCY DATA FORM: 6 Sep 72	
Mr. Paul E Klinker Mrs Thelma M Klinker		father (1,2,3) mother same	
10. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 9 APR 75	
12. PRIOR SERVICE DATA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
13. REMARKS *This individual is held to have been missing from 4 Apr 75 to 9 Apr 75, the date of receipt of evidence in Headquarters, USAF, that the above named person is dead. The provisions of Title 37, USC, Sections 551-558 are considered applicable.			
SGLI: BY LAW		LUMP SUM \$20,000	
NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS, THE PAYMENT OF COMMERCIAL INSURANCE, OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED			
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.			
14. DISTRIBUTION NOT USED		15. BY ORDER OF THE SECRETARY OF THE AIR FORCE DEAN M. MURPHY, Lt. Colonel, USAF Ch, Casualty Rptg & Survivor Assistance B 	

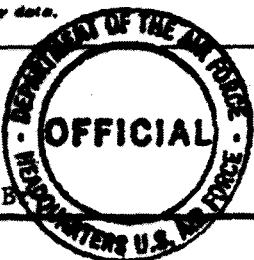


DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 486 - Final Completes Report Number 468	2. DATE PREPARED 15 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization). (MOS/ N/C) MELTON, Edgar Robert, FV, Capt, Reserve, USAF - 22 Mil Alft Sq, Travis AFB CA AFSC: 1045F			
4. CASUALTY STATUS <input checked="" type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE b. COMMENCED TOUR DATE: c. STATUS: <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER _____ d. DATE: 4 Apr 75* e. PLACE: Near Tan Son Nhut AB RVN (Specify)			
5. CAUSE & CIRCUMSTANCES Military Aircraft Accident (Co-pilot C-5A Aircraft)			
6. a. DATE AND PLACE OF BIRTH 26 Feb 44 - Dallas TX		b. RACE Caucasian	c. SEX Male
d. RELIGIOUS PREFERENCE Baptist			
6. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 31 Jul 67 - Dallas TX - Dallas TX			
7a. PAY GRADE O-3	7b. BASIC PAY	c. INCENTIVE/ADDITIONAL PAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	d. CHECK IF APPLICABLE <input checked="" type="checkbox"/> CREW <input type="checkbox"/> PASSENGER
8. DUTY STATUS Active - On Duty			
9. INTERESTED PERSONS (Name, Address, Relationship) Mrs Helen M Melton		DATE OF RECORD OF EMERGENCY DATA FORM: 5 Sep 74 wife (3)	
Mr Jackson D Melton Mrs Pauline A Melton same		father mother	
10. REPORT FOR VATO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 10 APR 75	
12. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FV3214197			
13. REMARKS *This individual is held to have been missing from 4 Apr 75 to 10 Apr 75, the date of receipt of evidence in Headquarters, USAF, that the above named person is dead. The provisions of Title 37, USC, Sections 551-558 are considered applicable.			
SGLI: PRINCIPAL: HELEN MARIE MELTON (WIFE) 4/4 LUMP SUM CONTINGENT: HARRY O EASTUS (FATHER-IN-LAW) 4/4 LUMP SUM \$20,000 (PER CERTIFICATE)			
NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS, THE PAYMENT OF COMMERCIAL INSURANCE, OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED			
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.			
14. DISTRIBUTION NOT USED		15. BY ORDER OF THE SECRETARY OF THE AIR FORCE DEAN M. MURPHY, Lt Colonel, USAF Ch, Casualty Rptg & Survivor Assistance Br	

DD FORM 1300
1 FEB 73

REPLACES DD FORM 1300, 1 MAR 60, WHICH IS OBSOLETE.



DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE Completes Report Number 482	528 - Final	2. DATE PREPARED 23 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization, (MOS/NJC)) NANCE, Kenneth Edwin, FR , SSgt****, Regular, USAF - Det 7, 1369 Photo Sq, APO San Francisco 96274 AFSC: A23152				
4. CASUALTY STATUS a. <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE b. COMMENCED TOUR DATE:				
c. STATUS: <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> MIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER _____				
d. DATE: 4 Apr 75*		e. PLACE: Near Tan Son Nhut AB RVN (Specify)		
f. CAUSE & CIRCUMSTANCES Military Aircraft Accident (Photographer C-5A Aircraft)				
g. a. DATE AND PLACE OF BIRTH 1 Jul 47 - Holyoke MA		b. RACE Caucasian	c. SEX Male	d. RELIGIOUS PREFERENCE Methodist
e. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 26 Aug 71 - AFMCS Los Angeles CA - Los Angeles CA				
f. PAY GRADE E-4		b. BASIC PAY	c. INCENTIVE/ADDITIONAL PAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	d. CHECK IF APPLICABLE <input type="checkbox"/> CREW <input type="checkbox"/> PASSENGER
g. DUTY STATUS Active - On Duty				
h. INTERESTED PERSONS (Name, Address, Relationship) Lt Col Harold E Nance (USAF Ret) Mrs Dolores E Nance same			DATE OF RECORD OF EMERGENCY DATA FORM: 22 Oct 71 father (1,2,3)** mother (2,3)**	
i. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		j. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 12 APR 75		
k. PRIOR SERVICE DATA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
l. REMARKS *This individual is held to have been missing from 4 Apr 75 to 12 Apr 75, the date of receipt of evidence in Headquarters, USAF, that the above named person is dead. The provisions of Title 37, USC, Sections 551-558 are considered applicable. **Parents are designated to receive 50% each of the Gratuity Pay and Unpaid Pay and Allowances per AF Form 246. ***Under the provisions of Section 1522, Title 10, USC, subject airman was posthumously promoted to the grade of SSgt effective 4 Apr 75, by Department of the Air Force Special Order AB-105, dated 16 Apr 75. This promotion is subject to the provisions of Section 1523 which states that no increased pay or gratuities may be derived from such action.				
m. SGLI: BY LAW		LUMP SUM		\$20,000
n. NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS, THE PAYMENT OF COMMERCIAL INSURANCE, OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED.				
o. 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.				
p. DISTRIBUTION NOT USED		q. BY ORDER OF THE SECRETARY OF THE AIR FORCE <i>Dean M. Murphy</i> DEAN M. MURPHY, Lt Colonel, USAF Ch, Casualty Rptg & Survivor Assistance		

DD FORM 1 MAR 73 1300

REPLACES DD FORM 1000, 1 MAR 68, WHICH IS OBSOLETE.



DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE Completes Report Number 448	2. DATE PREPARED 15 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS/NJC) PAGET, Michael Gordon, FR , SSgt, Regular, USAF - 10 Aeromed Evac Sq, Travis AFB CA AFSC: A90250			
4. CASUALTY STATUS a. <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE b. COMMENCED TOUR DATE			
c. STATUS: <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER _____			
d. DATE: 4 Apr 75 e. PLACE: Near Tan Son Nhut AB RVN (Specify)			
f. CAUSE & CIRCUMSTANCES Military Aircraft Accident (Med Svc Spec C-5A Aircraft)			
g. a. DATE AND PLACE OF BIRTH 22 Oct 52 - Terrace Bay Canada		b. RACE Caucasian	c. SEX Male
d. RELIGIOUS PREFERENCE Presbyterian			
e. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 11 Dec 73 - Mather AFB CA - Woodland Hills CA			
g. PAY GRADE E-5	h. BASIC PAY	c. INCENTIVE/ADDITIONAL PAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	d. CHECK IF APPLICABLE <input checked="" type="checkbox"/> CREW <input type="checkbox"/> PASSENGER
e. DUTY STATUS Active - On Duty			
g. INTERESTED PERSONS (Name, Address, Relationship) Mr Gordon W Paget Mrs Betty M J Paget.		DATE OF RECORD OF EMERGENCY DATA FORM: 19 Oct 71 CA father (1,2,3) same mother (2,3)	
i. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		j. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 4 APR 75	
k. PRIOR SERVICE DATA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
l. REMARKS *Parents are designated to receive Gratuity Pay and Unpaid Pay and Allowances. No percentage indicated per AF Form 246.			
SGLI: BY LAW		LUMP SUM	\$20,000
NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS, THE PAYMENT OF COMMERCIAL INSURANCE, OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED			
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.			
m. DISTRIBUTION NOT FRED		n. BY ORDER OF THE SECRETARY OF THE AIR FORCE <i>Dean M. Murphy</i> DEAN M. MURPHY, Lt Colonel, USAF Ch. Casualty Rptg & Survivor Assistance B	

DD FORM 1 FEB 73 1300

REPLACES DD FORM 1300, 1 MAR 60, WHICH IS OBSOLETE.

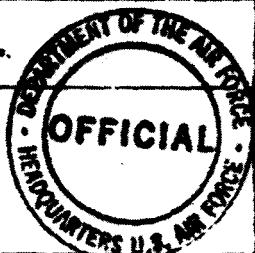


DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE Completes Report Number R-137	2. DATE PREPARED 6 May 75
2. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch)			
PARKER, William Monroe, FR, TSgt, Regular, USAF			
4. CASUALTY STATUS		a. <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE	
c. STATUS		<input checked="" type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER	
d. DATE		21 Apr 75	
e. PLACE Tripler Army Med Ctr, Honolulu HI			
f. CAUSE Injuries received as a result of military aircraft accident (C-5A Loadmaster)			
g. DATE AND PLACE OF BIRTH 11 Dec 38 - Caddo OK		b. RACE N/A	c. SEX N/A
d. RELIGIOUS PREFERENCE N/A			
e. PAY GRADE E-6		b. BASIC PAY N/A	c. INCENTIVE/ADDITIONAL PAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO N/A
d. CHECK IF APPLICABLE <input type="checkbox"/> CREW <input type="checkbox"/> PASSENGER			
g. DUTY STATUS Retired - Physical Disability (Chronic brain syndrome; Fracture right femur; Hemophorax left partial) effective 17 Apr 75#			
h. INTERESTED PERSONS (Name, Address, Relationship) Mrs Shirley J Parker wife Gina I Parker same Connie J Parker same Christie G Parker same Randall J Parker same son*			
i. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		j. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT HICKAM AFB HI - 22 APR 75	
l. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO AF18509745			
m. REMARKS *Mrs Minnie E Parker mother			
SGLI: BY LAW		LUMP SUM \$20,000	
NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS, THE PAYMENT OF COMMERCIAL INSURANCE, OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED			
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.			
14. DISTRIBUTION NOT USED		15. BY ORDER OF THE SECRETARY OF THE AIR FORCE <i>Dean M. Murphy</i> DEAN M. MURPHY, Lt. Colonel, USAF Ch, Casualty Rptg & Survivor Assistance Br	

DD FORM 1300
1 FEB 73

REPLACES DD FORM 1300, 1 MAR 60, WHICH IS OBSOLETE.

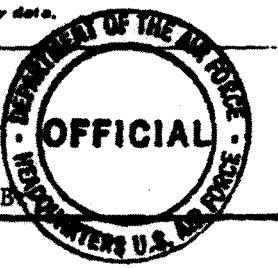


DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE Completes Report Number 470	493 - Final	2. DATE PREPARED 15 Apr 75
2. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MoD/NJC) PAYNE, Wendle L., FR AFSC: A60770A , MSgt, Regular, USAF - 22 Mil Alft Sq, Travis AFB CA				
4. CASUALTY STATUS <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE 5. COMMENCED TOUR DATE: C. STATUS <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> MIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER _____ d. DATE: 4 Apr 75* 6. PLACE: Near Tan Son Nhut AB RVN (Specify)				
7. CAUSE & CIRCUMSTANCES <u>Military Aircraft Accident (Loadmaster C-5A Aircraft)</u>				
8. a. DATE AND PLACE OF BIRTH 10 Feb 29 - Essex MO		b. RACE Caucasian	c. SEX Male	d. RELIGIOUS PREFERENCE Baptist
9. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 15 Jul 73 - Travis AFB CA - Essex MO				
10. PAY GRADE E-7		11. BASIC PAY	c. INCENTIVE/ADDITIONAL PAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	d. CHECK IF APPLICABLE <input checked="" type="checkbox"/> CREW <input type="checkbox"/> PASSENGER
12. DUTY STATUS Active - On Duty				
13. INTERESTED PERSONS (Name, Address, Relationship)			DATE OF RECORD OF EMERGENCY DATA FORM: 25 Apr 74	
Mrs Rosemary Payne			wife (3)	
David L Payne			son	
John W Payne			son	
Melanie R Payne			dau	
14. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 10 APR 75		
16. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		AF17362368		
17. REMARKS <p>*This individual is held to have been missing from 4 Apr 74 to 10 Apr 75, the date of receipt of evidence in Headquarters, USAF, that the above named person is dead. The provisions of Title 37, USC, Sections 551-558 are considered applicable.</p>				
SGLI: BY LAW		LUMP SUM		\$20,000
NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS, THE PAYMENT OF COMMERCIAL INSURANCE, OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED				
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.				
18. DISTRIBUTION NOT USED		19. BY ORDER OF THE SECRETARY OF THE AIR FORCE DEAN M. MURPHY, Lt Colonel, USAF Ch, Casualty Rptg & Survivor Assistance Br		

DD FORM 1300
1 FEB 73

REPLACES DD FORM 1300, 1 MAR 60, WHICH IS OBSOLETE.

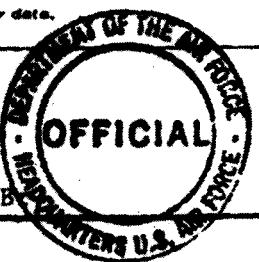


DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 502 - Final Completes Report Number 450	2. DATE PREPARED 16 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization, (MOS/ N/C)) WILLIS, William Sherrill, 11FR, Lt Col, Regular, USAF - 604 Mil Alft Spt Sq APO San Francisco 96274 AFSC: 1425J			
4. CASUALTY STATUS a. <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE b. COMMENCED TOUR DATE			
c. STATUS <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER			
d. DATE: 4 Apr 75 e. PLACE: Near Tan Son Nhut AB RVN (Specify)			
f. CAUSE & CIRCUMSTANCES Military Aircraft Accident (Passenger C-5A Aircraft)			
g. a. DATE AND PLACE OF BIRTH 18 Aug 33 - Coats NC		b. RACE Caucasian	c. SEX Male
d. RELIGIOUS PREFERENCE Baptist			
e. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 12 Jul 55 - Coats NC - Coats NC			
f. PAY GRADE 0-5		g. BASIC PAY	c. INCENTIVE/ADDITIONAL PAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
d. CHECK IF APPLICABLE <input type="checkbox"/> CREW <input checked="" type="checkbox"/> PASSENGER			
g. DUTY STATUS Active - TDY Enroute			
h. INTERESTED PERSONS (Name, Address, Relationship)		DATE OF RECORD OF EMERGENCY DATA FORM: 17 May 74	
Mrs Doris M Willis		wife (3)	
Barry M Willis		son	
Mark D Willis		son	
Karen L Willis		dau	
Williams S Willis Jr		son*	
i. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		j. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 4 APR 75	
k. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PR57029; A03027363	
l. REMARKS *Mrs Kitty B Willis mother			
m. SGII: BY LAW LUMP SUM \$20,000			
n. NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS, THE PAYMENT OF COMMERCIAL INSURANCE, OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED			
o. 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.			
p. DISTRIBUTION NOT NAMED		q. BY ORDER OF THE SECRETARY OF THE AIR FORCE <i>Dean M. Murphy</i> DEAN M. MURPHY, Lt Colonel, USAF Ch, Casualty Rptg & Survivor Assistance Br	

DD FORM 1300
1 APR 73

REPLACES DD FORM 1300, 1 MARCH 60, WHICH IS OBSOLETE.



CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) ADAMS, BARBARA M.		GRADE DRG	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION		DATE OF BIRTH 6 January 1931		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
NEGROID		MARRIED		CATHOLIC
OTHER (Specify)		WIDOWED		
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Multiple Extreme Injury Aircraft Accident				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISK TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL				
X ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 1 Apr 75		PLACE OF DEATH South Viet Nam		
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 NEAL RIGGENBACH		TITLE OR DEGREE MD		
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC APO San Francisco 96346		
DATE		SIGNATURE <i>Neal Rigganbach MD</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX 3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND		DATE 18 APR 75	SIGNATURE <i>Robert L. Stoney</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 OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.

² State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-240, 1 APR 59, WHICH IS OBSOLETE.

C. CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BAYOT, Clara F.		GRADE GS-5	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO
ORGANIZATION DAO/Saigon, Viet Nam		DATE OF BIRTH 12 Aug 28		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> X OTHER (Specify) Mongoloid	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> X WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> X ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> X NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Viet Nam		
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 JOHN R. HESS			TITLE OR DEGREE Area Surgeon	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO		INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232	
DATE 19 April 1975		SIGNATURE <i>John R. Hess MD</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APC 96232		DATE 19 Apr 75	SIGNATURE <i>Robert L. Stoney</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
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.

² State conditions contributing to the death, but not related to the disease or condition causing death.

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 600-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BERTHELL, Arletta L.		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon, Viet Nam		DATE OF BIRTH 21 Dec 23		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID	MARITAL STATUS SINGLE		RELIGION PROTESTANT	OTHER (Specify)
NEGROID	MARRIED	SEPARATED	CATHOLIC	
OTHER (Specify)	WIDOWED		JEWISH	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
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 NEAL RIGGENBACH			TITLE OR DEGREE MD	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC APO San Francisco 96346		
DATE 22 April 1975		SIGNATURE neil riggenbach MD		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER	STATE TEX-3360
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 22 APR 75	SIGNATURE	OTHER
Robert L. Stoney				
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				
<small>1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.</small> <small>2 State conditions contributing to the death, but not related to the disease or condition causing death.</small>				

DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-249 1 APR 69, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BLACKBURN, Helen Jones		GRADE DNC GS-7	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon, Vietnam		DATE OF BIRTH 31 Mar 25		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISK TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL				
ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Viet Nam		
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 JOHN R. HESS			TITLE OR DEGREE Area Surgeon	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232		
DATE 20 April 1975		SIGNATURE <i>John R. Hess MD</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232		DATE 20 Apr 75	SIGNATURE <i>Robert L. Stoney</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 OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL <i>[Signature]</i>				
1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc. 2 State conditions contributing to the death, but not related to the disease or condition causing death.				

DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-240 1 APR 59, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BOTTORFF, Ann M.		GRADE GS-12	BRANCH OF SERVICE DMC	SOCIAL SECURITY ACCT NO. -----
ORGANIZATION DAO/Saigon, Vietnam		DATE OF BIRTH 26 Jan 21		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH WFM 2B 855 985, Go Vap Dist., Gia Dinh Prov., RVN		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER JOHN R. HESS			TITLE OR DEGREE AREA SURGEON	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO. -----	INSTALLATION OR ADDRESS USMIDAC, APO San Francisco 96232		
DATE 21 May 75		SIGNATURE <i>John R. Hess</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY, MC, USA		GRADE GS-12	LICENSE NUMBER TX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY, THAILAND, APO 96232		DATE 22 May 1975	SIGNATURE <i>Robert L. Stoney</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
REGISTRY (Town and Country)		DATE REGISTERED		FILE NUMBER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.

² State conditions contributing to the death, but not related to the disease or condition causing death.

CERT. DATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BROWN, Celeste M.		GRADE GS-6	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO. _____
ORGANIZATION DAO/Saigon, Vietnam		DATE OF BIRTH 12 Sept 26		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE

RACE <input checked="" type="checkbox"/> CAUCASOID	MARITAL STATUS <input type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify) _____
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	CATHOLIC	
<input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN _____	RELATIONSHIP TO DECEASED _____
STREET ADDRESS _____	CITY OR TOWN AND STATE (Include ZIP Code) _____

MEDICAL STATEMENT

CAUSE OF DEATH (Enter only one cause per line)			INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ _____		Multiple Extreme Injury Aircraft Accident	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE _____		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE _____		
OTHER SIGNIFICANT CONDITIONS ² _____			
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY _____	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES _____

DATE OF DEATH (Hour, day, month, year) 1 Apr 75	PLACE OF DEATH South Viet Nam
---	---

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 NEAL RIGGENBACH		TITLE OR DEGREE MD	
GRADE GS-13	SOCIAL SECURITY ACCT NO. _____	INSTALLATION OR ADDRESS USMEDDAC APO San Francisco 96346	
DATE 19 Apr 75	SIGNATURE <i>Neal Rigenbach MD</i>	DISPOSITION OF REMAINS	

NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX 3360	STATE TX	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND		DATE 19 Apr 75	SIGNATURE <i>Robert L. Stoney</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 _____	OTHER _____
NAME OF FUNERAL DIRECTOR _____		ADDRESS _____		
SIGNATURE OF AUTHORIZED INDIVIDUAL _____				

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

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the appropriate agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

CLARK, Vivienne

ORGANIZATION

DIAC/Saigon Vietnam

GRADE

DIAC GS-8

BRANCH OF SERVICE

US ARMY

SOCIAL SECURITY ACCT NO.

DATE OF BIRTH

26 April 18

SEX

 MALE
 FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID

SINGLE

DIVORCED

PROTESTANT

OTHER (Specify)

NEGROID

MARRIED

SEPARATED

CATHOLIC

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE. (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Sudden Death from Injury
from Fall and cont.ANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

MODE OF DEATH

AUTOPSY
PERFORMED

MAJOR FINDINGS OF AUTOPSY

CIRCUMSTANCES SURROUNDING DEATH DUE TO
EXTERNAL CAUSES

NATURAL

 YES

ACCIDENT

 NO

SUICIDE

HOMICIDE

DATE OF DEATH (Hour, day, month, year)

20 Apr 75

PLACE OF DEATH
South VietnamI 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

NEIL RIGGENTACK

TITLE OR DEGREE

GRADE

GS-12

SOCIAL SECURITY ACCT
NO.

INSTALLATION OR ADDRESS

HOSPITAL 12 San Francisco, CA 94143

DATE

20 Apr 75

SIGNATURE

Neil Riggentack MD

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

ROBERT L. STONEY

GRADE

GS-12

LICENSE
NUMBER

TEX 3360

INSTALLATION OR ADDRESS

US ARMY MORTUARY THAILAND

DATE

20 Apr 75

SIGNATURE

Robert L. Stoney

NAME OF CEMETERY OR CREMATORI

LOCATION OF CEMETERY OR CREMATORI

TYPE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

DATE OF DISPOSITION

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-20; the procurement agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) CREEL, VANITA THOMPSON		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY NO.
ORGANIZATION		DATE OF BIRTH		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
		1 Dec 20		
RACE	MARITAL STATUS		RELIGION	
<input checked="" type="checkbox"/> CAUCASOID	SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
INDIGENOUS	MARRIED	SEPARATED	CATHOLIC	
OTHER (Specify)	WIDOWED		JEWISH	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		

MEDICAL STATEMENT

CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN SET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident	
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
NATURAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
ACCIDENT			
SUICIDE			
HOMICIDE			

DATE OF DEATH (Hour, day, month, year)
4 Apr 75PLACE OF DEATH
South Viet Nam

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
I. SAM TASHTMATITLE OR DEGREE
MDGRADE
GS-13

SOCIAL SECURITY ACCT NO. _____

INSTALLATION OR ADDRESS

USMEDDAC APO San Francisco 96346

DATE
11 Apr 75

SIGNATURE

I. Sam Tashtma, M.D.

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS
ROBERT L. STONEYGRADE
GS-12

LICENSE NUMBER

STATE
TEX-3360

OTHER

INSTALLATION OR ADDRESS
US ARMY MORTUARY, THAILAND, APO 96323DATE
14 APR 75

SIGNATURE

Robert L. Stoney

NAME OF CEMETERY OR CREMATORIAL

LOCATION OF CEMETERY OR CREMATORIAL

TYPE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

DATE OF DISPOSITION

REGISTRY (Town and Country)

DATE REGISTERED

FILE NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.

2 State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 3565 1 JAN 70
REPLACES DA FORM 10-240 1 APR 59, WHICH IS OBSOLETE.
Seals HEAD 4384396 FOOT 4384397 TUBE 380064

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) CRUCH, Mary			GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon Vietnam			DATE OF BIRTH 3 Aug 44		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE XX CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT	
NEGROID		MARRIED		CATHOLIC	
OTHER (Specify)		WIDOWED		SEPARATED	
NAME OF NEXT OF KIN			RELATIONSHIP TO DECEASED		
STREET ADDRESS			CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT					
CAUSE OF DEATH (Enter only one cause per line)					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹			Multiple Extreme Injury Aircraft Accident		
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 X NATURAL	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES	
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam			
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 NEAL, RIGGENBACH				TITLE OR DEGREE MD	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC APO San Francisco 96346			
DATE 23 Apr 75		SIGNATURE <i>Neil Riggennbach MD</i>			
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY			GRADE GS-12	LICENSE NUMBER TEX 3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND			DATE 25 Apr 75	SIGNATURE <i>Robert L. Stoney</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 OTHER
NAME OF FUNERAL DIRECTOR			ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL					

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

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) CURTISS, Dorothy M.		GRADE GS-6	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Sai on, Vietnam		DATE OF BIRTH 24 Feb 1930		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE

RACE <input type="checkbox"/> CAUCASIAN	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED	
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)	

MEDICAL STATEMENT

CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Multiple Extreme Injury Aircraft Accident			
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS ²			
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES

DATE OF DEATH (Hour, day, month, year)
4 Apr 75

PLACE OF DEATH
South Viet Nam

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 NEAL RIGGENBACH		TITLE OR DEGREE MD		
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC SF APO 96346		
DATE 19 April 75	SIGNATURE <i>neil riggenbach md</i>			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER	STATE TEX 3360
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND		DATE 19 April 75	SIGNATURE <i>Robert L. Stoney</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
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER
NAME OF FUNERAL DIRECTOR		ADDRESS	

SIGNATURE OF AUTHORIZED INDIVIDUAL

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.

² State conditions contributing to the death, but not related to the disease or condition causing death.

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see DA FORM 638-40; the proponent agency is Office of the Chief Support Services.

NAME OF DECEASED (Last, First, Middle) TODD, TUTTA M.		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION		DATE OF BIRTH		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE	MARITAL STATUS		RELIGION	
CAUCASIAN LADY MARRIED	SINGLE MALE/FEM WIDOWED	DIVORCED MARRIED	PROTESTANT CATHOLIC JEWISH	OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
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 T. SAM TASHPA			TITLE OR DEGREE HD	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC APO San Francisco 96345		
DATE 11 Apr 75		SIGNATURE		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER	STATE 3360- TEX
INSTALLATION OR ADDRESS US ARMY MORTUARY, THAILAND, APO 96232		DATE 14 APR 75	SIGNATURE	
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				

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-249 1 APR 59, WHICH IS OBSOLETE.

Seals HEAD 4334398 FOOT 4383399 TUBE 380065

CERTIFICATE OF DEATH (OVERSEAS)

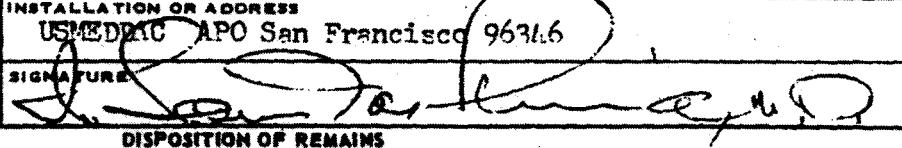
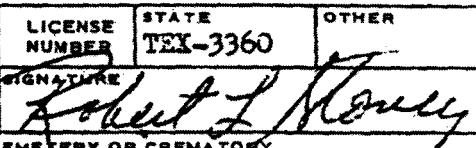
For use of this form, see AR 638-40; proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) DAIB, Helen R.		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT
ORGANIZATION DAO/Saigon, Viet Nam		DATE OF BIRTH 13 Apr 25		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
		MARRIED		CATHOLIC
OTHER (Specify) 		WIDOWED		JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Injury		
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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL				
ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 Apr 75	PLACE OF DEATH South Viet Nam			
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 NEAL, RIGGENBACH			TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US MEDDAC APO 96346		
DATE 21 April 1975		SIGNATURE <i>Neal Rigganbach MD</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 21 APR 75	SIGNATURE <i>Robert L. Stoney</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 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.

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) FITCH, MARILYN		GRADE US CIV	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO
ORGANIZATION		DATE OF BIRTH 22 Oct 25		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
				CATHOLIC
				JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
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 NATURAL X ACCIDENT SUICIDE HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 11 Apr 75		PLACE OF DEATH South Viet Nam		
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 I. SAM TISHIMA			TITLE OR DEGREE MD	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC APO San Francisco 96316		
DATE 11 Apr 75		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE TX
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 14 APR 75	SIGNATURE 	
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				

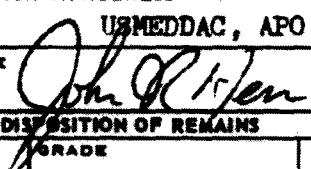
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.

² State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 3565
1 JAN 70
REPLACES DA FORM 10-249, 1, PR 59, WHICH IS OBSOLETE.
Seals HEAD 4384339 FOOT 4384350 TUBE 380066

C. CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AF 633-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) FULINO, Elizabeth K.		GRADE GS-7	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Seigon, Vietnam		DATE OF BIRTH 28 Aug 14		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE CAUCASOID	MARITAL STATUS SINGLE		RELIGION PROTESTANT	OTHER (Specify)
XX OTHER (Specify) Mongoloid	MARRIED	WIDOWED	CATHOLIC	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
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 NATURAL	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
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 John R. Hess			TITLE OR DEGREE Area Surgeon	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO. - - -	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232		
DATE 21 May 75	SIGNATURE 			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER 3360-TEX	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY, THAILAND, APO 96232		DATE 27 MAY 75	SIGNATURE 	
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				
<small>1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.</small> <small>2 State conditions contributing to the death, but not related to the disease or condition causing death.</small>				

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) GASPER, Ruthanne	GRADE GS-6	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/SAIGON, VIET NAM	DATE OF BIRTH 29 July 46		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE

RACE <input checked="" type="checkbox"/> CAUSASOID	MARITAL STATUS <input type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	RELIGION OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input type="checkbox"/> OTHER (Specify) 	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN 	RELATIONSHIP TO DECEASED
STREET ADDRESS 	CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH 	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹	Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE 		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE 		
OTHER SIGNIFICANT CONDITIONS ²			
MODE OF DEATH <input type="checkbox"/> NATURAL	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY 	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input checked="" type="checkbox"/> ACCIDENT			
<input type="checkbox"/> SUICIDE			
<input type="checkbox"/> HOMICIDE			

DATE OF DEATH (Hour, day, month, year) 4 Apr 75	PLACE OF DEATH South Viet Nam
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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 NEAL, RIGGENBACH	TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT NO. 	INSTALLATION OR ADDRESS US MEDDAC APO 96346
DATE 19 Apr 75	SIGNATURE <i>Neil Riggenebach MD</i>	

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12	LICENSE NUMBER 	STATE TEX-3360	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232	DATE 19 APR 75	SIGNATURE <i>Robert L. Stoney</i>		

NAME OF CEMETERY OR CREMATORIAL 	LOCATION OF CEMETERY OR CREMATORIAL
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TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) 	DATE OF DISPOSITION
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REGISTRY (Town and Country) 	DATE REGISTERED 	FILE NUMBER 	STATE 	OTHER
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NAME OF FUNERAL DIRECTOR 	ADDRESS
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SIGNATURE OF AUTHORIZED INDIVIDUAL
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¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 600-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) HERBERT, Beverly A.		GRADE	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT 123-456789
ORGANIZATION DAO/Saigon, Viet Nam		DATE OF BIRTH 22 Apr 32	SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION PROTESTANT CATHOLIC JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Multiple Extreme Injury Aircraft Accident				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISK TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Viet Nam		
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 JOHN R. HESS			TITLE OR DEGREE Area Surgeon	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232		
DATE 20 April 1975		SIGNATURE <i>John R. Hess MD</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232		DATE 20 Apr 75	SIGNATURE <i>Robert L. Stoney</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
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 6-1, and the proponent agency is Office of the Chief of Staff, Services.

NAME OF DECEASED (Last, First, Middle) HINMAN, Penelope L.		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon Vietnam		DATE OF BIRTH 29 Apr 44		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Multiple Extreme Injury Aircraft Accident				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
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 NEAL, RIGGENBACH			TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US MEDDAC APO 96346		
DATE 23 Apr 75	SIGNATURE <i>Neal Riggengbach MD</i>			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS -12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 25 APR 75	SIGNATURE <i>Robert L. Stoney</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				

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

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.		
HOLLIBAUGH, Vera S.		DNC	US CIV			
ORGANIZATION		DATE OF BIRTH		SEX		
DAO/Saigon, Viet Nam		30 Jan 16		<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		
RACE		MARITAL STATUS		RELIGION		
<input checked="" type="checkbox"/> CAUCASOID	SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)		
	MARRIED	SEPARATED	CATHOLIC			
	WIDOWED		JEWISH			
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED				
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)				
MEDICAL STATEMENT						
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident				
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE					
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE					
OTHER SIGNIFICANT CONDITIONS ²						
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES		
<input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DATE OF DEATH (Hour, day, month, year)		PLACE OF DEATH				
4 Apr 75		South Viet Nam				
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				TITLE OR DEGREE		
NEAL RIGGENBACH				MD		
GRADE	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS				
GS-13		USMEDDAC SF APO 96346				
DATE	SIGNATURE					
21 April 1975	<i>Neil Riggenthal MD</i>					
DISPOSITION OF REMAINS						
NAME OF MORTICIAN PREPARING REMAINS		GRADE	LICENSE NUMBER	STATE		
ROBERT L. STONEY		GS-12	TEX 3360	OTHER		
INSTALLATION OR ADDRESS		DATE	SIGNATURE			
US ARMY MORTUARY THAILAND		21 Apr 75	<i>Robert L. Stoney</i>			
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY				
TYPE OF DISPOSITION				DATE OF DISPOSITION		
<input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)						
REGISTRATION OF VITAL STATISTICS						
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE		
NAME OF FUNERAL DIRECTOR		ADDRESS				
SIGNATURE OF AUTHORIZED INDIVIDUAL						

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.

² State conditions contributing to the death, but not related to the disease or condition causing death.

CERT. STATE OF DEATH (OVERSEAS)
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Supply Services.

NAME OF DECEASED (Last, First, Middle) HOWARD, Dorothy		GRADE DNC GS-5	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon, Vietnam		DATE OF BIRTH 16Jan15		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
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 NEAL RIGGENBACH			TITLE OR DEGREE MD	
GRADE GS-13	SOCIAL SECURITY ACCT NO. - - - - -	INSTALLATION OR ADDRESS USMEDDAC SF APO 96346		
DATE 20Apr75	SIGNATURE <i>Neal Rigenbach 750</i>			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX 3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND		DATE 20Apr75	SIGNATURE <i>Robert L. Stoney</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 OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				
<p><small>1. State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.</small></p> <p><small>2. State conditions contributing to the death, but not related to the disease or condition causing death.</small></p>				

CERT DATE OF DEATH (OVERSEAS)				
For use of this form, see AR 638-4, the proponent agency is Office of the Chief of Supply Services.				
NAME OF DECEASED (Last, First, Middle) KAVULIA, Barbara J.		GRADE DMC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon Viet Nam		DATE OF BIRTH 2 Apr 50		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID		MARITAL STATUS SINGLE		RELIGION <input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		<input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75	PLACE OF DEATH South Viet Nam			
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 NEAL RIGGENTACK				TITLE OR DEGREE MD
GRADE GS-13	SOCIAL SECURITY ACCT NO. USMIDDAC SF APO 96346	INSTALLATION OR ADDRESS		
DATE 21 April 1975	SIGNATURE Neal Riggentack MD			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX 3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND		DATE 21 Apr 75	SIGNATURE Robert L. Stoney	
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
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.

² State conditions contributing to the death, but not related to the disease or condition causing death.

C. **CERTIFICATE OF DEATH (OVERSEAS)**

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) MAIER, Barbara J.		GRADE DSO	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT 123-456789
ORGANIZATION DAO/Saigon, Viet Nam		DATE OF BIRTH 20 Apr 32		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75	PLACE OF DEATH South Viet Nam			
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 NEIL, RIGGENBACH			TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT NO. US MEDDAC APO 96346	INSTALLATION OR ADDRESS		
DATE 22 Apr 75	SIGNATURE <i>Neil Riggengbach MD</i>			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 22 APR 75	SIGNATURE <i>Robert L. Stoney</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 OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.

² State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 1 JAN 70 **3565**

REPLACES DA FORM 10-248 1 APR 69, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 620-40; the cognizant agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) MARTIN, Rebecca A.		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT N
ORGANIZATION DAO/Saigon, Viet Nam		DATE OF BIRTH 2 Jul 41		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL				
ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
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 NEIL, RIGGENBACH			TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT NO. -----	INSTALLATION OR ADDRESS US MEDDAC APO 96346		
DATE 23 April 1975		SIGNATURE Neil Rigenbach MD		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3860	STATE TX OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 23 APR 75	SIGNATURE Robert L. Stoney	
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				
<p>¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.</p> <p>² State conditions contributing to the death, but not related to the disease or condition causing death.</p>				

DA FORM 3565

REPLACES DA FORM 10-249, 1 APR 68, WHICH IS OBSOLETE.

1 JAN 70

CERTIFICATE OF DEATH (OVERSEAS)				
For use of this form, see AR 630-1. The proponent agency is Office of the Chief of Supply Services.				
NAME OF DECEASED (Last, First, Middle) HARTING, Sarah D.		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon Vietnam		DATE OF BIRTH 11 Nov 38		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 1 Apr 75		PLACE OF DEATH South Viet. Nam		
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 NEIL, RIGGENBACH				TITLE OR DEGREE M. D.
GRADE GS-13	SOCIAL SECURITY ACCT NO. 123-45-6789	INSTALLATION OR ADDRESS US MEDDAC APO 96346		
DATE 23 April 75	SIGNATURE Neil Riggenebach MD			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 24 APR 75	SIGNATURE Robert L. Stoney	
NAME OF CEMETERY OR CREMATORIAL 		LOCATION OF CEMETERY OR CREMATORIAL 		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				
<small>1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.</small> <small>2 State conditions contributing to the death, but not related to the disease or condition causing death.</small>				

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 600-40.

Represent agency is Office of the Chief of Support S

JSD.

NAME OF DECEASED (Last, First, Middle)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO
KIRKWOOD, Martha S.		DSO	US CIV	
ORGANIZATION		DATE OF BIRTH		SEX
DAO/Saigon Viet Nam		2 Sep 43		<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE		MARITAL STATUS		RELIGION
<input checked="" type="checkbox"/> CAUCASOID	SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
<input checked="" type="checkbox"/> NEGROID	MARRIED	SEPARATED	CATHOLIC	
OTHER (Specify)	WIDOWED		JEWISH	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
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 checked="" type="checkbox"/> NATURAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<input checked="" type="checkbox"/> ACCIDENT				
<input type="checkbox"/> SUICIDE				
<input type="checkbox"/> HOMICIDE				
DATE OF DEATH (Hour, day, month, year)		PLACE OF DEATH		
4 Apr 75		South Viet Nam		
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			TITLE OR DEGREE	
NEIL, RIGGENBACH			M. D.	
GRADE	SOCIAL SECURITY ACCT	INSTALLATION OR ADDRESS		
GS-13		US MEDAC APO 96346		
DATE	SIGNATURE			
23 April 1975	Neil Ruggenbach M.D.			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS		GRADE	LICENSE NUMBER	STATE
ROBERT L. STONEY		GS-12	TEX-3360	OTHER
INSTALLATION OR ADDRESS		DATE	SIGNATURE	
US ARMY MORTUARY THAILAND APO 96232		23 APR 75	Robert L. Stoney	
NAME OF CEMETERY OR CREMATORIAL			LOCATION OF CEMETERY OR CREMATORIAL	
TYPE OF DISPOSITION			DATE OF DISPOSITION	
<input type="checkbox"/> BURIAL	<input type="checkbox"/> CREMATION	<input type="checkbox"/> REMOVAL (Specify)		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the primary agency is Office of the Chief of Support Service.

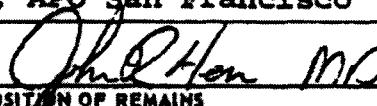
NAME OF DECEASED (Last, First, Middle)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
MOORE, Katherine		DNC	US CIV	
ORGANIZATION		DATE OF BIRTH	SEX	
DAO/Saigon Vietnam		22 May 45	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION
<input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)	SINGLE	DIVORCED	PROTESTANT	<input type="checkbox"/> OTHER (Specify)
	MARRIED	SEPARATED	CATHOLIC	
	WIDOWED		JEWISH	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL				
ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year)		PLACE OF DEATH		
6 Apr 75		South Viet Nam		
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				TITLE OR DEGREE
NEIL, RIGGENBACH				M. D.
GRADE	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS		
GS-13		US MEDDAC APO 96346		
DATE	23 April 75	SIGNATURE		
<i>Neil Rigganbach M.D.</i>				
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS		GRADE	LICENSE NUMBER	STATE
ROBERT L. STONEY		GS-12		TEX-3360
INSTALLATION OR ADDRESS		DATE	SIGNATURE	OTHER
US ARMY MORTUARY THAILAND APO 96232		25 APR 75	<i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORY			LOCATION OF CEMETERY OR CREMATORY	
TYPE OF DISPOSITION			DATE OF DISPOSITION	
<input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				
<small>1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.</small> <small>2 State conditions contributing to the death, but not related to the disease or condition causing death.</small>				

DA FORM 1 JAN 71 3565

REPLACES DA FORM 10-249, 1 APR 58, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) POLGREAN, Marion P.		GRADE GS-7	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT 1-
ORGANIZATION DAO/Saigon, Viet Nam		DATE OF BIRTH 19 Feb 21		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Viet Nam		
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 JOHN R. HESS			TITLE OR DEGREE Area Surgeon	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232		
DATE 20 April 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER	STATE TEX-3360
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232		DATE 20 Apr 75	SIGNATURE 	
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				
<p>¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.</p> <p>² State conditions contributing to the death, but not related to the disease or condition causing death.</p>				

DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-249 1 APR 59, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS)
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)	GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
POULTON, June 1968	SGT	US CIV	

ORGANIZATION	DATE OF BIRTH	SEX
		<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE

RACE	MARITAL STATUS		RELIGION	
CAUCASOID	SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	MARRIED	SEPARATED	CATHOLIC	
OTHER (Specify)	WIDOWED		JEWISH	

NAME OF NEXT OF KIN	RELATIONSHIP TO DECEASED
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STREET ADDRESS	CITY OR TOWN AND STATE (Include ZIP Code)
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MEDICAL STATEMENT

CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extrele Injury Aircraft Accident
--	--	--

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
NATURAL	<input type="checkbox"/> YES		
X ACCIDENT	<input checked="" type="checkbox"/> NO		
SUICIDE			
HOMICIDE			

DATE OF DEATH (Hour, day, month, year)	PLACE OF DEATH
4 APR 75	South Viet Nam

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	TITLE OR DEGREE
1st Lt. MCNICHOLS	

GRADE	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS
O-13		101 REDBAC AFG 96346

DATE	SIGNATURE
18 April 75	

DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER	STATE	OTHER
Robert L. Stover	O-12		CA	

INSTALLATION OR ADDRESS	DATE	SIGNATURE
US ARMY MEDICAL STAFF	18 April 75	Robert L. Stover

NAME OF CEMETERY OR CREMATORIAL	LOCATION OF CEMETERY OR CREMATORIAL
---------------------------------	-------------------------------------

TYPE OF DISPOSITION	DATE OF DISPOSITION
<input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	

REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER

NAME OF FUNERAL DIRECTOR	ADDRESS	OFFICIAL SEAL
		NOTARY PUBLIC CALIFORNIA

SIGNATURE OF AUTHORIZED INDIVIDUAL	
------------------------------------	--

CERTIFIED TRUE COPY OF DEATH CERTIFICATE:	
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¹ State disease, injury or complication which caused death, but not mode of dying such as heart attack, etc.

² State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 3565	REPLACES DA FORM 10-249, 1 APR 59, WHICH IS OBSOLETE.
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CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) POULTON, Orin J.	GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO. _____
ORGANIZATION	DATE OF BIRTH 6 July 1917	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (Specify)	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	RELIGION <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH	OTHER (Specify)
---	---	--	-----------------

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS ²		

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

DATE OF DEATH (Hour, day, month, year)
4 Apr 75PLACE OF DEATH
South Viet NamI 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 NEAL, RIGGENBACH	TITLE OR DEGREE M.D.
GRADE GS-13	SOCIAL SECURITY ACCT NO. US MEDDAC APO 96346
DATE 18 April 75	SIGNATURE <i>Neil Rigenbach MD</i>

DISPOSITION OF REMAINS	
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96292	DATE 18 APR 75
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	
------------------------------------	--

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

CERTIFICATE OF DEATH (OVERSEAS)

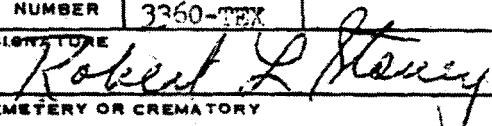
For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) PRAY, Joan K.,		GRADE DNC GS-7	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon Vietnam		DATE OF BIRTH 26Jan36		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)	MARITAL STATUS SINGLE		RELIGION PROTESTANT	OTHER (Specify)
	MARRIED	SEPARATED	CATHOLIC	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
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 NEIL, RIGGENBACH			TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US MEDDAC APO 96348		
DATE 20Apr75		SIGNATURE <i>Neil Rigganbach M</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER	STATE TEX-3360
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 20APR 75	SIGNATURE	
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	
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) RANDALL, Sayonna K.		GRADE GS-7	BRANCH OF SERVICE DNC	SOCIAL SECURITY ACCT NO.
ORGANIZATION		DATE OF BIRTH 13 Dec 45		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> CATHOLIC <input type="checkbox"/> PROTESTANT <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
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 <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES	
AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
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 John R. Hess			TITLE OR DEGREE Area Surgeon	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232		
DATE 21 May 75	SIGNATURE 			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER 3360-TEX	STATE TEX
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232		DATE 27 MAY 75	SIGNATURE 	
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				

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.

² State conditions contributing to the death, but not related to the disease or condition causing death.

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) REYNOLDS, Anne B.		GRADE DMC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon Vietnam		DATE OF BIRTH 17 Jan 17		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
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 NEIL RIGG-BACH		TITLE OR DEGREE MD		
GRADE GS-13	SOCIAL SECURITY ACCT NO. 	INSTALLATION OR ADDRESS USMEDDAC SF APO 96346		
DATE 20 April 75	SIGNATURE Neil Rigg-Bach MD			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12	LICENSE NUMBER TEX 3360	STATE TX	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND	DATE 22 April 75	SIGNATURE Robert L. Stoney		
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				

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

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) SNOW, Marjorie, V.		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT
ORGANIZATION DAO/Saigon, Vietnam		DATE OF BIRTH 7 Nov 19		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Multiple Extreme Injury Aircraft Accident				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
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 Neil, RIGGENBACH				TITLE OR DEGREE M. D.
GRADE GS-13	SOCIAL SECURITY ACCT 	INSTALLATION OR ADDRESS US MEDDAC APO 96346		
DATE 23 April 75	SIGNATURE <i>Neil Riggenebach M.D.</i>			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 23 APR 75	SIGNATURE <i>Robert L. Stoney</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 OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				
late disease, injury or complication which caused death, but not mode of dying such as heart failure, etc. conditions contributing to the death, but not related to the disease or condition causing death.				

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

FORM 3565
1 JAN 70
REPLACES DA FORM 10-249 1 APR 69, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 600-10; the preparer agency is Office of the Chief of Staff, Services.

NAME OF DECEASED (Last, First, Middle) STOUT, Barbara L.		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT 111-111-1111
ORGANIZATION DAO/Saigon, Viet Nam		DATE OF BIRTH 10 Feb 15		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE				
DATE OF DEATH (Month, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
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 NEIL RIGGENBACH				TITLE OR DEGREE M. D.
GRADE GS-13	SOCIAL SECURITY ACCT 111-111-1111	INSTALLATION OR ADDRESS US MEDDAC APO 96346		
DATE 30 April 1975		SIGNATURE Neil Rigganbach M.D.		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 30 APR 75	SIGNATURE Robert L. Stoney	
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) WATKINS, Doris J.		GRADE DIAC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT 1
ORGANIZATION DIAC/Saigon, Viet Nam		DATE OF BIRTH 4 Aug 45		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify) OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
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 NEIL, RIGGENBACH			TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT	INSTALLATION OR ADDRESS US MEDDAC APO 96346		
DATE 30 April 1975		SIGNATURE Neil Ruggenbach MD		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER	STATE TEX-3360
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 30 APR 75	SIGNATURE Robert L. Stoney	
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				

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

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) WESLEY, Sharon K.		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT
ORGANIZATION DAO/Saigon Viet Nam		DATE OF BIRTH 14 OCT 46		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL				
ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Year, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
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 NEIL, RIGGENBACH				TITLE OR DEGREE M. D.
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US MEDDAC APO 96346		
DATE 21 April 1975		SIGNATURE Neil Riggengbach MD		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 21 APR 75	SIGNATURE Robert L. Stoney	
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				
<p>¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.</p> <p>² State conditions contributing to the death, but not related to the disease or condition causing death.</p>				

CERTIFICATE OF DEATH (OVERSEAS)

(DA FORM 3565)

U. S. NATIONAL DEPENDENTS

BELL, Michael

BELL, Nova L.

DRYE, Rohn F. III

MOSCHKIN, Marta

CERTIFICATE OF DEATH (OVERSEAS)				
AR 638-40; the proponent agency is Office of the Chief of Support Services.				
NAME OF DECEASED (Last, First, Middle) SMITH, Michael		GRADE US CIV (DEP)	BRANCH OF SERVICE MIL. DEP	SOCIAL SECURITY ACT NO.
ORGANIZATION		DATE OF BIRTH		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
<input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		<input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Airplane Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISK TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 240175		PLACE OF DEATH South Viet Nam		
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 NEAL RIGGENBACH			TITLE OR DEGREE MD	
GRADE GS-13	SOCIAL SECURITY ACT NO.	INSTALLATION OR ADDRESS USMEDDAC APO San Francisco 96346		
DATE 23 April 75	SIGNATURE Neal R. Rigenbach MD			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX 3360	STATE OT-ER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND		DATE 25 Apr 75	SIGNATURE Robert L. Stoney	
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 OT-ER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.

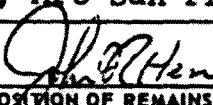
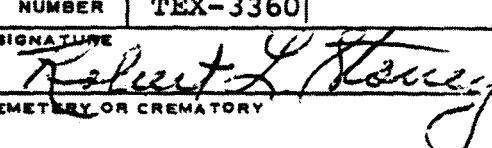
² State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-248 1 APR 68, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BELL, Nova L.		GRADE US CIV	BRANCH OF SERVICE Dependent Wife	SOCIAL SECURITY ACCT NO. 						
ORGANIZATION US Army Dependent Wife		DATE OF BIRTH 24 Jan 47		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">RACE <input checked="" type="checkbox"/> CAUCASOID</td> <td style="width: 50%;">MARITAL STATUS <input checked="" type="checkbox"/> SINGLE</td> </tr> <tr> <td><input type="checkbox"/> NEGROID</td> <td><input checked="" type="checkbox"/> MARRIED</td> </tr> <tr> <td><input type="checkbox"/> OTHER (Specify) </td> <td><input type="checkbox"/> WIDOWED</td> </tr> </table>		RACE <input checked="" type="checkbox"/> CAUCASOID	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> NEGROID	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> OTHER (Specify) 	<input type="checkbox"/> WIDOWED	DIVORCED	PROTESTANT	OTHER (Specify)
RACE <input checked="" type="checkbox"/> CAUCASOID	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE									
<input type="checkbox"/> NEGROID	<input checked="" type="checkbox"/> MARRIED									
<input type="checkbox"/> OTHER (Specify) 	<input type="checkbox"/> WIDOWED									
SEPARATED	CATHOLIC									
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED								
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)								
MEDICAL STATEMENT										
CAUSE OF DEATH (Enter only one cause per line) Multiple Extreme Injury Aircraft Accident				INTERVAL BETWEEN ON SET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹										
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE									
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE									
OTHER SIGNIFICANT CONDITIONS ²										
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES						
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Vietnam								
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 JOHN R. HESS				TITLE OR DEGREE Area Surgeon						
GRADE CPT, MC	SOCIAL SECURITY ACCT NO. 	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232								
DATE 16 May 75		SIGNATURE 								
DISPOSITION OF REMAINS										
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE 						
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232		DATE 16 May 75	SIGNATURE 							
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						
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE						
NAME OF FUNERAL DIRECTOR		ADDRESS								
SIGNATURE OF AUTHORIZED INDIVIDUAL										
<p>¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.</p> <p>² State conditions contributing to the death, but not related to the disease or condition causing death.</p>										

DA FORM 1, JAN 70 **3565**

REPLACES DA FORM 10-240, 1 APR 69, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proper agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

DRYKE, Rohn F. III

GRADE

US CIV(DEC)

BRANCH OF SERVICE

US CIV DEP

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

28 Mar 59

SEX

 MALE
 FEMALE

RACE

MARITAL STATUS

RELIGION

 CAUCASOID

SINGLE

DIVORCED

PROTESTANT

OTHER (Specify)

 INGROD

MARRIED

SEPARATED

CATHOLIC

1. MOTHER (Specify)

WIDOWED

JEWISH

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple Extreme Injury
Aircraft AccidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

MODE OF DEATH

AUTOPSY
PERFORMED

MAJOR FINDINGS OF AUTOPSY

CIRCUMSTANCES SURROUNDING DEATH DUE TO
EXTERNAL CAUSES

NATURAL

 YES

ACCIDENT

 NO

SUICIDE

HOMICIDE

DATE OF DEATH (Year, day, month, year)

PLACE OF DEATH
South Viet NamI 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

TITLE OR DEGREE

NEAL RIGGENBACH

M7

GRADE

GS-13

SOCIAL SECURITY ACCT

NO. - - - - -

INSTALLATION OR ADDRESS

USMEDDAC APO San Francisco 96346

DATE

21 April 1975

SIGNATURE

Neil Riggentbach M7

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

ROBERT L. STONEY

GRADE

GS-12

LICENSE
NUMBER

TEX-3360

STATE

OTHER

INSTALLATION OR ADDRESS

US ARMY MORTUARY THAILAND APO 96232

DATE

21 APR 75

SIGNATURE

Robert L. Stoney

NAME OF CEMETERY OR CREMATORIAL

LOCATION OF CEMETERY OR CREMATORIAL

TYPE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

DATE OF DISPOSITION

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
State conditions contributing to the death, but not related to the disease or condition causing death.FORM 3565
1 JAN 70
REPLACES DA FORM 10-249 1 APR 68, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS)
For use of this form, see AR 628
the proponent agency is Office of the Chief of Supply Services.

NAME OF DECEASED (Last, First, Middle)

RODRIGUEZ, Martha

GRADE

US CIV (DEP)

BRANCH OF SERVICE

US CIV

SOCIAL SECURITY ACCT NO.

1234567890

ORGANIZATION

DATE OF BIRTH

17 MAR 41

SEX

MALE
 FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID	SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid	WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)

INTERVAL BETWEEN
ON SET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹

**Multiple Extreme Injury
Aircraft Accident**

ANTECEDENT
CAUSES

MORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSE

UNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSE

OTHER SIGNIFICANT CONDITIONS²

MODE OF DEATH

AUTOPSY
PERFORMED

YES
 NO

MAJOR FINDINGS OF AUTOPSY

CIRCUMSTANCES SURROUNDING DEATH DUE TO
EXTERNAL CAUSES

DATE OF DEATH (Hour, day, month, year)

4 Apr 75

PLACE OF DEATH

South Vietnam

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

Neil, RIGGENBACH

TITLE OR DEGREE

M. D.

GRADE

SOCIAL SECURITY ACCT NO.

INSTALLATION OR ADDRESS

US MEDDAC APO 96346

DATE

30 April 75

SIGNATURE

Neil Riggenthaler Jr

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

ROBERT L. STONEY

GRADE

GS-12

LICENSE NUMBER

TEX-3360

STATE OTHER

INSTALLATION OR ADDRESS

US ARMY MORTUARY THAILAND APO 96232

DATE

30 APR 75

SIGNATURE

Robert L. Stoney

NAME OF CEMETERY OR CREMATORIAL

LOCATION OF CEMETERY OR CREMATORIAL

TYPE OF DISPOSITION

BURIAL CREMATION 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

CERTIFIED, TRUE COPY

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.

² State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-249 1 APR 69, WHICH IS OBSOLETE.

P. E. Murphy
Lieutenant
Lieutenant Commander
US Navy

AFFIDAVIT

OF

MAJOR JAMES P. PIPER

CONCERNING

THIRD COUNTRY NATIONALS

KILLED AS RESULT OF C-5A ACCIDENT

A F F I D A V I T

I, JAMES P. PIPER, being first duly sworn, depose and say:
That I am a Major in the United States Air Force, currently assigned as Assistant Chief, Claims and Tort Litigation Division, Office of The Judge Advocate General, United States Air Force, Washington, D.C. In this capacity, I have responsibility for the investigation of matters concerning the C5A aircraft accident which occurred near Saigon, Republic of Vietnam on 4 April 1975.

That in the course of inquiring into the facts and circumstances of this accident, I had occasion to interview Mr. William M. Annetti, Disposition Program Director, Directorate of Memorial Affairs, TAGGEN, Department of the Army on 24 June 1975.

That during the course of my conversations with Mr. Annetti, he imparted certain information to me concerning the identity of certain third country nationals who were killed as a result of the aforementioned aircraft accident.

That the following list was furnished to Mr. Annetti in the normal course of business by the Commanding Officer, United States Army Mortuary, Thailand, and that it was imparted to Mr. Annetti in substance as it appears below, and further, that the list comprises a complete roster of all third country nationals who were killed as a result of the accident and reflects their citizenship, which citizenship in each and every case was verified by each respective government;

1. Bridgett Blank - German national
2. Margaret Moses - Australian national
3. Sister Ursula - Malaysian national
4. Maria Makksgyoartka - Australian national
5. Theodora (Polly) Bui - German national
6. Tina Bui - German national
7. Kim Lam Michale (Lam Gulozzi) Bui - German National
8. Kim Long David (Long Fulozzi) Bui - German National

That Kim Lam Michale (Lam Gulozzi) Bui, 11 years of age and Kim Long David (Long Gulozzi) Bui, 5 months of age, were children of Theodora (Polly) Bui and that these children were originally listed as deceased orphans.

That the foregoing was related to me by the aforementioned William M. Annetti and is true and correct to the best of my knowledge and represents an accurate restatement of my conversation with the aforementioned William M. Annetti.

(SEAL)

~~JAMES P. PIPER, Major, USAF~~
~~Assistant Chief Claims and Tort~~
~~Litigation Division~~
~~Office of The Judge Advocate General~~

WITH THE U.S. ARMED FORCES)
AT HQ USAF/JACC, WASH D.C.)
ss:

1975 Subscribed and sworn to before me this 27th day of June
in the City of Washington, District of Columbia.

Robert G. Douglass (JUDGE ADVOCATE)
ROBERT G. DOUGLASS, Major, USAF
Hq USAF/JACC, Wash D.C. 20314

CERTIFICATE OF DEATH (OVERSEAS)

(DA FORM 3565)

OF

8 FOREIGN NATIONALS

<u>NAME</u>	<u>NATIONALITY</u>	<u>DATE OF BIRTH</u>
BLANK, Birgit	German	Not listed
BUI, Kim Long	German	5 Nov 74
BUI, Kim Lam	German	7 Jul 63
BUI, Theodora Dolly	German	27 Mar 36
BUI, Kim Lien	German	7 Jan 62
MOSES, Margaret	Australian	Not listed
MAKK, Gyoparka M.	Australian	10 Jul 45
URSULA, Mary	Malasian	Not listed

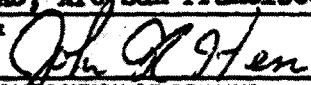
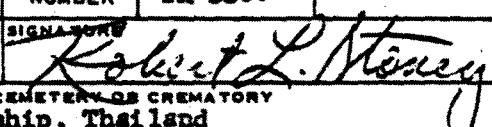
CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BLANK, Birgit		GRADE N/A	BRANCH OF SERVICE German Citizen	SOCIAL SECURITY ACCT NO. N/A
ORGANIZATION Friends For All Children Saigon, Vietnam		DATE OF BIRTH		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH	OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (List only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH /		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS				
MODE OF DEATH	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 14 Apr 75		PLACE OF DEATH South Viet Nam		
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 NEIL RIGGENBACH			TITLE OR DEGREE M.D.	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US MEDDAC APO 96346		
DATE 23 Apr 75	SIGNATURE Neil Rigenbach MD			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE CS-12	LICENSE NUMBER	STATE TEX-3360
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 23 Apr 75	SIGNATURE Robert L. Stoney	OTHER
NAME OF CEMETERY OR CREMATORIUM BANGKOK CHRISTIAN CEMETERY		LOCATION OF CEMETERY OR CREMATORIUM BANGKOK, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION 12 June 75	
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 635-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
BUI, Kim Long, aka David Gallozzi		NA	NA	NA
ORGANIZATION		DATE OF BIRTH		SEX
NA		5 NOV 74		<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE	MARITAL STATUS		RELIGION	
CAUCASOID	SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	MARRIED	SEPARATED	CATHOLIC	
XX OTHER (Specify) Mongoloid	WIDOWED		JEWISH	
NAME OF NEXT OF KIN MR. VAN TO BUI		RELATIONSHIP TO DECEASED FATHER		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ²		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ³				
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL	<input type="checkbox"/> YES			
X ACCIDENT	<input checked="" type="checkbox"/> NO			
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 April 75		PLACE OF DEATH South Viet Nam		
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 John R. Hess			TITLE OR DEGREE Area Surgeon	
GRADE	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS		
CPT, MC		USMEDDAC, APO San Francisco 96232		
DATE	SIGNATURE 			
21 May 1975				
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE	LICENSE NUMBER	STATE
US ARMY MORTUARY THAILAND		GS-12	TX-3360	OTHER
INSTALLATION OR ADDRESS		DATE	SIGNATURE 	
Sattahip Wat		21 May 1975		
NAME OF CEMETERY OR CREMATORIAL Sattahip Wat		LOCATION OF CEMETERY OR CREMATORIAL Sattahip, Thailand		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL (Specify) shipped by Air		DATE OF DISPOSITION 12 June 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
BUI, Kim Lam "Michel" aka Lam Gallozzi		NA	German Nat'l	
ORGANIZATION		DATE OF BIRTH		SEX
NA		7 JUL 63		<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE		MARITAL STATUS		RELIGION
CAUCASOID		SINGLE	DIVORCED	PROTESTANT
NEGROID		MARRIED	SEPARATED	CATHOLIC
XX OTHER (Specify) MONGOLOID		WIDOWED		JEWISH
NAME OF NEXT OF KIN MR. VAN TO BUI		RELATIONSHIP TO DECEASED FATHER		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
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
NATURAL	<input type="checkbox"/> YES			
X ACCIDENT	<input checked="" type="checkbox"/> NO			
SUICIDE				
HOMICIDE				
DATE OF DEATH (Month, day, month, year)	PLACE OF DEATH South Viet Nam			
4 Apr 75	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 John R. Hess			TITLE OR DEGREE Area Surgeon	
GRADE	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232		
CPT, MC				
DATE	SIGNATURE <i>John R. Hess</i>			
21 May 75				
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE	LICENSE NUMBER	STATE
US ARMY MORTUARY THAILAND		GS-12	TX-3360	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND		DATE	SIGNATURE	<i>Robert L. Stoney</i>
NAME OF CEMETERY OR CREMATORIAL Sattahip Wat		LOCATION OF CEMETERY OR CREMATORIAL Sattahip, Thailand		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION		REMOVAL (Specify) Shipped by Air		DATE OF DISPOSITION 12 June 1975
REGISTRY (Town and Country)		DATE REGISTERED		FILE NUMBER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 639-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT
BUI, Theodora Dolly		N/A	N/A	Now PIP

ORGANIZATION		DATE OF BIRTH	SEX
Friends For All Children		27 March 36	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE

RACE	MARITAL STATUS		RELIGION	OTHER (Specify)
XX CAUCASOID	SINGLE	DIVORCED	PROTESTANT	
NEGROID	XX MARRIED	SEPARATED	CATHOLIC	
OTHER (Specify)	WIDOWED		JEWISH	

NAME OF NEXT OF KIN	RELATIONSHIP TO DECEASED
Van To Bui	Husband

STREET ADDRESS	CITY OR TOWN AND STATE (Include ZIP Code)
----------------	---

MEDICAL STATEMENT

CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH
---	--	--------------------------------------

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident
--	--	--

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
NATURAL	<input type="checkbox"/> YES		
XX ACCIDENT	<input checked="" type="checkbox"/> NO		
SUICIDE			
HOMICIDE			

DATE OF DEATH (Year, day, month, year)	PLACE OF DEATH
4 Apr 75	South Viet Nam

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	TITLE OR DEGREE	
JOHN R. HESS	AREA SURGEON	

GRADE	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS
CPT, MC		USMEDDAC, APO San Francisco 96232

DATE	SIGNATURE
21 May 75	<i>John R. Hess</i>

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER	STATE	OTHER
Robert L. Stoney	GS-12		TEX-3360	

INSTALLATION OR ADDRESS	DATE	SIGNATURE
US ARMY MORTUARY THAILAND APO 96232	21 May 75	<i>Robert L. Stoney</i>

NAME OF CEMETERY OR CREMATORIUM	LOCATION OF CEMETERY OR CREMATORIUM
Settahip Wat	Settahip, Thailand

TYPE OF DISPOSITION	DATE OF DISPOSITION
<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL (Specify) Shipped by Air	12 June 1975

REGISTRATION OF VITAL STATISTICS	
REGISTRY (Town and Country)	DATE REGISTERED
FILE NUMBER	STATE
	OTHER

NAME OF FUNERAL DIRECTOR	ADDRESS
--------------------------	---------

SIGNATURE OF AUTHORIZED INDIVIDUAL	
------------------------------------	--

TCCL 0051-75 (C)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)
EW/BACK, Mai Bellast

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION
MA

DATE OF BIRTH

SEX

 MALE
 FEMALE

RACE	MARITAL STATUS			RELIGION	
CAUCASOID	<input checked="" type="checkbox"/>	SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID		MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UD		WIDOWED		JEWISH	
NAME OF NEXT OF KIN			RELATIONSHIP TO DECEASED		
STREET ADDRESS			CITY OR TOWN AND STATE (Include ZIP Code)		

MEDICAL STATEMENT

CAUSE OF DEATH

(Enter only one cause per line)

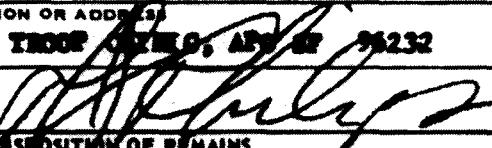
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH¹
Multiple extreme injuries, aircraft accidentINTERVAL BETWEEN
ON SET AND DEATH

ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	

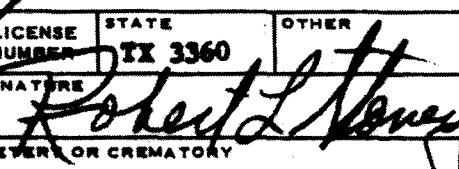
OTHER SIGNIFICANT CONDITIONS²

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

DATE OF DEATH (Hour, day, month, year)
4 April 1975PLACE OF DEATH
South VietnamI 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 Robert J. Philips		TITLE OR DEGREE M.D. - Area Surgeon		
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CENTER, APO 96232		
DATE 29 July 1975		SIGNATURE 		

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney	GRADE GS-12	LICENSE NUMBER TX 3360	STATE TX	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232	DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORIAL WAT BASADORN THUM SAMKHEE CEMETORY	LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTAHIP, THAILAND			
TYPE OF DISPOSITION (3Aug75)	<input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION 3 August 1975

REGISTRATION OF VITAL STATISTICS

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

SIGNATURE OF AUTHORIZED INDIVIDUAL

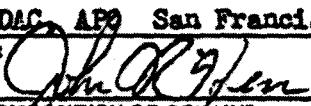
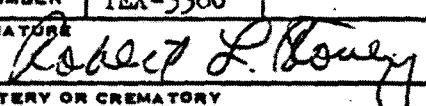
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-249, 1 APR 69, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 620-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BUI, Kim Lien, "Tina"		GRADE NA	BRANCH OF SERVICE German Nat'l	SOCIAL SECURITY ACCT NO. PP4 - 11111
ORGANIZATION NA		DATE OF BIRTH 7 Jan 62		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
XX NEGROID XX OTHER (Specify) Mongoloid		MARRIED		CATHOLIC
NAME OF NEXT OF KIN MR VAN TO BUI		SEPARATED WIDOWED		JEWISH
RELATIONSHIP TO DECEASED FATHER				
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury		
		Aircraft Accident		
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
NATURAL	<input type="checkbox"/> YES			
XX ACCIDENT	<input checked="" type="checkbox"/> NO			
SUICIDE				
HOMICIDE				
DATE OF DEATH (Year, day, month, year)	PLACE OF DEATH			
4 Apr 75	South Viet Nam			
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 John R. Hess			TITLE OR DEGREE Area Surgeon	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO. -----	INSTALLATION OR ADDRESS USMEDDAC APO San Francisco 96232		
DATE 21 May 75	SIGNATURE 			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232		DATE 21 May 75	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL Sattahip Wat		LOCATION OF CEMETERY OR CREMATORIAL Sattahip, Thailand		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION		REMOVAL (Specify) Shipped by Air		DATE OF DISPOSITION 12 June 1975
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) MOSES, Margaret		GRADE AUST CIT	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION Friends For All Children Saigon, Vietnam		DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input checked="" type="checkbox"/> PROTESTANT <input checked="" type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH	OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MOREND CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 NEIL RIGGENBACH			TITLE OR DEGREE M.D.	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US MEDDAC APO 96346		
DATE 22 May 1975	SIGNATURE <i>Neil Rigggenbach M.D.</i>			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER	STATE TX-3360
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 22 May 1975	SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORIAL Sattship Wat		LOCATION OF CEMETERY OR CREMATORIAL Sattship, Thailand		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION		REMOVAL (Specify) Shipped by Air		DATE OF DISPOSITION 12 June 1975
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

AFRICA/EUROPE DEATH (OVERSEAS)

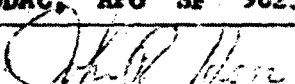
For use of this report, DA FORM 10-246; the proponent agency is Office of the Chief of Supply Services.

NAME OF DECEASED (Last, First, Middle) MARK, Gyopatra N.		GRADE AUS: CPT	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION Friends For All Children Saigon, Vietnam		DATE OF BIRTH 20 JUL 45		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH	OTHER (Specify)
NAME OF NEXT OF KIN MR & MRS BUTTERWORTH		RELATIONSHIP TO DECEASED PARENTS		
STREET ADDRESS 28 HIGHVIEW TCE		CITY OR TOWN AND STATE (Include ZIP Code) DAISY HILL, QUEENSLAND, AUSTRALIA		

MEDICAL STATEMENT

CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident	
ANTECEDENT CAUSE	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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL ACCIDENT SUICIDE HOMICIDE			

DATE OF DEATH (Hour, day, month, year)
4 April 1975PLACE OF DEATH
South VietnamI 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 John R. Hess		TITLE OR DEGREE Area Surgeon	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC, APO SF 98232	
DATE 21 May 1975	SIGNATURE 		
DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TX-3360
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND		DATE 21 May 1975	SIGNATURE 
NAME OF CEMETERY OR CREMATORIAL Battleship Kat		LOCATION OF CEMETERY OR CREMATORIAL Battleship, Thailand	
TYPE OF DISPOSITION <input type="checkbox"/> SUFFLAGE <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION 12 June 1975	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER
NAME OF MORTICIAN		ADDRESS	STATE

¹Primary disease, injury or complication which caused death, but not directly. A disease may be the cause of death, but not the primary cause if it is not directly related to the disease or condition causing death.

²State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 356

REPLACES DA FORM 10-246, 1 APR 69, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) URSULA, Mary (nee-Agatha- LEE)		GRADE N/A	BRANCH OF SERVICE Malaysian Citizen	SOCIAL SECURITY ACCT NO. N/A
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ORGANIZATION Good Shepherd Sisters Srihlong, South Vietnam		DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
--	--	---------------	--	--

RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify) Mongoloid		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	RELIGION <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH	OTHER (Specify)
---	--	--	---	-----------------

NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
---------------------	--	--------------------------	--	--

STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
----------------	--	---	--	--

MEDICAL STATEMENT

CAUSE OF DEATH (Enter only one cause per line)			INTERVAL BETWEEN ON SET AND DEATH
---	--	--	--------------------------------------

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident	
--	--	--	--

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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	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			

DATE OF DEATH (Hour, day, month, year) 4 Apr 75	PLACE OF DEATH South Vietnam
--	---------------------------------

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 John R. Hess			TITLE OR DEGREE Area Surgeon
---	--	--	---------------------------------

GRADE Cpt, MC	SOCIAL SECURITY ACC NO.	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232		
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DATE 30 Apr 75	SIGNATURE <i>John R. Hess</i>			
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DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12	LICENSE NUMBER	STATE TEX-3360	OTHER
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INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232	DATE 19 Apr 75	SIGNATURE <i>Robert L. Stoney</i>		
--	-------------------	--------------------------------------	--	--

NAME OF CEMETERY OR CREMATORIAL LOCATION OF CEMETERY OR CREMATORIAL				
--	--	--	--	--

TYPE OF DISPOSITION <input type="checkbox"/> DURATION <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION 12 May 75			
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REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER
-----------------------------	-----------------	----------------	-------	-------

NAME OF FUNERAL DIRECTOR	ADDRESS			
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SIGNATURE OF AUTHORIZED INDIVIDUAL				
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CERTIFICATE OF DEATH (OVERSEAS)

DA FORM 3565

OF

79 VIETNAMESE NATIONAL CHILDREN

TCIL 0034-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)
KVB FITCH, Cuong HIEU

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION
MA

DATE OF BIRTH

SEX

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUSASOID

SINGLE

DIVORCED

PROTESTANT

OTHER (Specify)

NEGROID

MARRIED

SEPARATED

CATHOLIC

 OTHER (Specify) **UHD**

WIDOWED

JEWISH

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH

(Enter only one cause per line)

INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple extreme injuries, aircraft
accidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²MODE OF DEATH
NATURAL
 ACCIDENT
SUICIDE
HOMICIDEAUTOPSY
PERFORMED
 YES
 NO

MAJOR FINDINGS OF AUTOPSY

CIRCUMSTANCES SURROUNDING DEATH DUE TO
EXTERNAL CAUSESDATE OF DEATH (Hour, day, month, year)
4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Philips

TITLE OR DEGREE

M.D. - Area Surgeon

GRADE
O3SOCIAL SECURITY ACCT
NO.

INSTALLATION OR ADDRESS

96232

DATE

29 July 1975

SIGNATURE

Robert J. Philips

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS
Robert L. Stoney

GRADE

O5-12LICENSE
NUMBER**TX 3360**

OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE

Robert L. Stoney

NAME OF CEMETERY OR CREMATORIUM

WAT RASABORN THUM SAMAKK CEMETORY

LOCATION OF CEMETERY OR CREMATORIUM

KM 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(3 Aug 75) BURIAL CREMATION REMOVAL (Specify)

DATE OF DISPOSITION

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

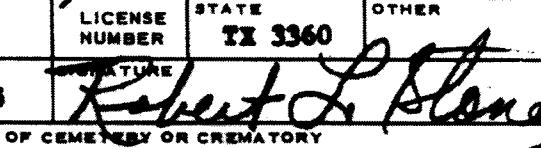
SIGNATURE OF AUTHORIZED INDIVIDUAL

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

THEIL 0834-75 (B)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BBB BOA		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION MA		DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) WID		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION PROTESTANT CATHOLIC JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident		
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 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL				
ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Philips			TITLE OR DEGREE M.D. - Army Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, MC 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER	STATE TX 3360
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	OTHER
NAME OF CEMETERY OR CREMATORIAL WAT BASADORN THUM SAMAKH CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KLIO 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION (Aug 75) <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION 8 August 1975
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

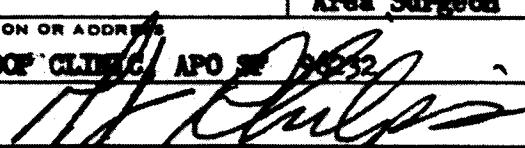
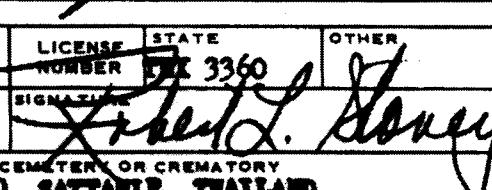
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-249, 1 APR 69, WHICH IS OBSOLETE.

INCIL 0034-75 (C)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BIB OTTERSON, Tom		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) UTD		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) MULTIPLE extreme injuries, aircraft crash				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Philips			TITLE OR DEGREE Area Surgeon M.D.	
GRADE O3	SOCIAL SECURITY ACCT NO. 000-00-0000	INSTALLATION OR ADDRESS USA TROOP CLINIC APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE O3-12	LICENSE NUMBER 000-00000000	STATE 3360
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT BASABORN THUM SAMAKK CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTAMP, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) (8 Aug 75)		DATE OF DISPOSITION 8 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

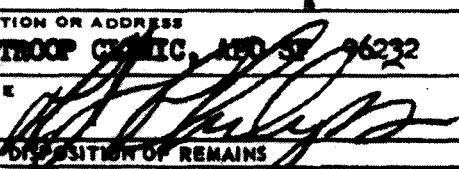
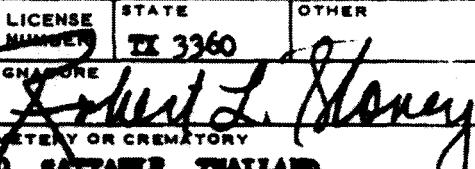
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-249 1 APR 59, WHICH IS OBSOLETE.

INCIL 0034-75 (D)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BB ENGST, Symphony		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) UTD		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft crash		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips		TITLE OR DEGREE Area Surgeon M.D.		
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360	STATE TX
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	OTHER
NAME OF CEMETERY OR CREMATORIAL WAT RASADORN THUM SAMAKET CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) (Aug 75)		DATE OF DISPOSITION 8 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

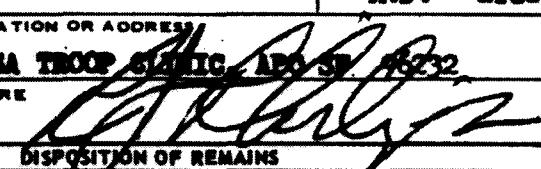
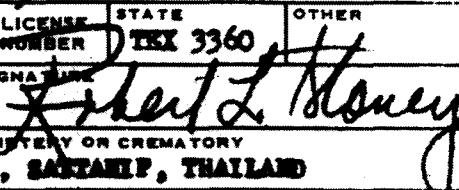
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-249, 1 APR 69, WHICH IS OBSOLETE.

THCIL 0034-75 (E)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

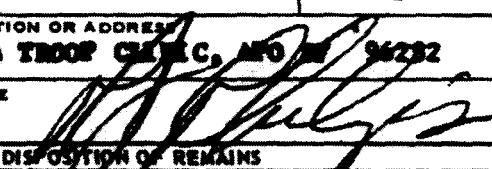
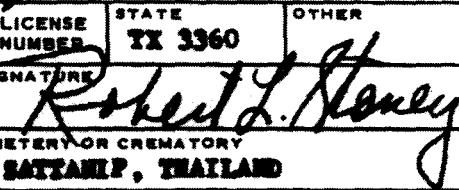
NAME OF DECEASED (Last, First, Middle) BIT NAI THAN, Anh Linh		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE CAUSASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
NEGROID		MARRIED		CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) UFD		WIDOWED		JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Multiple extreme injuries, aircraft crash				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
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 NATURAL	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input checked="" type="checkbox"/> ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips		TITLE OR DEGREE M.D. - Area Surgeon		
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP STATION APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER THX 3360	STATE THAILAND
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT RASADORN THIN SAMAKKHE CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KHO 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION (Aug 75)		<input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION 8 August 1975
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

TCCL 0035-75

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) ATL/ CHEWALLIE		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION SA		DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) Mongolid		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION PROTESTANT CATHOLIC JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Multiple external injuries, aircraft accident				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips			TITLE OR DEGREE M.D. - Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT 44-12345678	INSTALLATION OR ADDRESS USA TROOP CAMP, APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE O5-12	LICENSE NUMBER TX 3360	STATE OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT RASABORN THUM SAMAKH CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KLIO 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION (3 Aug 75) <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION		DATE OF DISPOSITION 3 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

THCIL 0046-75 (A)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

CERTIFICATE OF DEATH (OVERSEAS)

NAME OF DECEASED (Last, First, Middle)

SFC LESTE, C.S.

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

NA

DATE OF BIRTH

Unknown

SEX

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
OTHER (Specify) UTD	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	

OTHER SIGNIFICANT CONDITIONS²

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

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Phillips

TITLE OR DEGREE

Area Surgeon MD

GRADE	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS
03		USA TROOP CLINIC, APO 96232
DATE	SIGNATURE	

29 July 1975

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER	STATE	OTHER
Robert L. Stoney	03-12		TX 3360	

INSTALLATION OR ADDRESS	DATE	SIGNATURE
USA Mortuary, Thailand APO 96232	29 July 1975	Robert L. Stoney

NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY
WAT BASADORN THUM SAMARAK CEMETORY	KILO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION	DATE OF DISPOSITION
<input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	8 August 1975

REGISTRATION OF VITAL STATISTICS

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

SIGNATURE OF AUTHORIZED INDIVIDUAL

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-248, 1 APR 69, WHICH IS OBSOLETE.

THEIL 0046-75 (B)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)
H/3/THU YOUNG, Thuy Trang

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

IA

DATE OF BIRTH

Unknown

SEX

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUSASOID

 SINGLE

DIVORCED

PROTESTANT

OTHER (Specify)

NEGROID

 MARRIED SEPARATED

CATHOLIC

 OTHER (Specify)

UND

 WIDOWED

JEWISH

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple extreme injuries, aircraft
accidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

MODE OF DEATH

AUTOPSY
PERFORMED YES
 NO

MAJOR FINDINGS OF AUTOPSY

CIRCUMSTANCES SURROUNDING DEATH DUE TO
EXTERNAL CAUSES

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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
Robert J. PhillipsTITLE OR DEGREE
M.D. - Area SurgeonGRADE
03SOCIAL SECURITY ACCT
NO.INSTALLATION OR ADDRESS
USA TROOP CLINIC, APO 96232DATE
29 July 1975

SIGNATURE

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Stoney

GRADE

05-12

LICENSE
NUMBERSTATE
TX 3360

OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE

Robert L. Stoney

NAME OF CEMETERY OR CREMATORY

WAT RASABODH THUM SAMAKORN CEMETORY

LOCATION OF CEMETERY OR CREMATORY

KMO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(3 Aug 75)

DATE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

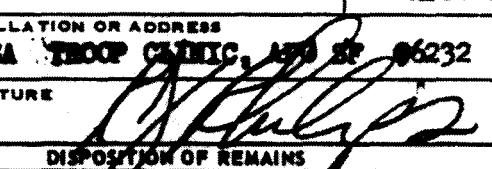
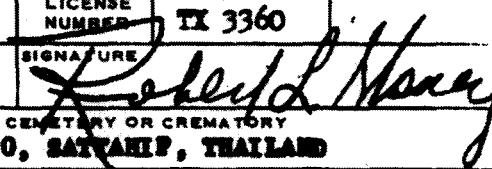
SIGNATURE OF AUTHORIZED INDIVIDUAL

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

THCIL 0046-75 (D)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BTB XUAN, My D'Anna		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE CAUCASOID		MARITAL STATUS X SINGLE		RELIGION PROTESTANT
NEBROID		MARRIED		CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) UTD		WIDOWED		SEPARATED
OTHER (Specify) UTD				JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident		
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 NATURAL	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 1 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips			TITLE OR DEGREE Area Surgeon, M.D.	
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360	STATE OTHER
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		DATE 29 July 1965	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT RASADORN THIN SAMAKH CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) (Aug 75)		DATE OF DISPOSITION 8 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

TCIL 0049-75 (C)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)
HOB/EMALD, Denise M.

GRADE BRANCH OF SERVICE SOCIAL SECURITY ACCT NO.

ORGANIZATION
USA

DATE OF BIRTH

Unknown

SEX

 MALE
 FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) USA	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident	
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
NATURAL	<input type="checkbox"/> YES		
<input checked="" type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> NO		
SUICIDE			
HOMICIDE			

DATE OF DEATH (Year, day, month, year)

PLACE OF DEATH
South VietnamI 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	TITLE OR DEGREE
Robert J. Philips	M.D. - Area Surgeon

GRADE	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS
03		USA TROOP CLINIC, APO 96232
DATE	SIGNATURE	<i>Robert J. Philips</i>

DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER	STATE	OTHER
Robert L. Stoney	GS-12		TX 3360	
INSTALLATION OR ADDRESS	DATE	SIGNATURE	<i>Robert L. Stoney</i>	
US Army Mortuary, Thailand APO 96232	29 July 1975			
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY			
WAT BASABORNE THUM SAMAKORN CEMETORY	KLO 10, SATTAHIP, THAILAND			

TYPE OF DISPOSITION	(3Aug75)	DATE OF DISPOSITION
<input checked="" type="checkbox"/> BURIAL	<input type="checkbox"/> CREMATION	<input type="checkbox"/> REMOVAL (Specify)

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

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-240 1 APR 58, WHICH IS OBSOLETE.

TCIL 0049-75 (B)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)
TCIL 0049-75 (B)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

RA

DATE OF BIRTH

Unknown

SEX

 MALE
 FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident	
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"/> YES		
<input checked="" type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> NO		
SUICIDE			
HOMICIDE			

DATE OF DEATH (Hour, day, month, year)

4 April 1975

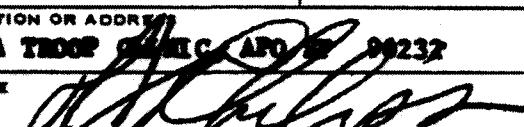
PLACE OF DEATH

South Vietnam

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
Robert J. Phillips

TITLE OR DEGREE

M.D. - Area Surgeon

GRADE 03	SOCIAL SECURITY ACCT N	INSTALLATION OR ADDRESS USA TROOP 44C APO 96232
DATE 29 July 1975	SIGNATURE 	

DISPOSITION OF REMAINS

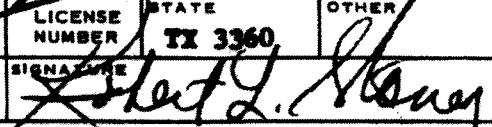
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney	GRADE GS-12	LICENSE NUMBER TX 3360	STATE	OTHER
---	----------------	------------------------------	-------	-------

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE


NAME OF CEMETERY OR CREMATORIAL

WAT BASADORN THINN SAMAKK CEMETORY

LOCATION OF CEMETERY OR CREMATORIAL

KILO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION
(Aug 75) BURIAL CREMATION REMOVAL (Specify)

DATE OF DISPOSITION

8 August 1975

REGISTRATION OF VITAL STATISTICS

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

SIGNATURE OF AUTHORIZED INDIVIDUAL

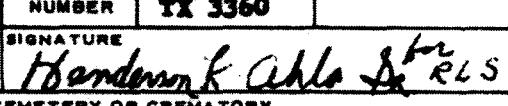
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-240 1 APR 59, WHICH IS OBSOLETE.

TICKL 0051-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 635-40; the proponent agency is Office of the Chief of Support Services.

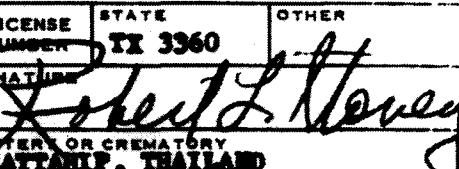
NAME OF DECEASED (Last, First, Middle) EDWARD BRANDT, Mose		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION RA		DATE OF BIRTH Unknown		SEX Male <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
NEGROID		MARRIED		CATHOLIC
OTHER (Specify) Mongoloid		WIDOWED		JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident		
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 NATURAL	AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Philips			TITLE OR DEGREE M.D. - Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT N	INSTALLATION OR ADDRESS USA THAI CHINESE CAMP 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360	STATE OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT RASADORN THINH SAMARAK CEMETORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAMIP, THAILAND		
TYPE OF DISPOSITION (3 Aug 75)		<input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION 8 August 1975
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

TICLL 0051-75 (B)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

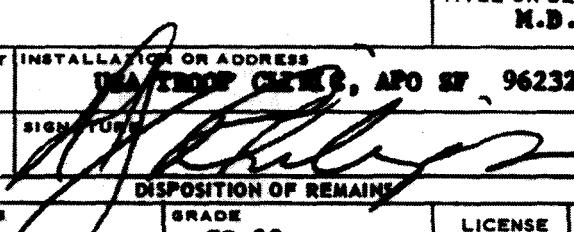
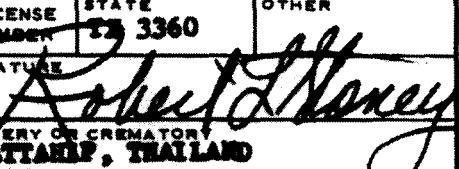
NAME OF DECEASED (Last, First, Middle) MR/THANH, Duguine		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION MA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE CAUSASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
NEGROID		MARRIED		CATHOLIC JEWISH
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		WIDOWED		
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident		
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"/> YES			
<input checked="" type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> NO			
<input type="checkbox"/> SUICIDE				
<input type="checkbox"/> HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Philips			TITLE OR DEGREE M.D. - Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO. - - - - -	INSTALLATION OR ADDRESS USA TROOP CLINIC APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE O5-12	LICENSE NUMBER TX 3360	STATE TX
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT NAGADORN THUM SAMKHEE CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTANIP, THAILAND		
TYPE OF DISPOSITION (3 Aug 75)		<input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION 8 August 1975
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

TCIL 0051-75 (B)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) STB/EMM, Jacques		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION MA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION PROTESTANT CATHOLIC JEWISH OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips			TITLE OR DEGREE M.D. - Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US TROOP CAMP, APO SF 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER 12 3360	STATE OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIUM WAT BASABORN THUM SAMAKORN CEMETORY			LOCATION OF CEMETERY OR CREMATORIUM KILO 10, SATTAMP, THAILAND	
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION (8 Aug 75)			DATE OF DISPOSITION 8 August 1975	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

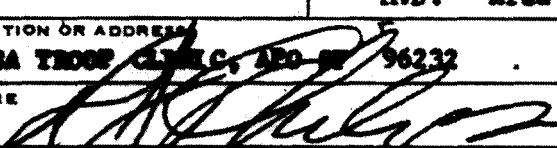
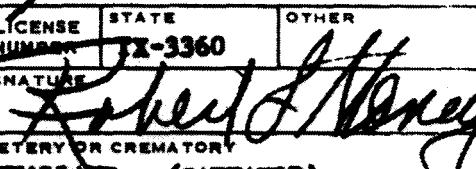
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-249, 1 APR 59, WHICH IS OBSOLETE.

THECL 0054-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) HTB/LORE, Tien		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION MA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input checked="" type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH	
<input checked="" type="checkbox"/> OTHER (Specify) WTD				
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Philips			TITLE OR DEGREE M.D. - Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CAMP C, APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX-3360	STATE TX
INSTALLATION OR ADDRESS US Army Mortuary, Thailand, APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT BASADORN THIN SAMAKH CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KL0 10, THAILAND (BATTALIP)		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION		(3 Aug 75)		DATE OF DISPOSITION 8 August 1975
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE TX
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				
1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc. 2 State conditions contributing to the death, but not related to the disease or condition causing death.				

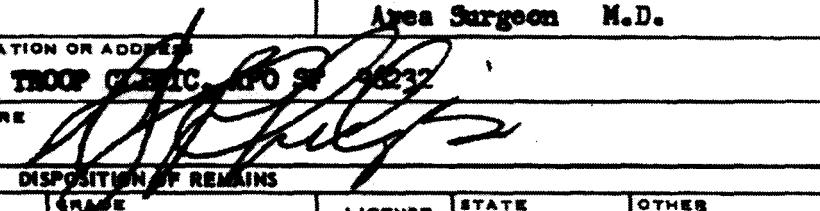
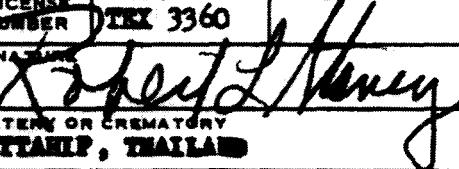
DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-249 1 APR 59, WHICH IS OBSOLETE.

TRICIL 0024-75 (B)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BTB VALAINE, Pascal		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) UD		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input checked="" type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISK TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	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				
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips			TITLE OR DEGREE Area Surgeon M.D.	
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CENTER APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE O8-12	LICENSE NUMBER TEX 3360	STATE TEX
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	OTHER
NAME OF CEMETERY OR CREMATORIES WAT RASABORN THUM SAMAKORN CEMETORY		LOCATION OF CEMETERY OR CREMATORIES KM 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) (3 Aug 75)			DATE OF DISPOSITION 8 August 1975	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-248 1 APR 59, WHICH IS OBSOLETE.

TCIL 0054-75 (C)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) **MR/Viet** GRADE BRANCH OF SERVICE SOCIAL SECURITY ACCT NO. ORGANIZATION **USA**

DATE OF BIRTH

SEX

Unknown

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUSASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UD	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident	
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
NATURAL	<input type="checkbox"/> YES		
<input checked="" type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> NO		
SUICIDE			
HOMICIDE			

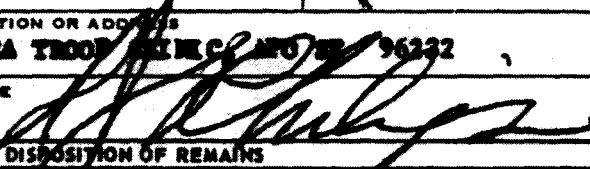
DATE OF DEATH (Hour, day, month, year)

4 April 1975

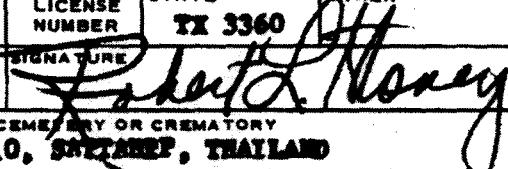
PLACE OF DEATH

South Vietnam

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 Robert J. Philips		TITLE OR DEGREE M.D. - Area Surgeon	
GRADE 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOPING CENTER APO 96232	
DATE 29 July 1975		SIGNATURE 	

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney	GRADE GS-12	LICENSE NUMBER TX 3360	STATE OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232	DATE 29 July 1975	SIGNATURE 	

NAME OF CEMETERY OR CREMATORIAL WAT BASADORN THUM SAMAKH CEMETORY	LOCATION OF CEMETERY OR CREMATORIAL KM 10, SAKHON, THAILAND
---	---

TYPE OF DISPOSITION (3 Aug 75)	<input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION 8 August 1975
--	---	---

REGISTRATION OF VITAL STATISTICS

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

SIGNATURE OF AUTHORIZED INDIVIDUAL

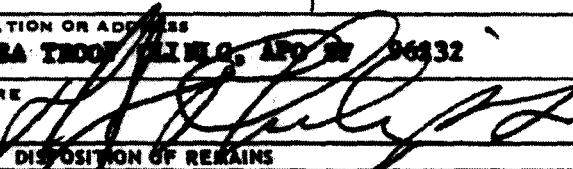
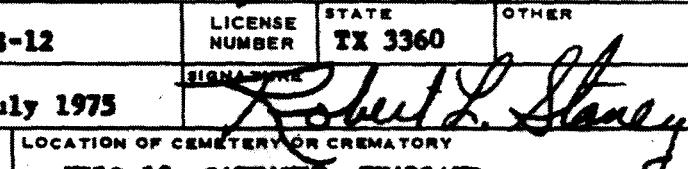
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-248 1 APR 69, WHICH IS OBSOLETE.

TMCL 0055-75 (B)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) WILSON, Elizabeth		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION RA		DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Multiple extreme injuries, aircraft accident				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Philips			TITLE OR DEGREE M.D. - Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO	INSTALLATION OR ADDRESS USA TROOP BLDG APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER	STATE TX 3360
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT BASABORN THUM SAMAKORN CEMETORY			LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTAHIP, THAILAND	
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) (3 Aug 75)			DATE OF DISPOSITION 8 August 1975	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

TCIL 0098-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)

Use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

TCIL 0098-75 (A)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

MA

DATE OF BIRTH

Unknown

SEX UTD MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> UTD	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple extreme injuries, aircraft
accidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

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

DATE OF DEATH (Day, Month, Year)
4 April 1975PLACE OF DEATH
South VietnamI 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
Robert J. PhillipsTITLE OR DEGREE
M.D. - Area SurgeonGRADE
03SOCIAL SECURITY ACCT
NO.INSTALLATION OR ADDRESS
USA TROOP COMIC APO 96232DATE
29 July 1975

SIGNATURE

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Stoner

GRADE

O-2

LICENSE
NUMBER

TX 3360

STATE

OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE

Robert L. Stoner

NAME OF CEMETERY OR CREMATORIAL

WAT RASADORN THUM SAMAKH CEMETORY

LOCATION OF CEMETERY OR CREMATORIAL

KILO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(3 Aug 75)

DATE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-249 1 APR 59, WHICH IS OBSOLETE.

TCCL 0019-75, (A)

CERTIFICATE OF DEATH (OVERSEAS)

Part of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)
HUBER, Michael

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

SEX

DA

Unknown

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID	<input checked="" type="checkbox"/>	SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID		MARRIED		CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) <u>U.S.D.</u>		WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH

(Enter only one cause per line)

INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple extreme injury aircraft
accidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

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

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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
Robert J. PhilipsTITLE OR DEGREE
M.D.-Area SurgeonGRADE
03SOCIAL SECURITY ACCT
NO.

INSTALLATION OR ADDRESS

USA TROOP CAMP, APO 96232

DATE

29 July 1975

SIGNATURE

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS
Robert L. Stoney

GRADE

GS-12

LICENSE
NUMBERSTATE
TX 3360

OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE

Robert L. Stoney

NAME OF CEMETERY OR CREMATORIAL

WAT RASADORN THUM SAMARKE CEMETORY

LOCATION OF CEMETERY OR CREMATORIAL

KHO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(Aug 75)

DATE OF DISPOSITION

8 August 1975

 BURIAL CREMATION REMOVAL (Specify)

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

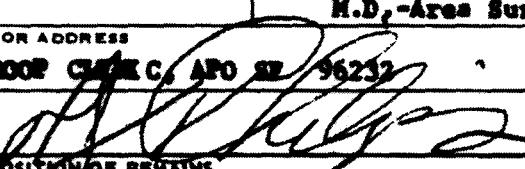
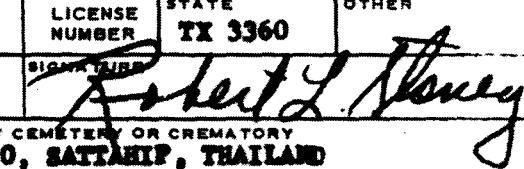
SIGNATURE OF AUTHORIZED INDIVIDUAL

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

TCIL 0019-75-(3)

CERTIFICATE OF DEATH (OVERSEAS)

Use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) MCN/ANDREW		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION MA		DATE OF BIRTH UNKNOWN		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) UIC		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Multiple extreme injury aircraft accident				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Philips			TITLE OR DEGREE M.D., Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CAMP, APO SW 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER	STATE TX 3360
INSTALLATION OR ADDRESS US Army Mortuary, Thailand, APO 96232		DATE 29 July 1975	SIGNATURE 	OTHER
NAME OF CEMETERY OR CREMATORIAL WAT RASABORN THUM SAMAKH CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL ROUTE 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION (Aug 75) <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION		DATE OF DISPOSITION 8 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

TCIL 0028-75 (B)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)
HIB/MCLAUGHLIN, Deon

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

SEX

MA

Unknown

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID

 SINGLE

DIVORCED

PROTESTANT

OTHER (Specify)

NEGROID

 MARRIED SEPARATED

CATHOLIC

 OTHER (Specify)

WIDOWED

 JEWISH

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH

(Enter only one cause per line)

INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple extreme injuries, aircraft
accidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEOTHER SIGNIFICANT CONDITIONS²

MODE OF DEATH

AUTOPSY
PERFORMED YES NO

MAJOR FINDINGS OF AUTOPSY

CIRCUMSTANCES SURROUNDING DEATH DUE TO
EXTERNAL CAUSES

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Philips

TITLE OR DEGREE

M.D. - Area Surgeon

GRADE

SOCIAL SECURITY ACCT
NO.

INSTALLATION OR ADDRESS

03

USA TROOP CLINIC APO 96232

DATE

29 July 1975

SIGNATURE



DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Stoney

GRADE

GS-12

LICENSE
NUMBER

TK 3360

STATE

OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE



NAME OF CEMETERY OR CREMATORIAL

WAT RASADORN THUM MASAREE CEMETORY

LOCATION OF CEMETERY OR CREMATORIAL

KHL 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(3 Aug 75)

DATE OF DISPOSITION

8 August 1975

 BURIAL CREMATION REMOVAL (Specify)

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-248 1 APR 59, WHICH IS OBSOLETE.

THCIL 0028-75 (D)

CERTIFICATE OF DEATH (OVERSEAS)
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) WES WILLIAMS, Janice	GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
---	-------	-------------------	--------------------------

ORGANIZATION NA	DATE OF BIRTH Unknown	SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
---------------------------	---------------------------------	--

RACE	MARITAL STATUS		RELIGION	
<input checked="" type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) IED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> JEWISH		

NAME OF NEXT OF KIN	RELATIONSHIP TO DECEASED
---------------------	--------------------------

STREET ADDRESS	CITY OR TOWN AND STATE (Include ZIP Code)
----------------	---

MEDICAL STATEMENT

CAUSE OF DEATH (Enter only one cause per line)			INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident	
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"/> YES		
<input checked="" type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> NO		
<input type="checkbox"/> SUICIDE			
<input type="checkbox"/> HOMICIDE			

DATE OF DEATH (Hour, day, month, year) 4 April 1975	PLACE OF DEATH South Vietnam
---	--

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

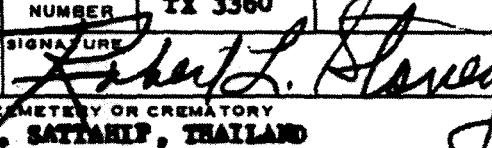
NAME OF MEDICAL OFFICER Robert J. Philips	TITLE OR DEGREE M.D. - Area Surgeon
---	---

GRADE O3	SOCIAL SECURITY ACCT NO	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SE 96232
--------------------	-------------------------	--

DATE 29 July 1975	SIGNATURE 
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DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney	GRADE O3-12	LICENSE NUMBER TX 3360	STATE TX	OTHER
--	-----------------------	----------------------------------	--------------------	-------

INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232	DATE 29 July 1975	SIGNATURE 
--	-----------------------------	--

NAME OF CEMETERY OR CREMATORIAL WAT BASADORN THUM SAMAKH CEMETORY	LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTAHIP, THAILAND
---	---

TYPE OF DISPOSITION (3 Aug 75)	<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION 8 August 1975
--	--	---

REGISTRATION OF VITAL STATISTICS

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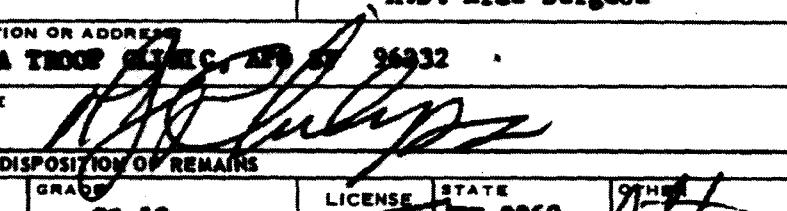
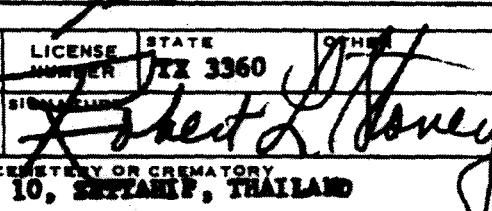
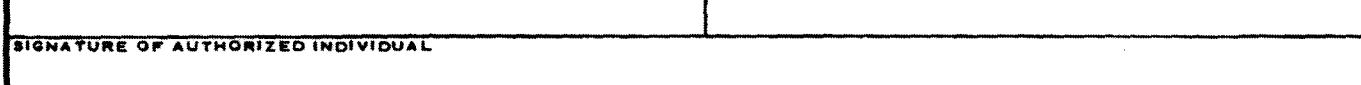
SIGNATURE OF AUTHORIZED INDIVIDUAL

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

TCGIL 0031-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) DEE/COME, Hoi		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION MA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) Nonpoloid	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Multiple extreme injury aircraft accident				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips			TITLE OR DEGREE M.D.-Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO. NC	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360	STATE TX
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL HAT BAGADORN THUM SAMAKORN CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KILO 10, KHETTAF, THAILAND		
TYPE OF DISPOSITION (3Aug75) <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION 8 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL 				
<small>1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.</small>				
<small>2 State conditions contributing to the death, but not related to the disease or condition causing death.</small>				

DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-248 1 APR 59, WHICH IS OBSOLETE.

THGIL 0031-75 (B)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) GRADE BRANCH OF SERVICE SOCIAL SECURITY ACCT NO.

KIRK/MONTAHLKE, Nancy

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

SEX

SA

Unknown

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UHD	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH

(Enter only one cause per line)

INTERVAL BETWEEN
ON SET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injury aircraft accident	
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"/> YES		
<input checked="" type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> NO		
SUICIDE			
HOMICIDE			

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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	TITLE OR DEGREE		
Robert J. Phillips	M.D.-Area Surgeon		

GRADE	SOCIAL SECURITY ACCT NO	INSTALLATION OR ADDRESS
03		USA TROOP CAMP C, APO 96232

DATE	SIGNATURE
29 July 1975	<i>Robert J. Phillips</i>

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER	STATE	OTHER
Robert L. Stoney	GS-12		TX 3360	

INSTALLATION OR ADDRESS	DATE	SIGNATURE
US Army Mortuary, Thailand APO 96232	29 July 1975	<i>Robert L. Stoney</i>

NAME OF CEMETERY OR CREMATORIUM	LOCATION OF CEMETERY OR CREMATORIUM
WAT RASABORN THUM SAMAKK CEMETORY	KM 10, SATTANIP, THAILAND

TYPE OF DISPOSITION	(3 Aug 75)	DATE OF DISPOSITION
<input checked="" type="checkbox"/> BURIAL	<input checked="" type="checkbox"/> CREMATION	<input type="checkbox"/> REMOVAL (Specify)

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER

NAME OF FUNERAL DIRECTOR	ADDRESS

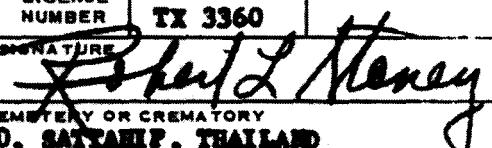
SIGNATURE OF AUTHORIZED INDIVIDUAL

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-249, 1 APR 59, WHICH IS OBSOLETE.

TNCIL 0031-75 (C)

CERTIFICATE OF DEATH (OVERSEAS)
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BTB/BRUYOUNG, Thuy Lish		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION MA		DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) UHD		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injury aircraft accident		
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 <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Philips			TITLE OR DEGREE M.D.-Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO. - - - - -	INSTALLATION OR ADDRESS USA TROOP MEDIC APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360	STATE OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT BASABORN THUM SAMAKH CEMETORY			LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTAHIP, THAILAND	
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) (Aug 75)				DATE OF DISPOSITION 8 August 1975
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-249, 1 APR 68, WHICH IS OBSOLETE.

TCIL 0031-75 (D)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

KTB/MJM

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

SA

DATE OF BIRTH

Unknown

SEX

 MALE
 FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) <u>SA</u>	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple system injuries by aircraft
accidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

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

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Philips

TITLE OR DEGREE

M.D. - Area Surgeon

GRADE

03

SOCIAL SECURITY ACCT
NO.

INSTALLATION OR ADDRESS

96232

DATE

29 July 1975

SIGNATURE



DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Stoney

GRADE

GS-12

LICENSE
NUMBER

TX 3360

OTHER

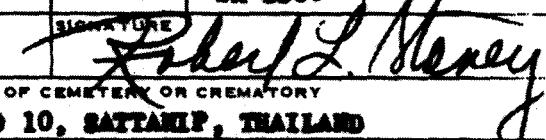
INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE



NAME OF CEMETERY OR CREMATORIAL

WAT BASADORN THUM SAMAK K CREMATORI

LOCATION OF CEMETERY OR CREMATORIAL

K10 10, SATTANIP, THAILAND

TYPE OF DISPOSITION

(Aug 75)

DATE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-249, 1 APR 69, WHICH IS OBSOLETE.

THCIL 0018-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)
THCIL 0018-75 (A)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

SEX

MA

Unknown

 MALE
 FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID

 SINGLE

DIVORCED

PROTESTANT

OTHER (Specify)

NEGROID

 MARRIED SEPARATED

CATHOLIC

 OTHER (Specify)

WTD

 WIDOWED

JEWISH

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple extreme injuries, aircraft
accidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEOTHER SIGNIFICANT CONDITIONS²MODE OF DEATH
NATURAL
 ACCIDENT
SUICIDE
HOMICIDEAUTOPSY
PERFORMED
 YES
 NO

MAJOR FINDINGS OF AUTOPSY

CIRCUMSTANCES SURROUNDING DEATH DUE TO
EXTERNAL CAUSESDATE OF DEATH (Hour, day, month, year)
4 April 1975PLACE OF DEATH
South VietnamI 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

Robert J. Phillips

TITLE OR DEGREE

M.D. - Area Surgeon

GRADE

03

SOCIAL SECURITY ACCT NO.

INSTALLATION OR ADDRESS

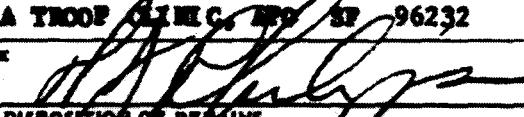
USA TROOP CLINIC, APO 96232

SF 96232

DATE

29 July 1975

SIGNATURE



DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Stoney

GRADE

GS-12

LICENSE
NUMBER

TX 3360

OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE



NAME OF CEMETERY OR CREMATORIAL

WAT BASADORN THUM SAMAKK CEMETORY

LOCATION OF CEMETERY OR CREMATORIAL

KMO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(3 Aug 75)

DATE OF DISPOSITION

8 August 1975

 BURIAL CREMATION REMOVAL (Specify)

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

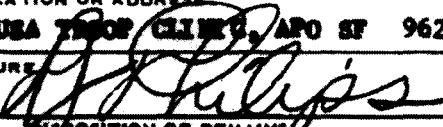
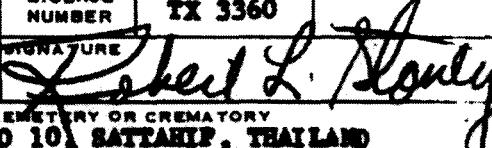
SIGNATURE OF AUTHORIZED INDIVIDUAL

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

TNCIL 0019-75 (C)

CERTIFICATE OF DEATH (OVERSEAS)

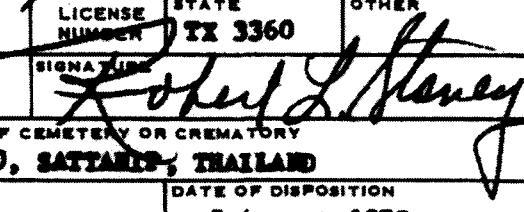
For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) TNCIL 0019-75 (C)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input checked="" type="checkbox"/> JEWISH OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injury aircraft accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips			TITLE OR DEGREE M.D.-Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROP CLINIC, APO SF 96232		
DATE 29 July 1975	SIGNATURE 			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER	STATE TX 3360
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT RABABON THIN SAMARIT CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION		(Specify) 3 Aug 75		DATE OF DISPOSITION 8 August 1975
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)	DATE REGISTERED		FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR	ADDRESS			
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

CERTIFICATE OF DEATH (OVERSEAS)

TICIL 0019-75 (4) If this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) TICIL 0019-75 (D)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION MA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE	MARITAL STATUS			RELIGION
<input checked="" type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) WWD	<input type="checkbox"/> WIDOWED		<input type="checkbox"/> JEWISH	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injury aircraft accident		
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"/> YES			
<input checked="" type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> NO			
<input type="checkbox"/> SUICIDE				
<input type="checkbox"/> HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Philips			TITLE OR DEGREE M.D.-Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO. NC	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SF 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360	STATE TX OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT BASSABORN THUM MASAREE CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION 8 Aug 75 <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION 8 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.				
² State conditions contributing to the death, but not related to the disease or condition causing death.				

DA FORM 3565 1 JAN 70

REPLACES DA FORM 10-249 1 APR 59, WHICH IS OBSOLETE.

THEIL 0019-75 (X)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

THEIL 0019-75 (X)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

SEX

MA

Unknown

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUSASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED		CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<input type="checkbox"/> WIDOWED	SEPARATED	JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple extreme injury aircraft
accidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

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

DATE OF DEATH (Year, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Philips

TITLE OR DEGREE

M.D.-Area Surgeon

GRADE

03

SOCIAL SECURITY ACCT NO.

INSTALLATION OR ADDRESS

USA TROOP CLINIC, APO 96232

DATE

29 July 1975

SIGNATURE

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

GRADE

GS-12

LICENSE
NUMBER

TX 3360

STATE

OTHER

Robert L. Stoney

INSTALLATION OR ADDRESS

DATE

US Army Mortuary, Thailand APO 96232 29 July 1975

SIGNATURE

NAME OF CEMETERY OR CREMATORY

WAT BARADORN THUM SAMAREE CEMETORY

LOCATION OF CEMETERY OR CREMATORY

KHO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION (3 Aug 75)

DATE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

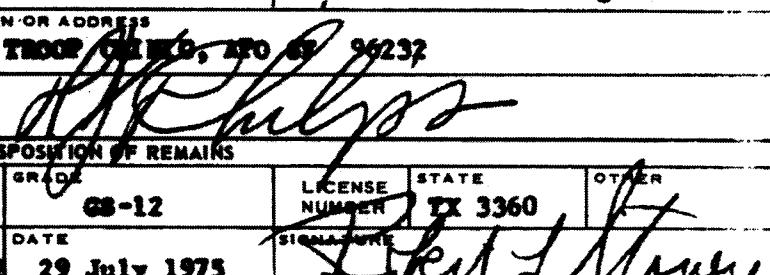
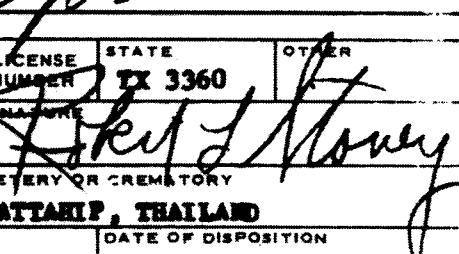
SIGNATURE OF AUTHORIZED INDIVIDUAL

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

TCIL 0025-75 (C)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

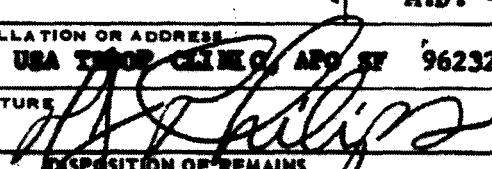
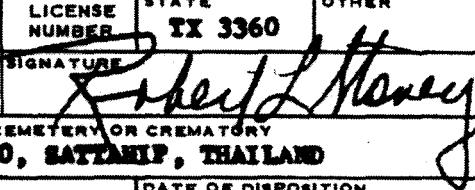
NAME OF DECEASED (Last, First, Middle) TCIL 0025-75 (C)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) USA		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED		RELIGION <input checked="" type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Philips			TITLE OR DEGREE M.D. - Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CAMP, APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360	STATE TX
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKH CEMETORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) (Aug 75)		DATE OF DISPOSITION 8 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

TECIL 0028-75 (C)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) TECIL 0028-75 (C)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION USA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) U.S.	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Philips		TITLE OR DEGREE M.D. - Area Surgeon		
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CAMP OF APO SF 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360	STATE OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM MASAWATTE CEMETORY		LOCATION OF CEMETERY OR CREMATORY RILO 10, SATTAMIP, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION (3 Aug 75)		DATE OF DISPOSITION 8 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-240 1 APR 59, WHICH IS OBSOLETE.

TMCIL 0028-75 (2)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

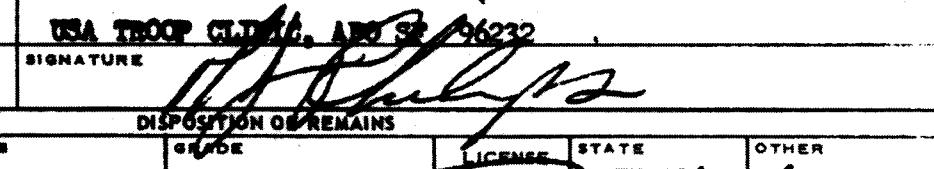
NAME OF DECEASED (Last, First, Middle) TMCIL 0028-75 (2)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION IA		DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE	MARITAL STATUS		RELIGION	
<input checked="" type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) VTD	<input type="checkbox"/> WIDOWED		JEWISH	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident		
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"/> YES			
<input checked="" type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> NO			
<input type="checkbox"/> SUICIDE				
<input type="checkbox"/> HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips			TITLE OR DEGREE M.D. - Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CENTER APO 96232		
DATE 29 July 1975		SIGNATURE <i>Robert J. Phillips</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360	STATE OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORIAL WAT BASABORN THUM SAMANEE CEMETORY			LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SAKETHP, THAILAND	
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) (3 Aug 75)			DATE OF DISPOSITION 8 August 1975	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)	DATE REGISTERED		FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

INCIL 0031-75 (E)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) INCIL 0031-75 (E)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY NO.
ORGANIZATION MA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> UTD <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) UTD		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION PROTESTANT CATHOLIC JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips		TITLE OR DEGREE Area Surgeon M.D.		
GRADE 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CAMP, APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stacey		GRADE GS-12	LICENSE NUMBER	STATE TX 3360
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	OTHER
NAME OF CEMETERY OR CREMATORIAL WAT BABABORN THUM SAMAKH CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KHO 10, SATTARIP, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) (Aug 75)		DATE OF DISPOSITION 8 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

TCIL 0031-75 (F)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

TCIL 0031-75 (F)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

MA

DATE OF BIRTH

Unknown

SEX

UTD

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID

SINGLE

DIVORCED

PROTESTANT

OTHER (Specify)

NEGROID

MARRIED

SEPARATED

CATHOLIC

OTHER (Specify)

UTD

WIDOWED

JEWISH

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple extreme injuries, aircraft
accidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

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

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Phillips

TITLE OR DEGREE

† M.D. - Area Surgeon

GRADE

03

SOCIAL SECURITY ACCT NO.

INSTALLATION OR ADDRESS

USA TROOP MEDIC 420 98 96232

DATE

29 July 1975

SIGNATURE



DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Stoner

GRADE

08-12

LICENSE
NUMBER

TX 3360

STATE

OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE



NAME OF CEMETERY OR CREMATORY

WAT RASADORN THIN SAMAIK CEMETORY

LOCATION OF CEMETERY OR CREMATORY

KMO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(3 Aug 75)

DATE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

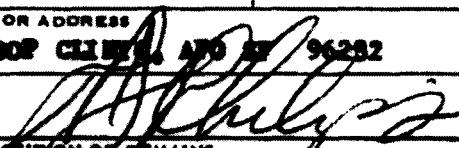
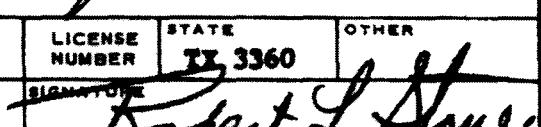
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-249 1 APR 59, WHICH IS OBSOLETE.

DA FORM 1 JAN 70 3565

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) THOMAS 0046-75 (C)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION MA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) DED		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input checked="" type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Multiple extreme injuries, aircraft accident				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips			TITLE OR DEGREE M.D. - Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO	INSTALLATION OR ADDRESS USA TROOP CLINIC APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE OB-12	LICENSE NUMBER	STATE TX 3360
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	OTHER
NAME OF CEMETERY OR CREMATORIAL WAT BASADORN THUM SAMAKH CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KM 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION		DATE OF DISPOSITION 8 August 1975		REMOVAL (Specify)
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-248 1 APR 69, WHICH IS OBSOLETE.

TCIL 0049-75 (B)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proposing agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

TCIL 0049-75 (B)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

SEX

SA

UNKNOWN

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident	
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
NATURAL	<input type="checkbox"/>		
<input checked="" type="checkbox"/> ACCIDENT	<input type="checkbox"/> YES		
SUICIDE	<input checked="" type="checkbox"/> NO		
HOMICIDE			

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

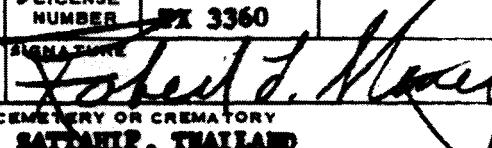
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED
AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

NAME OF MEDICAL OFFICER	TITLE OR DEGREE
Robert J. Phillips	M.D. - Area Surgeon

GRADE	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS
O3		USA TROP CLINIC APO 96232
DATE		SIGNATURE
29 July 1975		

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER	STATE	OTHER
Robert L. Stoney	GS-12		TX 3360	

INSTALLATION OR ADDRESS	DATE	SIGNATURE
US Army Mortuary, Thailand APO 96232	29 July 1975	

NAME OF CEMETERY OR CREMATORIUM	LOCATION OF CEMETERY OR CREMATORIUM
WAT BARABURI THAI BANNAH CEMETORY	KILO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION (3Aug75)	DATE OF DISPOSITION
<input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	8 August 1975

REGISTRATION OF VITAL STATISTICS

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

SIGNATURE OF AUTHORIZED INDIVIDUAL

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-248 1 APR 58, WHICH IS OBSOLETE.

TECIL 0049-75 (7)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)
TECIL 0049-75 (7)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

SEX

EA

Unknown

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID

 SINGLE

DIVORCED

PROTESTANT

OTHER (Specify)

NEGROID

 MARRIED SEPARATED CATHOLIC

OTHER (Specify)

USA

 WIDOWED JEWISH

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH

(Enter only one cause per line)

INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple extreme injuries, aircraft
accidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

MODE OF DEATH

AUTOPSY
PERFORMED

MAJOR FINDINGS OF AUTOPSY

CIRCUMSTANCES SURROUNDING DEATH DUE TO
EXTERNAL CAUSES NATURAL YES ACCIDENT NO SUICIDE HOMICIDE

DATE OF DEATH (Year, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Phillips

TITLE OR DEGREE

M.D. - Area Surgeon

GRADE

03

SOCIAL SECURITY ACCT

N^o

INSTALLATION OR ADDRESS

USA TROOPING CAMP 96232

DATE

29 July 1975

SIGNATURE

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Stoney

GRADE

03-12

LICENSE
NUMBER

STATE

OTHER

TX-3360

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE

NAME OF CEMETERY OR CREMATORIUM

TH NAT RASADORN THUM SAMANIE CEMETORY

LOCATION OF CEMETERY OR CREMATORIUM

KIO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(3 Aug 75)

DATE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

THCIL 0091-75 (C)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

THCIL 0091-75 (C)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

SEX

NA

Unknown

070

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) 070	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft crash
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	

OTHER SIGNIFICANT CONDITIONS²

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

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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
Robert J. Phillips

TITLE OR DEGREE

Area Surgeon M.D.

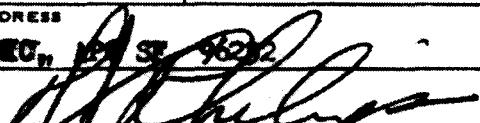
GRADE
03SOCIAL SECURITY ACCT
NO.

INSTALLATION OR ADDRESS

USA TROOP CLINIC

DATE
29 July 1975

SIGNATURE



DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS
Robert L. Stoney

GRADE

08-12LICENSE
NUMBER**TEX 3360**

STATE

TEX

OTHER

INSTALLATION OR ADDRESS

USA Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE



NAME OF CEMETERY OR CREMATORY

WAT BASADORN THUM SAMAKH CEMETORY

LOCATION OF CEMETERY OR CREMATORY

KILO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(3 Aug 75)

DATE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)**8 August 1975**

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

TCIL 0088-75, (X)

CERTIFICATE OF DEATH (OVERSEAS)

of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECE. SD (Last, First, Middle)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

TCIL 0088-75 (X)

ORGANIZATION

DATE OF BIRTH

SEX

MA

Unknown

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUSASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UD	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple extreme injuries, aircraft
accidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

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

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Philips

TITLE OR DEGREE

M.D. - Area Surgeon

GRADE

03

SOCIAL SECURITY ACCT NO.

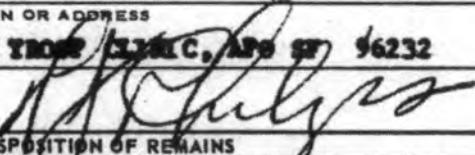
USA TRUCK CLINIC, APO SF 96232

INSTALLATION OR ADDRESS

DATE

29 July 1975

SIGNATURE



DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Stoney

GRADE

GS-12

LICENSE NUMBER

TX 3360

STATE

OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE



NAME OF CEMETERY OR CREMATORI

MAT RASADORN THUM SAMAIKE CEMETORY

LOCATION OF CEMETERY OR CREMATORI

KIL 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(3 Aug 75)

 BURIAL CREMATION REMOVAL (Specify)

DATE OF DISPOSITION

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

THCIL 0087-75 (C)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)
THCIL 0087-75 (C)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

SEX **UND**

MA

Unknown

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUSASOID

 SINGLE

DIVORCED

PROTESTANT

OTHER (Specify)

NEGROID

 MARRIED

SEPARATED

CATHOLIC

 OTHER (Specify) **Mongoloid** WIDOWED

JEWISH

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹**Multiple extreme injuries, aircraft
accident**ANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

MODE OF DEATH

AUTOPSY
PERFORMED YES
 NO

MAJOR FINDINGS OF AUTOPSY

CIRCUMSTANCES SURROUNDING DEATH DUE TO
EXTERNAL CAUSES

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Philips

TITLE OR DEGREE

M.D. - Area Surgeon

GRADE

SOCIAL SECURITY ACCT
NO.

INSTALLATION OR ADDRESS

03

USA TROOP CLINIC, APO SF 96232

DATE

29 July 1975

SIGNATURE

Robert J. Philips

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Stoney

GRADE

GS-12LICENSE
NUMBER**TX 3360**

OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand, APO 96232

DATE

29 July 1975

SIGNATURE

Robert L. Stoney

NAME OF CEMETERY OR CREMATORIAL

WAT RASADORN THUM SAMAKORN CEMETORY

LOCATION OF CEMETERY OR CREMATORIAL

KILO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(3Aug75)

DATE OF DISPOSITION

8 August 1975 BURIAL CREMATION REMOVAL (Specify)

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

THCIL 0084-75 (5)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

THCIL 0084-75 (5)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

SEX **UTD**

MA

Unknown

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		

OTHER SIGNIFICANT CONDITIONS²

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

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Philips

TITLE OR DEGREE

M.D. - Area Surgeon

GRADE

03

SOCIAL SECURITY ACCT
NO.

INSTALLATION OR ADDRESS

USA TROOP CLINIC, APO SF 96232

DATE

29 July 1975

SIGNATURE

Robert J. Philips

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Stoney

GRADE

GS-12

LICENSE
NUMBER

TX 3360

STATE

OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE

Robert L. Stoney

NAME OF CEMETERY OR CREMATORIAL

WAT RASADORN THUM SAMAKEE CEMETORY

LOCATION OF CEMETERY OR CREMATORIAL

KMO 10, SATTANIP, THAILAND

TYPE OF DISPOSITION

(3 Aug 75)

DATE OF DISPOSITION

8 August 1975

 BURIAL CREMATION REMOVAL (Specify)

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

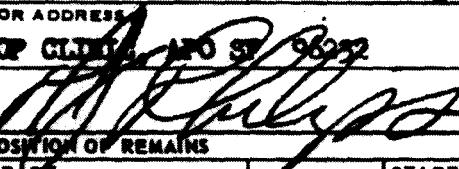
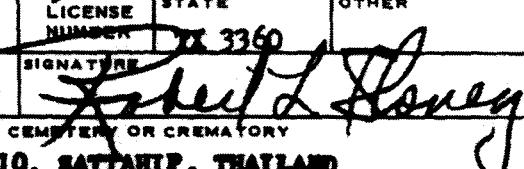
SIGNATURE OF AUTHORIZED INDIVIDUAL

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

THCIL 0071-75 (B)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BTB PECK, Gerald		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input checked="" type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Multiple extreme injuries, aircraft crash				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips		TITLE OR DEGREE Area Surgeon, M.D.		
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE O3-12	LICENSE NUMBER TX 3360	STATE OTHER
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKH CEMETORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) (24 July 75)		DATE OF DISPOSITION 8 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

THCIL 0077-75 (J)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) GRADE BRANCH OF SERVICE SOCIAL SECURITY ACCT NO.

THCIL 0077-75 (J)

ORGANIZATION

MA

DATE OF BIRTH

Unknown

SEX

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) <u>WTD</u>	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH

(Enter only one cause per line)

INTERVAL BETWEEN
ON SET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft crash	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		

OTHER SIGNIFICANT CONDITIONS²

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

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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		TITLE OR DEGREE		
Robert J. Philips		M.D. Area Surgeon		
GRADE	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS		
03		USA TROOP CLINIC, APO SF 96232.		

DATE

29 July 1975

SIGNATURE

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER	STATE	OTHER
Robert L. Stoney	GS-12	TEX 3360		
INSTALLATION OR ADDRESS	DATE			
USA Mortuary, Thailand APO 96232	29 July 1975			

NAME OF CEMETERY OR CREMATORIUM

WAT BASADORN THUM SAMAKK CEMETORY

LOCATION OF CEMETERY OR CREMATORIUM

KLO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(3 Aug 75)

DATE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

8 August 1975

REGISTRATION OF VITAL STATISTICS

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

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

THCIL 0071-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.NAME OF DECEASED (Last, First, Middle)
BTB/LOWE, Be GRADE _____

ORGANIZATION _____ DATE OF BIRTH _____

MA**Unknown**

SEX

 MALE FEMALE

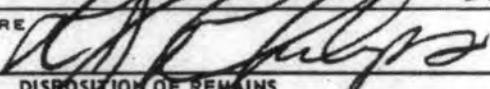
RACE _____ MARITAL STATUS _____ RELIGION _____

CAUSASOID SINGLE DIVORCED PROTESTANTNEGROID MARRIED SEPARATED CATHOLIC OTHER (Specify) **Mongoloid** WIDOWED JEWISH

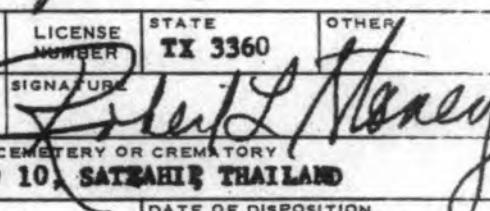
NAME OF NEXT OF KIN _____ RELATIONSHIP TO DECEASED _____

STREET ADDRESS _____ CITY OR TOWN AND STATE (Include ZIP Code) _____

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹ **Multiple extreme injuries, aircraft
accident**ANTECEDENT
CAUSES MORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²MODE OF DEATH NATURAL AUTOPSY
PERFORMED YES MAJOR FINDINGS OF AUTOPSY
 ACCIDENT NO CIRCUMSTANCES SURROUNDING DEATH DUE TO
 SUICIDE EXTERNAL CAUSES
 HOMICIDEDATE OF DEATH (Hour, day, month, year)
4 April 1975 PLACE OF DEATH
South VietnamI 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
Robert J. Philips TITLE OR DEGREE
M.D. - Area SurgeonGRADE **03** SOCIAL SECURITY ACCT NO. **USA TROOP CLINIC APO SF 96232** INSTALLATION OR ADDRESSDATE **29 July 1975** SIGNATURE 

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS **Robert L. Stoney** GRADE **GS-12** LICENSE NUMBER **TX 3360** STATE **TX** OTHERINSTALLATION OR ADDRESS **US Army Mortuary, Thailand APO 96232** DATE **29 July 1975** SIGNATURE NAME OF CEMETERY OR CREMATORIAL **WAT RASADORN THUM SANAEK CREMATORIUM** LOCATION OF CEMETERY OR CREMATORIAL **KILO 10, SATEHAI, THAILAND**TYPE OF DISPOSITION **(3 Aug 75)** DATE OF DISPOSITION **8 August 1975** BURIAL CREMATION REMOVAL (Specify)

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country) DATE REGISTERED FILE NUMBER STATE OTHER

NAME OF FUNERAL DIRECTOR ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

THCLL 0068-75

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 628-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)
HHR/POWELL, Ngoc Diep

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION
USA

DATE OF BIRTH

Unknown

SEX

 MALE
 FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID
NEGROID
 OTHER (Specify) **Mongoloid** SINGLE

DIVORCED

PROTESTANT

 MARRIED

SEPARATED

CATHOLIC

 WIDOWED

JEWISH

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹**Multiple extreme injuries, aircraft
accident**ANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

MODE OF DEATH

AUTOPSY
PERFORMED

MAJOR FINDINGS OF AUTOPSY

CIRCUMSTANCES SURROUNDING DEATH DUE TO
EXTERNAL CAUSES

NATURAL

 YES

ACCIDENT

 NO

SUICIDE

HOMICIDE

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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
Robert J. PhilipsTITLE OR DEGREE
M.D. - Area SurgeonGRADE
O3SOCIAL SECURITY ACCT
NO.

INSTALLATION OR ADDRESS

USA TROOPING, APO 96232

DATE

29 July 1975

SIGNATURE

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Stoney

GRADE

O3-12LICENSE
NUMBER**TX 3360**STATE
OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE

NAME OF CEMETERY OR CREMATORY

WAT PASABORN THUM BANHAK CEMETORY

LOCATION OF CEMETERY OR CREMATORY

KILO 10, BATTAMBANG, THAILAND

TYPE OF DISPOSITION

(Date 75) BURIAL CREMATION REMOVAL (Specify)

DATE OF DISPOSITION

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

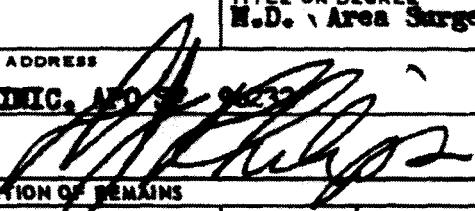
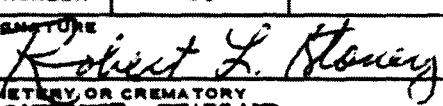
SIGNATURE OF AUTHORIZED INDIVIDUAL

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

THCIL 0067-75 (C)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40: the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BTB/MARCIA		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION PROTESTANT CATHOLIC JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Multiple extreme injury aircraft accident				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips		TITLE OR DEGREE M.D. - Area Surgeon		
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER	STATE TEX 3360
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT BASADORE THUM SAMAKH CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION (Aug 75)		DATE OF DISPOSITION 8 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

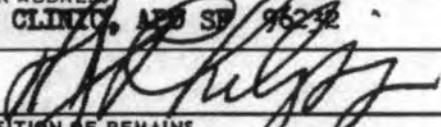
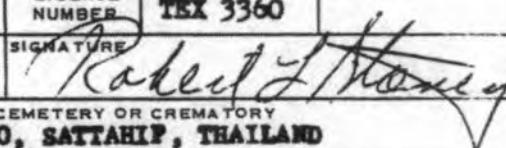
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-248, 1 APR 69, WHICH IS OBSOLETE.

THCIL 0063-75 (G)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

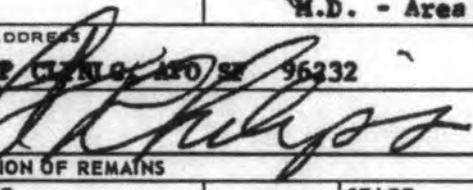
NAME OF DECEASED (Last, First, Middle) BTB/ CUONG, Le Marie		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX OTD <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUSASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) OTD		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION PROTESTANT CATHOLIC JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injury aircraft accident		
ANTECEDENT CAUSES <input type="checkbox"/> MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE <input type="checkbox"/> UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE				
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips			TITLE OR DEGREE M.D. Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT N	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SF 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE O-12	LICENSE NUMBER TEX 3360	STATE OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT RASADORN THUM SAMAKEE CREMATORIUM		LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION (3Aug75) <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION 8 August 1975	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

THCIL 0063-75 (B)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) ETB/TRACY, Lois		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE CAUSASOID	MARITAL STATUS X SINGLE		RELIGION PROTESTANT	
NEGROID.	MARRIED	SEPARATED	CATHOLIC	OTHER (Specify)
X OTHER (Specify) UTD	WIDOWED		JEWISH	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident		
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 NATURAL	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Philips				TITLE OR DEGREE M.D. - Area Surgeon
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CAMP, APO 96232		
DATE 29 July 1975	SIGNATURE 			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER	STATE TX 3360
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT RASADORN THUM SAMAKK CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION (3 Aug 75) <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION 8 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

THCIL 0060-75 (C)		CERTIFICATE OF DEATH (OVERSEAS)			
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.					
NAME OF DECEASED (Last, First, Middle)		GRADE		BRANCH OF SERVICE	
MTB/BOUKEEMA, Deirdre				SOCIAL SECURITY ACCT NO.	
ORGANIZATION		DATE OF BIRTH		SEX	
MA		Unknown		<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION	
CAUCASOID		<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID		<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		<input type="checkbox"/> WIDOWED		JEWISH	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED			
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)			
MEDICAL STATEMENT					
CAUSE OF DEATH (Enter only one cause per line)					INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident			
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	
NATURAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
ACCIDENT					
SUICIDE					
HOMICIDE					
DATE OF DEATH (Hour, day, month, year)		PLACE OF DEATH			
4 April 1975		South Vietnam			
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			TITLE OR DEGREE		
Robert J. Philips			M.D. - Area Surgeon		
GRADE	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS			
03		USA TRADOC CLINIC, APO SF 96232			
DATE	SIGNATURE				
29 July 1975	<i>Robert J. Philips</i>				
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS		GRADE	LICENSE NUMBER	STATE	OTHER
Robert L. Stoney		GS-12		TX 3360	
INSTALLATION OR ADDRESS		DATE	SIGNATURE		
US Army Mortuary, Thailand APO 96232		29 July 1975	<i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL			
WAT RASADORN THUM SAMAKK CEMETORY		KILO 10, SATTAHIP, THAILAND			
TYPE OF DISPOSITION		(3 Aug 75)			DATE OF DISPOSITION
<input checked="" type="checkbox"/> BURIAL		<input checked="" type="checkbox"/> CREMATION			8 August 1975
REGISTRATION OF VITAL STATISTICS					
REGISTRY (Town and Country)		DATE REGISTERED		FILE NUMBER	STATE
					OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS			
SIGNATURE OF AUTHORIZED INDIVIDUAL					

1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.

2 State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-248, 1 APR 68, WHICH IS OBSOLETE.

THCLL 0060-75 (B)

CERTIFICATE OF DEATH (OVERSEAS)
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.NAME OF DECEASED (Last, First, Middle)
MTB/BLANC, Ann Marie

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

SEX

MA**Unknown** MALE
 FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹**Multiple extreme injuries, aircraft
accident**ANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

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

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South VietnamI 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

Robert J. Phillips

TITLE OR DEGREE

M.D. - Area Surgeon

GRADE

03

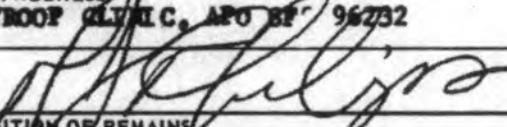
SOCIAL SECURITY ACCT NO.

USA TROOP CLINIC, APO MF 96232

DATE

29 July 1975

SIGNATURE



DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS
Robert L. Stoney

GRADE

GS-12LICENSE
NUMBER**TX 3360**

OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand, APO 96232

DATE

29 July 1975

SIGNATURE



NAME OF CEMETERY OR CREMATORY

WAT RASADORN THUM SAMAKK CREMATORY

LOCATION OF CEMETERY OR CREMATORY

KILO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION (3Aug75)

 BURIAL CREMATION REMOVAL (Specify)

DATE OF DISPOSITION

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

THCL 0060-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

BIB/CHIODO, Bob

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

MA

DATE OF BIRTH

Unknown

SEX

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UD	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	

OTHER SIGNIFICANT CONDITIONS²

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

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Philips

TITLE OR DEGREE

M.D. - Area Surgeon

GRADE

03

SOCIAL SECURITY ACCT
NO.

USA TROOP CLINIC, APO SF 96232

DATE

29 July 1975

SIGNATURE

Robert J. Philips

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Stoney

GRADE

08-12

LICENSE
NUMBER

TX 3360

OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE

Robert L. Stoney

NAME OF CEMETERY OR CREMATORIAL

WAT RASADORN THUM SAMAKORN CEMETORY

LOCATION OF CEMETERY OR CREMATORIAL

KILO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(3Aug 75)

DATE OF DISPOSITION

8 August 1975

 BURIAL CREMATION REMOVAL (Specify)

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

TBCL 0087-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.NAME OF DECEASED (Last, First, Middle) **MCN/SETTON, Tim** GRADE **SGM** BRANCH OF SERVICE **ARMED FORCES** SOCIAL SECURITY ACCT NO.ORGANIZATION **USA**DATE OF BIRTH **Unknown**

SEX

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	CATHOLIC	
OTHER (Specify) USA	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATH

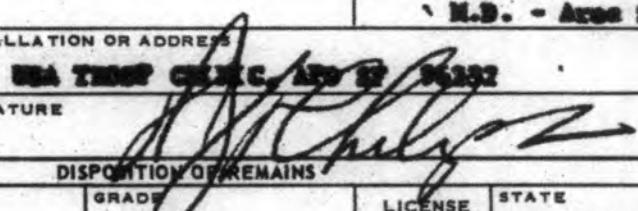
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS ²			

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

DATE OF DEATH (Hour, day, month, year)

4 April 1973

PLACE OF DEATH

South VietnamI 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 **Robert J. Phillips** TITLE OR DEGREE **M.D. - Army Surgeon**GRADE **03** SOCIAL SECURITY ACCT NO. **00-12 26322**DATE **29 July 1973** SIGNATURE 

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS **Robert L. Stoney** GRADE **00-12** LICENSE NUMBER **TX 3360** STATE **TX** OTHERINSTALLATION OR ADDRESS **US Army Mortuary, Thailand AFM 94231** DATE **29 July 1973** SIGNATURE NAME OF CEMETERY OR CREMATORIAL **WAT BAGDORN THUM SAMAKH CEMETORY** LOCATION OF CEMETERY OR CREMATORIAL **BLDG 10, BATTAMBANG, THAILAND**TYPE OF DISPOSITION **(Aug 73)** DATE OF DISPOSITION **8 August 1973** BURIAL CREMATION REMOVAL (Specify)

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

BTB HESAR

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

SEX

NA

Unknown

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID

SINGLE

DIVORCED

PROTESTANT

OTHER (Specify)

NEGROID

MARRIED

SEPARATED

CATHOLIC

X OTHER (Specify) UTD

WIDOWED

JEWISH

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple extreme injuries, aircraft
crashANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

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

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Phillips

TITLE OR DEGREE

Army Surgeon M.D.

GRADE

03

SOCIAL SECURITY ACCT NO.

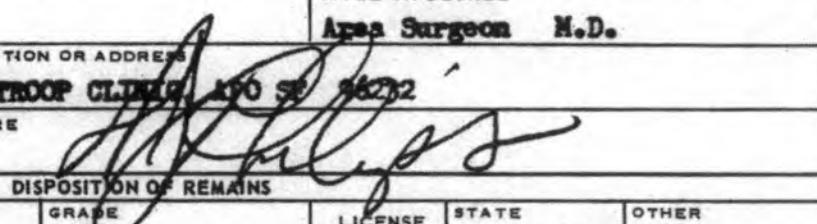
INSTALLATION OR ADDRESS

USA TROOP CLINIC APO SE 96232

DATE

29 July 1975

SIGNATURE



DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Stoney

GRADE

GS-12

LICENSE
NUMBER

TEX 3360

STATE

TX

OTHER

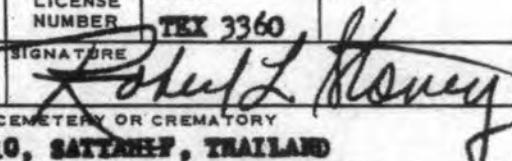
INSTALLATION OR ADDRESS

USA Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE



NAME OF CEMETERY OR CREMATORIAL

WAT RASADORN THIN SAMAKHE CEMETORY

LOCATION OF CEMETERY OR CREMATORIAL

KILO 10, SATTHAYA, THAILAND

TYPE OF DISPOSITION

(3Aug75)

DATE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

3 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and County)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

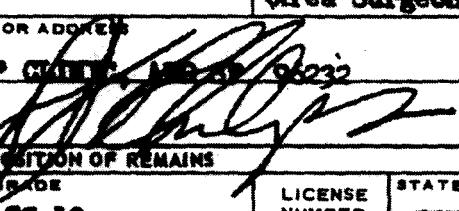
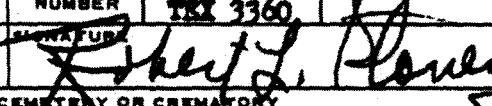
DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-249 1 APR 59, WHICH IS OBSOLETE.

THCIL 0083-75

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BBB LIEU		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION IA		DATE OF BIRTH UNKNOWN		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) WFO	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft crash		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips			TITLE OR DEGREE Area Surgeon M.D.	
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROP CAMP MUSKOGEE 96232		
DATE 29 July 1975	SIGNATURE 			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE O3-12	LICENSE NUMBER TX 3360	STATE TX
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIUM WAT BARABOR THUM SAMAKH CEMETORY		LOCATION OF CEMETERY OR CREMATORIUM KILO 10, SATTAMP, THAILAND		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) (3 Aug 75)				DATE OF DISPOSITION 8 August 1975
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)	DATE REGISTERED		FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR	ADDRESS			
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

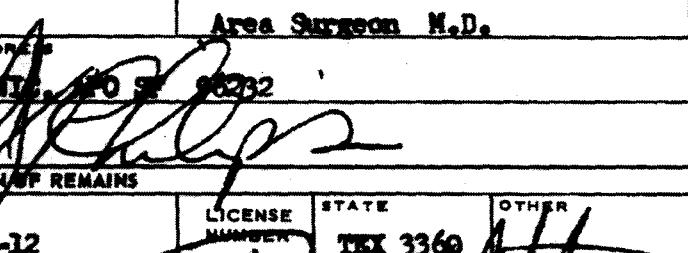
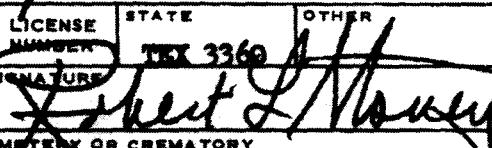
DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-248 1 APR 69, WHICH IS OBSOLETE.

THGIL 0078-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BTB/SCHOW, Thanh		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE CAUSASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
NEGROID		MARRIED		CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) UTD		WIDOWED		JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft crash		
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 NATURAL	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
X ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips		TITLE OR DEGREE Area Surgeon M.D.		
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO 96232		
DATE 29 July 1975	SIGNATURE 			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER	STATE TEX 3360
INSTALLATION OR ADDRESS USA Mortuary, Thailand, APO 96232		DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORIAL WAT BARABORN THUM SAMAKK CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL FIELD 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION (30-75) <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION		<input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION 8 August 1975
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				
<small>1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.</small> <small>2 State conditions contributing to the death, but not related to the disease or condition causing death.</small>				

DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-248, 1 APR 69, WHICH IS OBSOLETE.

THCIL 0077-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)
BIB TULLY, Carter Tom

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

SEX

MA

Unknown

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUSASOID

 SINGLE

DIVORCED

PROTESTANT

OTHER (Specify)

NEGROID

 MARRIED SEPARATED

CATHOLIC

 OTHER (Specify) **UD** WIDOWED

JEWISH

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH

(Enter only one cause per line)

INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹**Multipe extreme injury aircraft
accident**ANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEOTHER SIGNIFICANT CONDITIONS²MODE OF DEATH
NATURAL
 ACCIDENT
SUICIDE
HOMICIDE YES
 NOAUTOPSY
PERFORMED

MAJOR FINDINGS OF AUTOPSY

CIRCUMSTANCES SURROUNDING DEATH DUE TO
EXTERNAL CAUSESDATE OF DEATH (Hour, day, month, year)
4 April 1975PLACE OF DEATH
South VietnamI 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
Robert J. Phillips

TITLE OR DEGREE

M.D. Area SurgeonGRADE
O3

SOCIAL SECURITY ACCT NO.

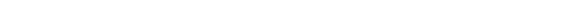
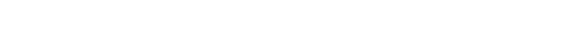
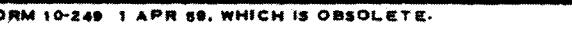
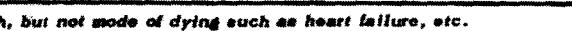
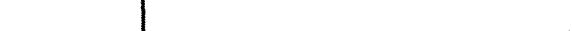
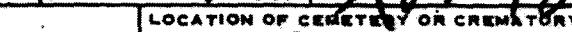
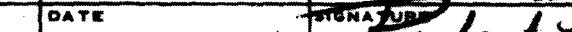
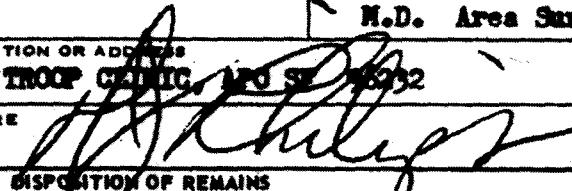
INSTALLATION OR ADDRESS

USA TROOP CLINIC, APO 96232

DATE

29 July 1975

SIGNATURE

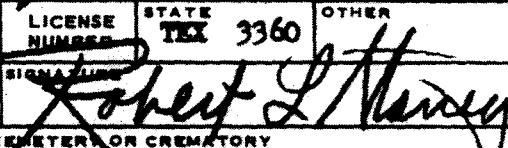


<img alt="Signature of Robert J. Phillips" data-bbox="466 2799

INCIL 0070-75 (D)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BTB/WALKER, Paul		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Multiple extreme injury aircraft accident				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
ANTECEDENT CAUSES		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips			TITLE OR DEGREE Area Surgeon M.D.	
GRADE O3	SOCIAL SECURITY ACCT NO. 	INSTALLATION OR ADDRESS USA TROOP CLINIC, NO 22 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE O3-12	LICENSE NUMBER 	STATE TEX 3360
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	OTHER
NAME OF CEMETERY OR CREMATORIAL WAT BASADORN THUM SAMAKH CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTARIP, THAILAND		
TYPE OF DISPOSITION (3 Aug 75) <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION 3 August 1975
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-249 1 APR 68, WHICH IS OBSOLETE.

THCIL 0076-75 (E)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

BTB/KUHALSH

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY AC-
NO.

ORGANIZATION

NA

DATE OF BIRTH

Unknown

SEX

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUSASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injury aircraft accident	
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"/> YES		
<input checked="" type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> NO		
<input type="checkbox"/> SUICIDE			
<input type="checkbox"/> HOMICIDE			

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Phillips

TITLE OR DEGREE

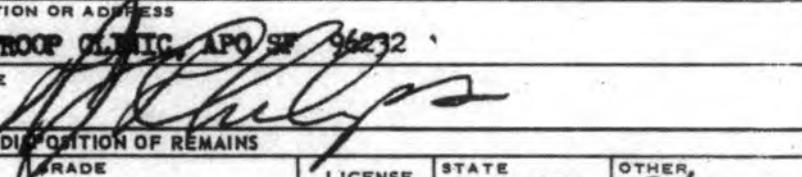
M.D. Area Surgeon

GRADE	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS
03		USA TROOP CLINIC, APO SF 96232

DATE

29 July 1975

SIGNATURE



DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER	STATE	OTHER
Robert L. Stoney	GS-12		TEX 3360	
INSTALLATION OR ADDRESS	DATE	SIGNATURE		
US Army Mortuary, Thailand APO 96232	29 July 1975			

NAME OF CEMETERY OR CREMATORIUM

WAT BASADORN THUM SAMAKK CEMETORY

LOCATION OF CEMETERY OR CREMATORIUM

KHO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(3Aug75)

DATE OF DISPOSITION

8 August 1975

 BURIAL CREMATION REMOVAL (Specify)

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

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

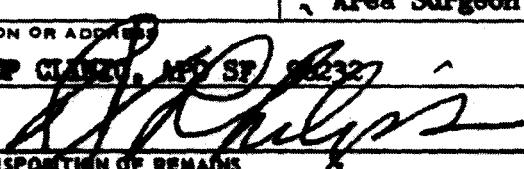
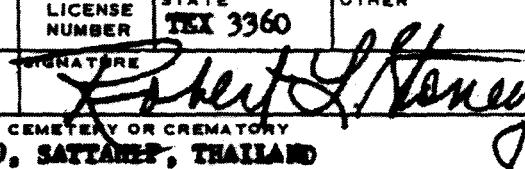
DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-249 1 APR 59, WHICH IS OBSOLETE.

THCIL 0076-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BIB/TUAN		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
NEGROID		MARRIED		CATHOLIC
OTHER (Specify) UTD		WIDOWED		
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injury aircraft accident		
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"/> YES			
<input checked="" type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> NO			
<input type="checkbox"/> SUICIDE				
<input type="checkbox"/> HOMICIDE				
DATE OF DEATH (Month, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips		TITLE OR DEGREE Area Surgeon M.D.		
GRADE O3	SOCIAL SECURITY ACCT NO. 000-000-0000	INSTALLATION OR ADDRESS USA TROOP CLAS, APO 96232		
DATE 29 July 1975	SIGNATURE 			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TEX 3360	STATE TEX
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT RASADORN THUM SAMAREE CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KM 10, SATTAE, THAILAND		
TYPE OF DISPOSITION (3Aug75)				DATE OF DISPOSITION 8 August 1975
<input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

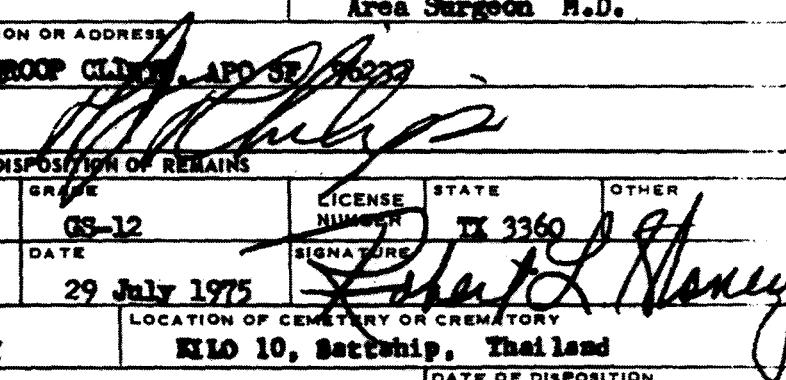
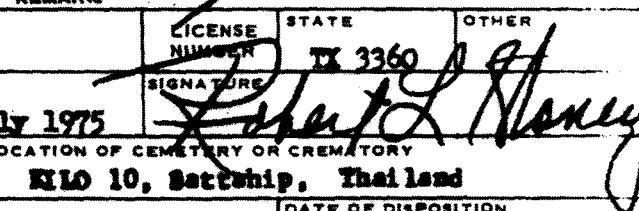
DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-249 1 APR 59, WHICH IS OBSOLETE.

THCIL 0071-75 (C)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

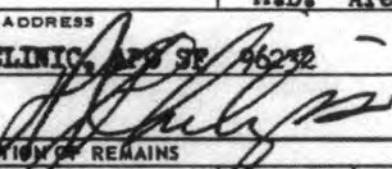
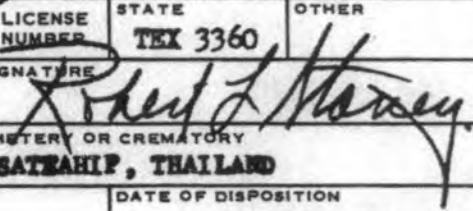
NAME OF DECEASED (Last, First, Middle) BTB HOWSAM, Dennis		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE CAUCASOID		MARITAL STATUS SINGLE		RELIGION
NEGROID		MARRIED		PROTESTANT
X OTHER (Specify) Mongoloid		WIDOWED		
SEPARATED		JEWISH		
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident		
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"/> YES			
<input checked="" type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> NO			
<input type="checkbox"/> SUICIDE				
<input type="checkbox"/> HOMICIDE				
DATE OF DEATH (Hour, day, month, year)		PLACE OF DEATH		
4 April 1975		South Vietnam		
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 Robert J. Phillips		TITLE OR DEGREE Area Surgeon M.D.		
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA Mortuary, Thailand, APO 96232		
DATE 29 July 1975	SIGNATURE 			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360	STATE TX
INSTALLATION OR ADDRESS USA Mortuary, Thailand, APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT BASADORN THUM SAMAKKE CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KM 10, Battambang, Thailand		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) (344075)		DATE OF DISPOSITION 8 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

THCIL 0077-75 (G)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) THCIL 0077-75 (G)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX UTD <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE CAUSASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
NEGROID		MARRIED		CATHOLIC
OTHER (Specify)		WIDOWED		
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		Multiple extreme injuries, aircraft accident	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH NATURAL	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 April 1975	PLACE OF DEATH South Vietnam			
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 Robert J. Phillips		TITLE OR DEGREE M.D. Area Surgeon		
GRADE O3	SOCIAL SECURITY ACCT NO. 000-000-0000	INSTALLATION OR ADDRESS USA TROOP CLINIC APO SF 96232		
DATE 29 July 1975	SIGNATURE 			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney	GRADE GS-12	LICENSE NUMBER TEX 3360	STATE TEX	OTHER
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232	DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORIAL WAT RASADORN THUM SAMAKK CEMETORY	LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATEHAI, THAILAND			
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION				DATE OF DISPOSITION 8 August 1975
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS			
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

TCIL 0077-75 (P)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

TCIL 0077-75 (P)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

NA

DATE OF BIRTH

Unknown

SEX

 MALE
 FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple extreme injuries, aircraft
accidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

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

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Phillips

TITLE OR DEGREE

M.D. Area Surgeon

GRADE

03

SOCIAL SECURITY ACCT NO.

USA

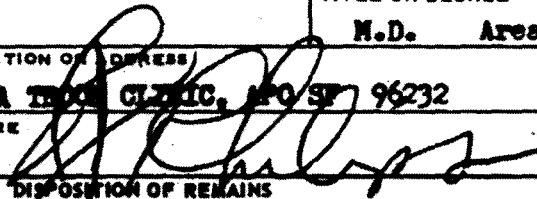
INSTALLATION OR ADDRESS

THAILAND CLINIC, APO 96232

DATE

29 July 1975

SIGNATURE



DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Stoney

GRADE

05-12

LICENSE
NUMBER

TEX 3360

STATE
OTHER

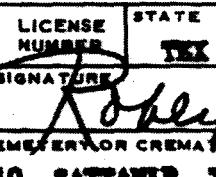
INSTALLATION OR ADDRESS

USA Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE



NAME OF CEMETERY OR CREMATORY

WAT BAGABORN THIN SAMAREE CREMATORY

LOCATION OF CEMETERY OR CREMATORY

K10 10, BATTAMIP, THAILAND

TYPE OF DISPOSITION

(Aug 75)

DATE OF DISPOSITION

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

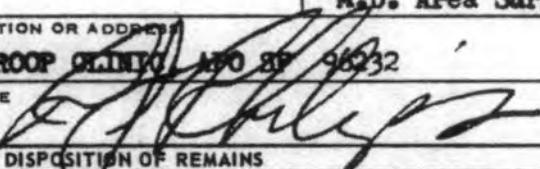
SIGNATURE OF AUTHORIZED INDIVIDUAL

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

THCIL 0075-75

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) THCIL 0075-75		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) UTD		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION PROTESTANT CATHOLIC JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injury aircraft accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Philips			TITLE OR DEGREE M.D. Area Surgeon	
GRADE 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO RP 96232		
DATE 29 July 1975	SIGNATURE 			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TEX 3360	STATE OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	LOCATION OF CEMETERY OR CREMATORIUM KILO 10, SATTAHIP, THAILAND
NAME OF CEMETERY OR CREMATORIUM WAT BASADORN THUM SAMAKH CEMETORY		DATE OF DISPOSITION 8 August 1975		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION 8 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

THCIL 0071-75 (D)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

THCIL 0071-75 (D)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY NO.

ORGANIZATION

NA

DATE OF BIRTH

Unknown

SEX

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUSASOID

 SINGLE

DIVORCED

PROTESTANT

OTHER (Specify)

NEGROID

 MARRIED SEPARATED

CATHOLIC

OTHER (Specify) Mongoloid

 WIDOWED

JEWISH

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple extreme injuries, aircraft
accidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

MODE OF DEATH

AUTOPSY
PERFORMED

MAJOR FINDINGS OF AUTOPSY

CIRCUMSTANCES SURROUNDING DEATH DUE TO
EXTERNAL CAUSES

NATURAL

 YES

ACCIDENT

 NO

SUICIDE

HOMICIDE

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Phillips

TITLE OR DEGREE

Area Surgeon M.D.

GRADE

03

SOCIAL SECURITY ACCT
NO

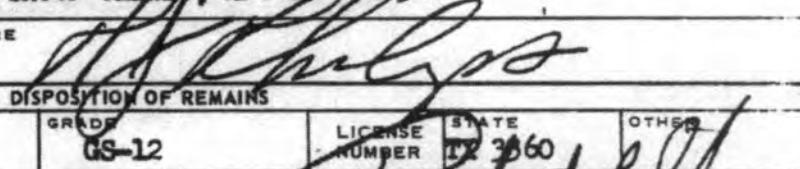
INSTALLATION OR ADDRESS

USA TROOP CLINIC, APO SE 96232

DATE

29 July 1975

SIGNATURE



DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Stoney

GRADE

GS-12

LICENSE
NUMBER

TX 3860

STATE

OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE



NAME OF CEMETERY OR CREMATORIUM

WAT RASADORN THUM SAMAKK CEMATORIUM

LOCATION OF CEMETERY OR CREMATORIUM

KILO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(3 Aug 75)

DATE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

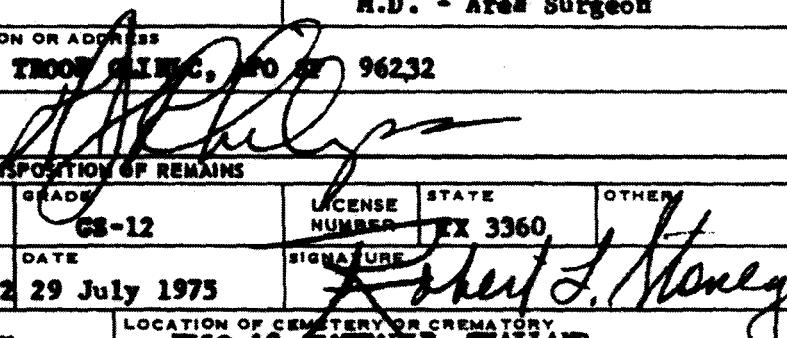
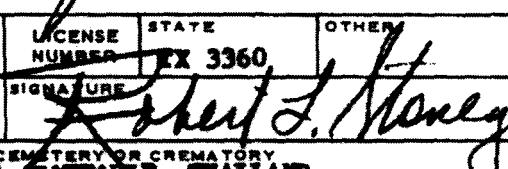
SIGNATURE OF AUTHORIZED INDIVIDUAL

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

TCCL 0077-75 (E)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BIT/HUNG, Bernard		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION MA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUSASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) UD		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Multiple extreme injuries, aircraft accident				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Philips			TITLE OR DEGREE M.D. - Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360	STATE TX
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT RASADORN THUM SAMAKH CEMETORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION (3 Aug 75) <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION 8 August 1975	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				
<p>¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc. ² State conditions contributing to the death, but not related to the disease or condition causing death.</p>				

INCIL 0067-75 (B)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)
INCIL 0067-75 (B)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

MA

DATE OF BIRTH

Unknown

SEX

X MALE

 FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID
NEGROID
X OTHER (Specify) Mongoloid SINGLE MARRIED WIDOWED DIVORCED SEPARATED JEWISH PROTESTANT CATHOLIC OTHER (Specify)

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple external injury aircraft
accidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

MODE OF DEATH

AUTOPSY
PERFORMED YES NO

MAJOR FINDINGS OF AUTOPSY

CIRCUMSTANCES SURROUNDING DEATH DUE TO
EXTERNAL CAUSES

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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
Robert J. PhillipsTITLE OR DEGREE
Area Surgeon M.D.GRADE
03

SOCIAL SECURITY ACCT

INSTALLATION OR ADDRESS

USA TROOP CLINIC APO 96282

DATE
29 July 1975

SIGNATURE

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS
Robert L. StoneyGRADE
GS-12LICENSE
NUMBERSTATE
TX 3360

OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96212

DATE

29 July 1975

SIGNATURE

NAME OF CEMETERY OR CREMATORIAL

WAT RASABORNE THUM SAMAKSI CEMETORY

LOCATION OF CEMETERY OR CREMATORIAL

KMO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(3Aug75)

DATE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

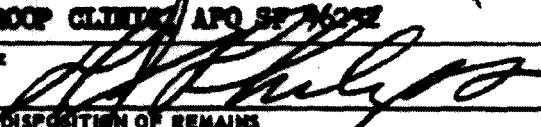
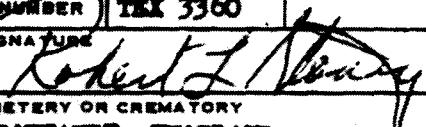
SIGNATURE OF AUTHORIZED INDIVIDUAL

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

TCGIL 0063-75 (C)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) TCGIL 0063-75 (C)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) Nonwhite		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input checked="" type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Multiple extreme injury aircraft accident				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips			TITLE OR DEGREE M.D. Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC APO SF 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE O5-12	LICENSE NUMBER	STATE TEX 3360
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT BAGADORN THINN SAMARAK CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KLLO 10, BATTAMBANG, THAILAND		
TYPE OF DISPOSITION (Same 75) <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION 8 August 1975	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.

2 State conditions contributing to the death, but not related to the disease or condition causing death.

THCIL 0063-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

THCIL 0063-75 (A)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

NA

DATE OF BIRTH

Unknown

SEX UTD MALE
 FEMALE

RACE

MARITAL STATUS

RELIGION

CAUSASOID	<input checked="" type="checkbox"/>	SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/>	MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<input type="checkbox"/>	WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple extreme injury aircraft
accidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

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

DATE OF DEATH (Month, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Phillips

TITLE OR DEGREE

M.D., Area Surgeon

GRADE

SOCIAL SECURITY ACCT
NO.

INSTALLATION OR ADDRESS

03

USA TROOP CLINIC APO 97 102

DATE

29 July 1975

SIGNATURE

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Storrey

GRADE

GS-12

LICENSE
NUMBER

TEX 3360

STATE

OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE

NAME OF CEMETERY OR CREMATORIUM

WAT BASADORN THUM SAMAIK CEMATORIUM

LOCATION OF CEMETERY OR CREMATORIUM

KILO 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(04-75)

 REMOVAL (Specify)

DATE OF DISPOSITION

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

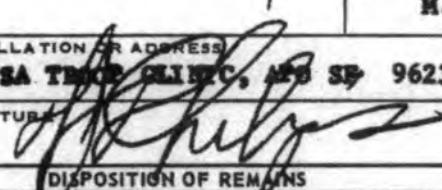
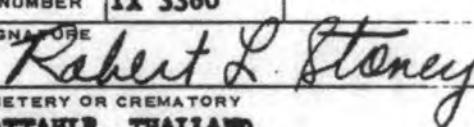
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-248 1 APR 69, WHICH IS OBSOLETE.

THCIL 0060-75 (H)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

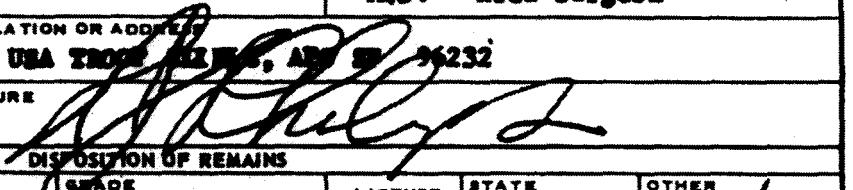
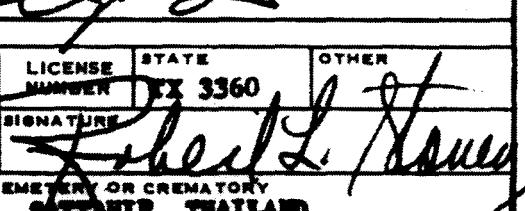
NAME OF DECEASED (Last, First, Middle) THCIL 0060-75 (H)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX UFB <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) WID		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION PROTESTANT CATHOLIC JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line) Multiple extreme injuries, aircraft accident				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				
ANTECEDENT CAUSES MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE				
UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE				
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Philips			TITLE OR DEGREE M.D. - Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT	INSTALLATION OR ADDRESS USA TRUCK CLINIC, APO SF 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360	STATE OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT RASADORN THUM SAMAKK CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) (3Aug75)		DATE OF DISPOSITION 8 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

TICIL 0056-75 (C)

CERTIFICATE OF DEATH (OVERSEAS)

Use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) TICIL 0056-75 (C)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION MA		DATE OF BIRTH UNKNOWN		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUSASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) WID		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Philips			TITLE OR DEGREE M.D. - Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOPERS, AP 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360	STATE TX
INSTALLATION OR ADDRESS US Army Mortuary, Thailand AP 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BARABORN THIN SAMAIKEE CEMETORY			LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAHIP, THAILAND	
TYPE OF DISPOSITION (3 Aug 75) <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION 8 August 1975	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

TCGEL 0056-75 (2)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

TCGEL 0056-75 (2)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

SEX

UID

 MALE FEMALE

MA

UNKNOWN

RACE

MARITAL STATUS

RELIGION

CAUCASOID	<input checked="" type="checkbox"/> SINGLE	DIVORCED	PROTESTANT	OTHER (Specify)
NEGROID	<input type="checkbox"/> MARRIED	SEPARATED	CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UID	<input type="checkbox"/> WIDOWED		JEWISH	

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident	
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
NATURAL			
<input checked="" type="checkbox"/> ACCIDENT	<input type="checkbox"/> YES		
SUICIDE	<input checked="" type="checkbox"/> NO		
HOMICIDE			

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

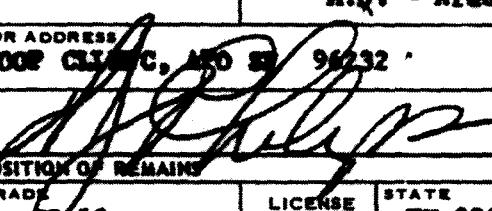
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED
AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

NAME OF MEDICAL OFFICER

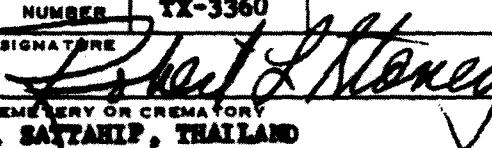
Robert J. Philips

TITLE OR DEGREE

M.D. - Area Surgeon

GRADE O3	SOCIAL SECURITY ACCT NC	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO 96232	
DATE 29 July 1975	SIGNATURE 		

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney	GRADE O-12	LICENSE NUMBER TX-3360	STATE	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232	DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORIAL WAT BASADORN THUM SAMAKH CEMETORY	LOCATION OF CEMETERY OR CREMATORIAL K10 10, SATTAHIP, THAILAND			

TYPE OF DISPOSITION
(3Aug75) BURIAL CREMATION REMOVAL (Specify)

DATE OF DISPOSITION

8 August 1975

REGISTRATION OF VITAL STATISTICS

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

SIGNATURE OF AUTHORIZED INDIVIDUAL

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death; but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-248, 1 APR 69, WHICH IS OBSOLETE.

TCIL 0056-75 (F)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

TCIL 0056-75 (F)

GRADE

BRANCH OF SERVICE

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

SEX

DA

Unknown

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID

SINGLE

DIVORCED

PROTESTANT

OTHER (Specify)

NEGROID

MARRIED

SEPARATED

CATHOLIC

 OTHER (Specify)

DIED

WIDOWED

JEWISH

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH

(Enter only one cause per line)

INTERVAL BETWEEN
ON SET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple extreme injuries, aircraft
accidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

MODE OF DEATH

AUTOPSY
PERFORMED
 YES
 NO

MAJOR FINDINGS OF AUTOPSY

CIRCUMSTANCES SURROUNDING DEATH DUE TO
EXTERNAL CAUSES

DATE OF DEATH (Hour, day, month, year)

4 April 1975

PLACE OF DEATH

South Vietnam

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

Robert J. Philips

TITLE OR DEGREE

M.D. - Army Surgeon

GRADE

03

SOCIAL SECURITY ACCT
NO.

INSTALLATION OR ADDRESS

USA TROOPERS APO 96232

DATE

29 July 1975

SIGNATURE

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

Robert L. Stoney

GRADE

08-12

LICENSE
NUMBER

TX 3360

STATE
OTHER

INSTALLATION OR ADDRESS

US Army Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE

NAME OF CEMETERY OR CREMATORIAL

WAT BAGANORE THUM SAMAKK CREMATORIAL

LOCATION OF CEMETERY OR CREMATORIAL

KING 10, SATTAHIP, THAILAND

TYPE OF DISPOSITION

(3 Aug 75)

DATE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

DA FORM 1 JAN 70 3565

REPLACES DA FORM 10-249 1 APR 59, WHICH IS OBSOLETE.

TECH 1 0063-75 (2)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) THE CL 0063-75 (2)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION MA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE

RACE	MARITAL STATUS			RELIGION	
<input checked="" type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC		
<input checked="" type="checkbox"/> OTHER (Specify) UD	<input type="checkbox"/> WIDOWED		<input type="checkbox"/> JEWISH		

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

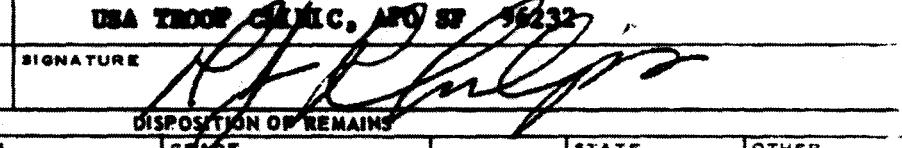
STREET ADDRESS	CITY OR TOWN AND STATE (Include ZIP Code)	
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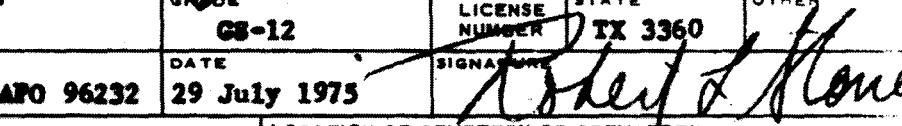
MEDICAL STATEMENT

CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident	
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"/> YES		
<input checked="" type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> NO		
<input type="checkbox"/> SUICIDE			
<input type="checkbox"/> HOMICIDE			

DATE OF DEATH (Hour, day, month, year) 4 April 1975	PLACE OF DEATH South Vietnam
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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 Robert J. Philips		TITLE OR DEGREE M.D. - Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SF 96232	
DATE 29 July 1975		SIGNATURE 	

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 
NAME OF CEMETERY OR CREMATORIAL WAT BASADORN THIN SAMAREE CEMETORY		LOCATION OF CEMETERY OR CREMATORIAL KILO 10, Sattahip, Thailand	

TYPE OF DISPOSITION (3 Aug 75) <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION		REMOVAL (Specify)	DATE OF DISPOSITION 8 August 1975
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REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS			

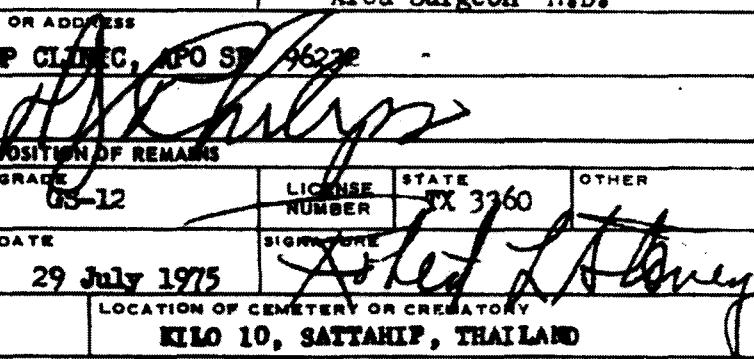
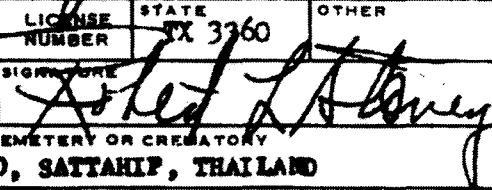
SIGNATURE OF AUTHORIZED INDIVIDUAL

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THCIL 0067-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) THCIL 0067-75 (A)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION WA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) WA		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injury aircraft accident		
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 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL				
ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
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 Robert J. Phillips			TITLE OR DEGREE Area Surgeon M.D.	
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SF 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE O5-12	LICENSE NUMBER	STATE TX 3260
INSTALLATION OR ADDRESS USA Mortuary, Thailand, APO 96232		DATE 29 July 1975	SIGNATURE 	LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTAHIP, THAILAND
NAME OF CEMETERY OR CREMATORIAL WAT BASADORN THUM SAMAKORN CEMETORY				
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION (3 Aug 75)		DATE OF DISPOSITION 8 August 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL 				

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-249, 1 APR 69, WHICH IS OBSOLETE.