

COLLATERAL
REPORT

VOL II OF III

DEFENDANT'S
EXHIBIT
D 300
II of III

I N D E X

VOLUME II

	<u>TAB</u>
Passenger Manifest	39
Supplementary List of Passengers	40
Travel Orders for Civilian Employees	41
Travel Orders for Dependents of Army E-7 Garnett E. Bell	42
Travel Orders for Dr. Merrit W. Stark.	43
Travel Orders for Dependents of Utschur Moschkin.	44
Casualty Report.	45
Casualty Reports (DD Forms 1300) for Crew Members. .46	
Certificate of Death (Overseas) of 35 U.S.Nationals.47	
Certificate of Death (Overseas) of 4 U. S. National Dependents	48
Affidavit of Major James P. Piper Concerning Third Country Nationals	49
Certificate of Death (Overseas) of 8 Foreign Nationals	50
Certificate of Death (Overseas) of 79 Vietnamese Children.	51
Resume of Information Received From Ms Wende I. Grant	52
Flight Authorizations for Crew Members	53
Flight Qualifications and Flying Experience of Flight Crew.	54
Crew Locations at Time of Rapid Decompression and at Impact and Injuries Sustained.	55
Flight Qualification Records of Captain Dennis W. Travnor	56
Flight Qualification Records of Captain Tilford W. Harp	57

Flight Qualification Records of Captain Keith D. Malone . . . . .	.58
Flight Qualification Records of Captain John T. Langford. . . . .	.59
Flight Qualification Records of Major William G. Wallace. . . . .	.60
Flight Qualification Records of SMSgt Howard C. Perkins . . . . .	.61
Flight Qualification Records of SMSgt Raymond F. Snedegar, Jr. . . . .	.62
Flight Qualification Records of MSgt Lynn F. McAtee . . . . .	.63
Flight Qualification Records of TSgt Percy D. Bradley . . . . .	.64
Flight Qualification Records of TSgt Peter P. Doughty . . . . .	.65
Flight Qualification Records of TSgt Allen R. Engels. . . . .	.66
Flight Qualification Records of Captain Edgar K. Melton . . . . .	.67
Flight Qualification Records of MSgt Wendle L. Payne. . . . .	.68
Flight Qualification Records of TSgt William M. Parker. . . . .	.69
Flight Qualification Records of TSgt Felizardo C. Aguillon. . . . .	.70

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.
3. ORIGIN		4. DESTINATION (Name and location)		5. MANIFEST NO.	6. TRIP NO. AND DATE	7. CABIN ATTENDANT	
TAN SON NHUT		LARK AFB, PHIL		SG-5F-00363RC	SAAMS778/09	E-5/218 N/A	
B. MANIFEST							
LINE NO.	GRADE OR TITLE	U.S. ARMED FORCES PASSENGERS (Name and AFSP 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			
A.	B.	C.	D.	E.	F.		
1	CIV	ADAMS, BARBARA E.				SGN CRK 3CU AZ 04	
2	CIV	ADAMS, LINA				SGN CRK 3CU AZ 04	
3	CIV	FAYOT, CLARA				SGN CRK 3CU AZ 04	
4	CIV	BELL, NOVA				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	BELTHER, ANITA				SGN CRK 3CU AZ 04	
8	CIV	BLACKBURN, HELEN				SGN CRK 3CU AZ 04	
9	CIV	BUTLER, 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	CHIEL, ANITA				SGN CRK 3CU AZ 04	
13	CIV	CRANCH, MARY				SGN CRK 3CU AZ 04	
14	CIV	CURTIS, DOROTHY M.				SGN CRK 3CU AZ 04	
15	CIV	DAVIDSON, TILIA				SGN CRK 3CU AZ 04	
16	CIV	DYE, HELEN				SGN CRK 3CU AZ 04	
17	CIV	DYE, ROSE				SGN CRK 3CU AZ 04	
18	CIV	DYE, THELMA				SGN CRK 3CU AZ 04	
19	CIV	STUBBS, MYLON				SGN CRK 3CU AZ 04	
20	CIV	FUJINO, ELIZABETH				SGN CRK 3CU AZ 04	
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		
4 APR 75	HUNG NGUYEN NGOC NGA				MR. J. E. DUDSON		
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		
					Candy Kocum		

AF FORM 96
APR 68

REPLACES AF FORM 96D, OCT 63, WHICH WILL
BE USED UNTIL 30 JUN 69.

PASSENGER MANIFEST				(Check applicable box)		1. CARRIER	2. AIRCRAFT NO.
3. ORIGIN		4. DESTINATION (Name and location)		5. MANIFEST NO.	6. TRIP NO. AND DATE	7. CABIN ATTENDANT	
TAN SON NHUT CL BK APH, PHIL CGH - 52-00363RC SAANS578/094				E/A		C-5/218	
B. 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			
A.	B.	C.	D.	E.	F.		
21	CIV	CASPER, RUTHANNE				SGN CRK 3CU AZ 04	
22	CIV	HERBERT, BEVERLY				SGN CRK 3C AZ 04	
23		HINMAN, PENELOPE				SGN CRK 3CU AZ 04	
24	CIV	HOLLIBAUGH, VERA S.				SGN CRK 3CU AZ 04	
25	CIV	KAVULIA, BA BABA				SGN CRK 3CU AZ 04	
26		MAHER, BARBARA J.				SGN CRK 3CU AZ 04	
27	CIV	MARTIN, REBECCA				SGN CRK 3CU AZ 04	
28	CIV	MARTINI, A A				SGN CRK 3CU AZ 04	
29	CIV	MIDDLEBROOK, MARTHA				SGN CRK 3C AZ 04	
30	CIV	MOORE, KATHERINE				SGN CRK 3CU AZ 04	
31	CIV	MOSEKIN, MARTA				SGN CRK 3CU AZ 04	
32	CIV	MOSEKIN, KRENEANG				SGN CRK 3CU AZ 04	
33	CIV	POLCREAN, MARION P.				SGN CRK 3CU AZ 04	
34		POUST H, JUNE W.				SGN CRK 3CU AZ 04	
35	CIV	POULTON, ORIN J.				SGN CRK 3CU AZ 04	
36	CIV	PRAY, JOAN E.				SGN CRK 3CU AZ 04	
37		RANDALL, GAYONNA K.				SGN CRK 3CU AZ 04	
38	CIV	REYNOLDS, ANNE				SGN CRK 3CU AZ 04	
39	CIV	STON, MAJORIE				SGN CRK 3CU AZ 04	
40	CIV	STOUT, BARBARA				SGN CRK 3CU AZ 04	
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	
4 APRIL 75		MISS NGUY N NGOK NGA				MR E.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)		1. CARRIER	2. AIRCRAFT NO.
3. ORIGIN		4. DESTINATION (Name and location)		NONREVENUE	REVENUE	MAC	6-5/218
TAX SON JENT		CLARK AFB, PHIL		5. MANIFEST NO. 5P-00363RC		6. TRIP NO. AND DATE 8AAMS578/09	
						7. CABIN ATTENDANT N/A	
MANIFEST				CHECKED BAGGAGE			
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			
A.	B.	C.	D.	E.	F.		
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							
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		
4 APRIL 75	NICH ROBERT EOOD MIA				ME J. E. BODDOK		
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 ~~German~~
- ⑨ Tina Bui (?) - Listed German.
- ⑩ Gyoparka 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.

BOYOT, Clara F.

BERTWELL, Arleta L.

BLACKBURN, Helen J.

BOTTOROFF, Ann N.

BROWN, Celeste M.

CLARK, Vivienne A.

CREEL, Wanita T.

CROUCH, Mary Ann

CURTISS, Dorothy M.

DONELSON, Twila M.

FUJINO, Elizabeth K.

GASPER, Ruth Anne

HERBERT, Beverly A.

HINDMAN, Penelope L.

MAIER, Barbara J.

MARTIN, Rebecca A.

MARTINI, Sarah D.

MIDDLEBROOK, Martha J.

MOORE, Katherine B.

POLGREAN, Marion P.

POULTON, June W.

PRAY, Joan K.

RANDALL, Sayonna K.

REYNOLDS, Anne

SNOW, Marjorie V.

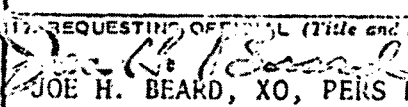


STOUT, Barbara L.

WATKINS, Doris J.

WESLEY, Sharon K.

HOWARD, Dorothy

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF RSO PERSONNEL <small>(Reference: Joint Travel Regulations)</small> 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) SSN 			3. POSITION, TITLE AND GRADE OR RATING EXecutive Assistant GS 301-7		
4. OFFICIAL STATION Defense Attache Office TPO San Francisco 96620			5. ORGANIZATIONAL ELEMENT AOSOP		6. PHONE NO. 2144
7. TYPE OF ORDERS Single		8. SECURITY CLEARANCE 		9. PURPOSE OF TDY To direct employee to escort Viet- namese orphans out of Vietnam on humanitarian flight to the United States.	
10a. APPROX NO. OF DAYS OF TDY (Including travel time) 30 Days		10b. PROCEED O/A (Date) 4 Apr 75			
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: <u>APOD in CONUS</u> and onward to HOR at 					
12. MODE OF TRANSPORTATION					
COMMERCIAL RAIL AIR BUS SHIP X X X X			GOVERNMENT AIR VEHICLE SHIP X X X		N/A PRIVATELY OWNED CONVEYANCE (Check one) RATE PER MILE: <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT <input type="checkbox"/> MILEAGE 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. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)					
14. PER DIEM \$		TRAVEL \$		ESTIMATED COST OTHER \$	
				TOTAL \$	
15. 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.S4A3a(3)					
NAME Linda D. ADAMS		RELATIONSHIP DAUGHTER		 	
17. REQUESTING OFFICIAL (Title and signature)  JOE H. BEARD, XO, PERS DIV			18. APPROVING OFFICIAL (Title and signature)  HENRY B. HICKS, JR., CHIEF, PERS DIV		
AUTHORIZATION					
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, Col, USAF, Exec Off				21. DATE ISSUED 4 Apr 75	
				22. TRAVEL ORDER NUMBER EVAC- 1-75-	

DD FORM 1010 JUN 67

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TRAVEL OF U.S. PERSONNEL

(Reference: Joint Travel Regulations)

Travel Authorized as Indicated in Items 2 through 21.

DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial) DAYOT, CLARA F +		3. POSITION TITLE AND GRADE OR PAYING GS-301-05	
4. OFFICIAL STATION Defense Attache Office IPO San Francisco 96620		5. ORGANIZATIONAL ELEMENT AOSOP -ISR	6. PHONE NO.
7. TYPE OF ORDER 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. PROCEED O/A (Date) 4 Apr 75		

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 (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)

☐ 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

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 500.S
- IAW CMMI 550.S4A3a(3)

17. REQUESTING OFFICIAL (Title and signature)
JOE H. BEARD, XO, PERS DIV

18. APPROVING OFFICIAL (Title and signature)
HENRY D. HICKS, JR., CHIEF, PERS DIV

AUTHORIZATION

19. ACCOUNTING CITATION
1751804.3820 212 68206 0 058206 2D509107 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
EVAC- 3-75

FORM 4-75

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <small>(Reference: Joint Travel Regulations)</small> 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) BERTWELL, ARLETA L.			3. POSITION TITLE AND GRADE OR RATING Clerk Typing GS 312-5																							
4. OFFICIAL STATION Defense Attache Office FPO San Francisco 96620			5. ORGANIZATIONAL ELEMENT AOSOP		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. PROCEED O/A (Date) 4 Apr 75																								
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: APOD in CONUS and onward to HOR at Mrs. Jerry Beck																										
12. MODE OF TRANSPORTATION																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">COMMERCIAL</th> <th colspan="3">GOVERNMENT</th> </tr> <tr> <th>RAIL</th> <th>AIR</th> <th>BUS</th> <th>SHIP</th> <th>AIR</th> <th>VEHICLE</th> <th>SHIP</th> </tr> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> </tr> </table>				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: <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT <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.	
COMMERCIAL				GOVERNMENT																						
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP																				
X	X	X	X	X	X	X																				
<input checked="" type="checkbox"/> 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																				
\$		\$		\$		\$ MAX																				
15. 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 550.5A3(d)																										
17. REQUESTING OFFICIAL (Title and signature) JOE H. BEARD, XO, PERS DIV				18. APPROVING OFFICIAL (Title and signature) HENRY P. HICKS, JR., CHIEF, PERS DIV																						
AUTHORIZATION																										
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, Col, USAF, Exec Off				21. DATE ISSUED 4 Apr 75																						
DD FORM 1090				22. TRAVEL ORDER NUMBER EVAC- 5-75																						
EMERGENCY EVACUATION TRAVEL ORDER																										

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TRAVEL OF PERS 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)

BLACKBURN, HELEN J

3. POSITION TITLE AND GRADE OR RATING

ADMIN SPEC GS-301-9

4. OFFICIAL STATION

Defense Attache Office
PPO San Francisco 96620

5. ORGANIZATIONAL ELEMENT

AOSAF

6. PHONE NO.

7. TYPE OF ORDER

Single

8. SECURITY CLEARANCE

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

30 Days

9. PROCEED O/A (Date)

4 Apr 75

5. PURPOSE OF TRIP

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 (Check one)
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:	
X	X	X	X	X	X	X		<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas 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.

☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.

☐ OTHER RATE OF PER DIEM (Specify)

ESTIMATED COST				14. 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.)

1. Employee limited to 44 pounds of luggage.

2. Employee authorized 30 days advance pay.

IAW CMHI 550.5443(3)

17. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

18. APPROVING OFFICIAL (Title and signature)

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

AUTHORIZATION

19. ACCOUNTING CITATION

1751804.3820 212 68206 0 068206 20509107 EFCO 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

EVAC- 6-75

DD FORM 1610

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF BOD 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 Attache Office FPO San Francisco 96620			5. ORGANIZATIONAL ELEMENT AOSPA		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. PROCEED O/A (Date) 4 Apr 75																								
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: APOD in CONUS and onward to HOR at 																										
12. MODE OF TRANSPORT <input type="checkbox"/> PRIVATELY OWNED CONVEYANCE (Check one)																										
<table border="1"> <thead> <tr> <th colspan="4">COMMERCIAL</th> <th colspan="3">GOVERNMENT</th> </tr> <tr> <th>RAIL</th> <th>AIR</th> <th>BUS</th> <th>SHIP</th> <th>AIR</th> <th>VEHICLE</th> <th>SHIP</th> </tr> </thead> <tbody> <tr> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> </tbody> </table>				COMMERCIAL				GOVERNMENT			RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	X	X	X	X	X	X	X	RATE PER MILE: <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT	
COMMERCIAL				GOVERNMENT																						
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP																				
X	X	X	X	X	X	X																				
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE OFFICER (Overseas Travel only)				<input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO COMPARATIVE 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, registration fees, etc.) 1. Employee limited to 44 pounds of luggage. 2. Employee authorized 30 days advance pay.																										
IAW CMCI 550.54/3a(5)																										
17. REQUESTING OFFICIAL (Title and signature) JOE H. BEARD, XO, PERS DIV			18. MOVING OFFICIAL (Title and signature) HENRY R. HICKS, JEN, CHIEF, PERS DIV																							
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, Col, USAF, Exec Off				21. DATE ISSUED 4 Apr 75																						
				22. TRAVEL ORDER NUMBER EVAC- 7-75																						

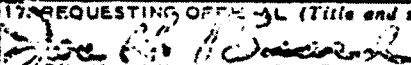
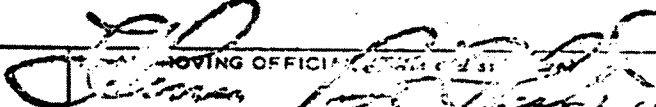
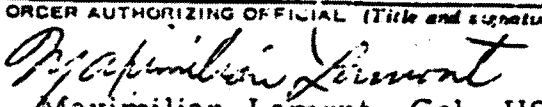
DD FORM 1010

EMERGENCY EVACUATION TRAVEL ORDER

REQUEST AND AUTHORIZATION FOR DOD CIVILIAN PERMANENT DUTY TRAVEL (Reference: Joint Travel Regulations)				1. DATE REQUESTED 26 Mar 75	
TRAVEL AUTHORIZED HEREIN AS NECESSARY IN THE PUBLIC SERVICE					
REQUEST FOR OFFICIAL TRAVEL					
2. NAME (Last, First, Middle Initial) BROWN, CELESTE M. SSAN: []			3. NEW POSITION TITLE AND GRADE OR RATING Secretary (Typing) GS-06		
4. RELEASING OFFICIAL STATION AND LOCATION, OR ACTUAL PLACE OF RESIDENCE Defense Attache 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. PURPOSE OF TRAVEL <input checked="" type="checkbox"/> TRAVEL BETWEEN OFFICIAL STATIONS <input type="checkbox"/> RENEWAL AGREEMENT TRAVEL <input type="checkbox"/> OTHER (Specify)			DUTY REPORTING DATE AT NEW STATION o/a 27 May 75		
<input type="checkbox"/> RETURN FROM OVERSEAS FOR SEPARATION					
7. MODE OF TRANSPORTATION <input checked="" type="checkbox"/> GOVERNMENT <input checked="" type="checkbox"/> RAIL <input checked="" type="checkbox"/> AIR <input checked="" type="checkbox"/> BUS <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> TO BE DETERMINED BY TRANSPORTATION OFFICER		PRIVATELY OWNED CONVEYANCE <input type="checkbox"/> ADVANTAGEOUS <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> NOT ADVANTAGEOUS <input type="checkbox"/> RATE PER MILE \$			
8. PER DIEM FOR EMPLOYEE AND DEPENDENTS (if applicable) AUTHORIZED PER JTR.		9. 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			
10. TEMPORARY QUARTERS SUBSISTENCE EXPENSE <input type="checkbox"/> IS <input type="checkbox"/> IS NOT AUTHORIZED FOR N/A DAYS					
11. <input type="checkbox"/> 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 (Children)	
	N/A				
14. <input checked="" type="checkbox"/> SHIPMENT OF HOUSEHOLD GOODS AUTHORIZED NOT IN EXCESS OF 5,000 (Net Weight in Pounds)				NONTEMPORARY STORAGE OF HOUSEHOLD GOODS AUTHORIZED	
FROM Saigon, RVN		TO Arlington, VA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. OVERSEA SHIPMENT OF PRIVATELY OWNED MOTOR VEHICLE AUTHORIZED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				16. ADVANCE AUTHORIZED \$ 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 Z 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 TOS expenses. <i>Contact address.</i> [] <i>tel</i> []					
18. ESTIMATED PER DIEM (Q) COST \$ 35.00		TRAVEL (T) \$ 458.00		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> F. GASPER, Chief Staffing Section			21. APPROVING OFFICIAL (Title and Signature) <i>Joe H. Beard</i> JOE H. BEARD, Executive Officer, Pers. Div.		
AUTHORIZATION					
22. ACCOUNTING CITATION 1751804.3820 212 69206 0 063206 2D 509210 KEQXE CIC.3509210N68206WS					
23. ORDER AUTHORIZING OFFICIAL (Title and Signature) OR AUTHENTICATION FOR THE DEFENSE ATTACHE: <i>Steve Ulicny</i> STEVE ULICNY, Administrative Officer, Logistics Division				24. DATE ISSUED 2 April 1975	
				25. TRAVEL ORDER NUMBER Para 12, SO 92	

DD FORM 1514

FPCB

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <small>(Reference: Joint Travel Regulations)</small> Travel Authorized as Indicated in Items 2 through 21.								DATE OF REQUEST: 4 Apr 75	
REQUEST FOR OFFICIAL TRAVEL									
2. NAME (Last, First, Middle Initial) CLARK, Vivienne A.					3. POSITION TITLE AND GRADE OR RATING SSN [REDACTED] Admin. Technician, GS-8				
4. OFFICIAL STATION Defense Attache Office FPO San Francisco 96620					5. ORGANIZATIONAL ELEMENT AOSAE, USDAO			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. PROCEED O/A (Date) 4 Apr 75						
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: APOD in CONUS and onward to HOR at WASHINGTON, D.C.									
12. MODE OF TRANSPORTATION									
COMMERCIAL RAIL AIR BUS SHIP X X X X				GOVERNMENT AIR VEHICLE SHIP X X X			N/A PRIVATELY OWNED CONVEYANCE (Specify one) RATE PER MILE: <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT		
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas 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 checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)									
14. ESTIMATED COST								15. ADVANCE AUTHORIZED MAX	
PER DIEM		TRAVEL			OTHER		TOTAL		
\$		\$			\$		\$		
16. REMARKS (Use this space for special requirements, leave, superior or last-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.S4A3a(3) 3. Contact add: c/o Mr./Mrs. Remy Dillenseger, [REDACTED]									
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				
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, 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 DOD PERSONNEL <small>(Reference: Joint Travel Regulations)</small> Travel Authorized as Indicated in Items 2 through 21.						DATE OF REQUEST 4 Apr 75																						
REQUEST FOR OFFICIAL TRAVEL																												
2. NAME (Last, First, Middle Initial) CREEL, WANITA T.				3. POSITION, TITLE AND GRADE OR RATING SECT GS-318-5																								
4. OFFICIAL STATION Defense Attache Office FPO San Francisco 96620				5. ORGANIZATIONAL ELEMENT AOSAF-OF		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		b. PROCEED O/A (Date) 4 Apr 75																										
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: APOD in CONUS and onward to HOR at																												
12. MODE OF TRANSPORTATION																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">COMMERCIAL</th> <th colspan="3">GOVERNMENT</th> </tr> <tr> <th>RAIL</th> <th>AIR</th> <th>BUS</th> <th>SHIP</th> <th>AIR</th> <th>VEHICLE</th> <th>SHIP</th> </tr> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> </tr> </table>				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: <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT			
COMMERCIAL				GOVERNMENT																								
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP																						
X	X	X	X	X	X	X																						
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)				<input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO COMSTRUCTIVE COST OF COMMON CARRIER TRAVEL POSTAL AND RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.																								
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14. ESTIMATED COST																												
PER DIEM		TRAVEL		OTHER		TOTAL																						
\$		\$		\$		\$																						
15. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)							16. ADVANCE AUTHORIZED																					
1. Employee limited to 44 pounds of luggage. 2. Employee authorized 30 days advance pay. IAW CMHI 550.8443a(3)							MAN																					
17. REQUESTING OFFICIAL (Title and signature) JOE H. BEARD, XO, PERS DIV				18. AUTHORIZING OFFICIAL (Title and signature) HENRY P. HICKS, JR., CHIEF, PERS DIV																								
19. ACCOUNTING CITATION																												
1751804.3820 212 68206 0 068205 2D509107 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 Maximilian Lamont, Col, USAF, Exec Off						4 Apr 75																						
						22. TRAVEL ORDER NUMBER																						
						EVAC- 9-7-5																						

DD FORM 1310




EMERGENCY EVACUATION TRAVEL ORDER

ENCLOSURE FOR MOBILITY KIT

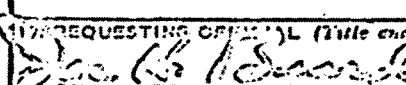
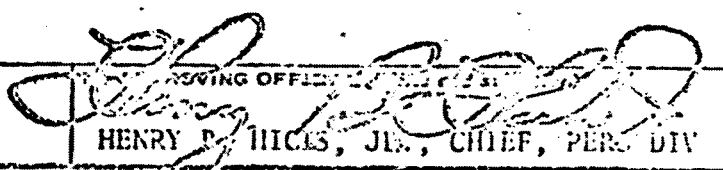
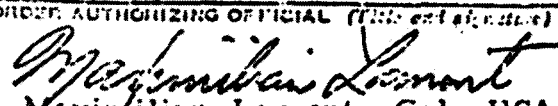
REQUEST AND AUTHORIZATION FOR TRAVEL OF DOD PERSONNEL <small>(Reference: Joint Travel Regulations)</small> Travel Authorized as Indicated in Items 2 through 21.						1. DATE OF REQUEST: 4 Apr 75	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) CROUCH MARY ANN					3. POSITION/TITLE AND GRADE OR RATING SECT(STNO) GS 318-5		
4. OFFICIAL STATION Defense Attache Office FPO San Francisco 96620					5. ORGANIZATIONAL ELEMENT AOSAR		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. PROCEED O/A (Date) 4 Apr 75					
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: APOD in CONUS and onward to HOR at							
12. MODE OF TRANSPORTATION							
COMMERCIAL RAIL <input checked="" type="checkbox"/> AIR <input checked="" type="checkbox"/> BUS <input checked="" type="checkbox"/> SHIP <input checked="" type="checkbox"/>				GOVERNMENT AIR <input checked="" type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> SHIP <input checked="" type="checkbox"/>		N/A PRIVATELY OWNED CONVEYANCE (Check one) RATE PER MILE: <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT	
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)				<input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONTRIBUTIVE COST OF COMMON CARRIER TRANSPORTATION <input type="checkbox"/> 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, registration fees, etc.) 1. Employee limited to 44 pounds of luggage. 2. Employee authorized 30 days advance pay. IAW CMCI 550.S443(3)							
17. REQUESTING OFFICER (Title and signature) JOE H. BEARD, XO, PERS DIV				18. APPROVING OFFICER (Title and signature) HENRY B. HICKS, JEL, CHIEF, PERS DIV			
AUTHORIZATION							
19. ACCOUNTING CITATION 1751804.3820 212 68206 0 068206 20509107 EFCO 5, 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 EVAC-11-75	

DD FORM 1 JUN 67 1010

EMERGENCY EVACUATION TRAVEL ORDER

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF GDD 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) CURTISS DOROTHY M.				3. POSITION TITLE AND GRADE OR RATING Clerk Typist																							
4. OFFICIAL STATION Defense Attache Office FPO San Francisco 96620				5. ORGANIZATIONAL ELEMENT AOSAE		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. PROCEED O/A (Date) 4 Apr 75																									
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: APOD in CONUS and onward to HOR at Washington, D.C.																											
12. MODE OF TRANSPORTATION																											
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COMMERCIAL				GOVERNMENT																							
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP																					
X	X	X	X	X	X	X																					
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas 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 checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)																											
14. ESTIMATED COST						15. ADVANCE AUTHORIZED MAX																					
PER DIEM		TRAVEL		OTHER			TOTAL																				
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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.																											
Contact Address:																											
17. REQUESTING OFFICIAL (Title and signature)  JOE H. BEARD, XO, PERS DIV				18. MOVING OFFICIAL (Title and signature)  HENRY D. HICKS, JR., CHIEF, PERS DIV																							
AUTHORIZATION																											
19. ACCOUNTING CITATION 1751804.3820 212 68206 0 068206 2D509107 EFOO 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 EVAC- 40-75																						

ENCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations)						DATE OF REQUEST: 4 Apr 75																						
Travel Authorized as Indicated in Items 2 through 21.																												
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 Attache Office FPO San Francisco 96620					5. ORGANIZATIONAL ELEMENT AOSAF-LL		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.																								
10c. APPROX NO OF DAYS OF TDY (including travel time) 30 Days		8. PROCEED O/A (Date) 4 Apr 75																										
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: APOD in CONUS and onward to HOR at																												
12. MODE OF TRANSPORTATION																												
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COMMERCIAL				GOVERNMENT																								
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP																						
X	X	X	X	X	X	X																						
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only) 13a. <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.) 1. Employee limited to 44 pounds of luggage. 2. Employee authorized 30 days advance pay. <div style="text-align: right;">IAW CMOI. 550.543a(3)</div>																												
17. REQUESTING OFFICIAL (Title and signature) <div style="text-align: center;">  JOE H. BEARD, XO, PERS DIV </div>				18. APPROVING OFFICIAL (Title and signature) <div style="text-align: center;">  HENRY P. HICES, JR., CHIEF, PERS DIV </div>																								
AUTHORIZATION																												
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 <div style="text-align: center;">  Maximilian Lamont, Col, USAF, Exec Off </div>						21. DATE ISSUED 4 Apr 75																						
22. TRAVEL ORDER NUMBER EVAC-12-75																												

DD FORM 1610

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF PERS PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as Indicated in Items 2 through 21.		DATE OF REQUEST: 4 Apr 75																						
REQUEST FOR OFFICIAL TRAVEL																								
2. NAME (Last, First, Middle Initial) FUJINO ELIZABETH K.		3. POSITION, TITLE AND GRADE OR RATING ADMIN ASST GS-301-07																						
4. OFFICIAL STATION Defense Attache Office FPO San Francisco 95620		5. ORGANIZATIONAL ELEMENT AOS LOSCE-S	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. PROCEED O/A (Date) 4 Apr 75																							
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: APOD in CONUS and onward to HOR at C/O H. MATSUMORI																								
12. MODE OF TRANSPORT TIO:1																								
<table border="1"> <tr> <th colspan="4">COMMERCIAL</th> <th colspan="3">GOVERNMENT</th> </tr> <tr> <th>RAIL</th> <th>AIR</th> <th>BUS</th> <th>SHIP</th> <th>AIR</th> <th>VEHICLE</th> <th>SHIP</th> </tr> <tr> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> </table>		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: <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT <input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION OR RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.	
COMMERCIAL				GOVERNMENT																				
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP																		
X	X	X	X	X	X	X																		
<input checked="" type="checkbox"/> 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. PER DIEM		ESTIMATED COST																						
TRAVEL		OTHER																						
TOTAL		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. EN CMMI 550.54432(3) 550.5																								
17. REQUESTING OFFICIAL (Title and signature) JOE H. BEARD, XO, PERS DIV		18. AUTHORIZING OFFICIAL (Title and signature) HENRY D. THICKS, JR., CHIEF, PERS DIV																						
19. AUTHORIZATION																								
15. 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		21. DATE ISSUED 4 Apr 75																						
22. TRAVEL ORDER NUMBER EVAC-16-75																								

DD FORM 1594, 10-70

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TRAVEL OF LOW LEVEL PERSONNEL (References: Joint Travel Regulations) Travel Authorized as Indicated in Items 2 through 21.						DATE OF REQUEST: 4 Apr 75																						
REQUEST FOR OFFICIAL TRAVEL																												
1. NAME (Last, First, Middle Initial) GASPER, RUTHANNE				3. POSITION TITLE AND GRADE OR RATING Adm Spec GS-301-6/2																								
2. OFFICIAL STATION Defense Attache Office FPO San Francisco 96620				5. ORGANIZATIONAL ELEMENT AOSOP-OR		6. PHONE NO.																						
7. TYPE OF ORDER Single		8. SECURITY CLEARANCE		9. PURPOSE OF TRIP To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.																								
10a. APPROX NO. OF DAYS OF TRIP (including travel time) 30 Days		10b. PROCEED O/A (Date) 4 Apr 75																										
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: APOD in CONUS and onward to HOR at																												
12. MODE OF TRANSPORTATION																												
<table border="1"> <tr> <th colspan="4">COMMERCIAL</th> <th colspan="3">GOVERNMENT</th> </tr> <tr> <th>RAIL</th> <th>AIR</th> <th>BUS</th> <th>SHIP</th> <th>AIR</th> <th>VEHICLE</th> <th>SHIP</th> </tr> <tr> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> </table>				COMMERCIAL				GOVERNMENT			RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	X	X	X	X	X	X	X	PRIVATELY OWNED CONVEYANCE (Check only) RATE PER MILE: <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT			
COMMERCIAL				GOVERNMENT																								
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP																						
X	X	X	X	X	X	X																						
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)				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.																								
14. ESTIMATED COST																												
PER DIEM		TRAVEL		OTHER		TOTAL																						
\$		\$		\$		\$																						
15. ADVANCE PAY MAX																												
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.S 3. IAW CMMI 550.S 4A3a(3)																												
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																								
AUTHORIZATION:																												
19. ACCOUNTING CITATION 1751834.3820 212 68206 0 066206 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 EVAC- 1751834																						

DD FORM 1040

EMERGENCY EVACUATION TRAVEL ORDER

REQUEST AND AUTHORIZATION FOR TRAVEL OF LOG PERSONNEL

(Reference: Joint Travel Regulations)

Travel authorized as indicated in Items 2 through 21.

DATE OF RECORD

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

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

HEIBERT, BEVELLY A.

3. POSITION, TITLE AND GRADE

SECRETARY/STENO, GS-319-7

4. OFFICIAL STATION

Defense Attache Office
APO San Francisco 96620

5. ORGANIZATIONAL ELEMENT

AOSNI (Navy Division)

6. PHONE NO.

7. TYPE OF ORDERS

Single

8. SECURITY CLEARANCE

9. PURPOSE OF TRIP

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

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

30 Days

10b. PROCEED O/A (Date)

4 Apr 75

11. ITINERARY

☐ VARIATION AUTHORIZED

FROM: RVN

TO: APOD in CONUS and onward to HOR at Washington, D.C.
(Leave address: Leesburg, Florida)

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	<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT	
<input checked="" type="checkbox"/> DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas 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.

☒ 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.)

1. Employee limited to 44 pounds of luggage.

2. Employee authorized 30 days advance pay. IAW CMMI 550.5 4A3a(3)

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

17. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

18. APPROVING OFFICIAL (Title and signature)

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

AUTHORIZATION

19. ACCOUNTING CITATION

1751804.3820 212 68206 0 068206 20509107 EF00 E, 30 days advance per diem auth, CIC 3509107 NG8206WS.

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

Maximilian Lamont, Col, USAF, Exec Off

21. DATE RECORDED

4 Apr 75

22. TRAVEL ORDER NUMBER

EVAC-19-75

DD FORM 1010, 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 Items 2 through 21.

DATE OF REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial)

HINDMAN, PENELOPE L.

3. POSITION/TITLE AND GRADE OR RATING

SECRETARY (STENO), GS-5

4. OFFICIAL STATION

Defense Attache Office
FPO San Francisco 96620

5. ORGANIZATIONAL ELEMENT

AOSA7-LF

6. PHONE NO.

7. TYPE OF ORDERS

Single

8. SECURITY CLEARANCE

9. PURPOSE OF TRIP

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

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

30 Days

11. PROCEED O/A (Date)

4 Apr 75

12. ITINERARY

☐ VARIATION AUTHORIZED

FROM: RVN

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

13.

MODE OF TRANSPORTATION

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

14.

☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.

☐ OTHER RATE OF PER DIEM (Specify)

15.

ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	16. ADVANCE AUTHORIZED
\$	\$	\$	\$	MAX

17. 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 550.5 4A3(a)3)

Home of record :

18. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

19. AUTHORIZING OFFICIAL (Title and signature)

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

AUTHORIZATION

20. ACCOUNTING CITATION

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

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

Maximilian Lamont, Col, USAF, Exec Off

22. DATE ISSUED

4 Apr 75

23. TRAVEL ORDER NUMBER

EVAC- 70-75

DD FORM 1 JUN 67 1010

EMERGENCY EVACUATION TRAVEL ORDER

ENCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <small>(Reference: Joint Travel Regulations)</small> 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		
MAIER, BARBARA J.			Admin. Services Asst, GS-6		
4. OFFICIAL STATION			5. ORGANIZATIONAL ELEMENT		6. PHONE NO.
Defense Attache Office FPO San Francisco 96620			AOSSA		
7. TYPE OF ORDERS		8. SECURITY CLEARANCE		9. PURPOSE OF TDY	
Single					
10a. APPROX NO. OF DAYS OF TDY (Including travel time)		10b. PROCEED O/A (Date)		To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.	
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					
12. MODE OF TRANSPORTATION					
COMMERCIAL RAIL AIR BUS SHIP X X X X				GOVERNMENT AIR VEHICLE SHIP X X X	
				N/A PRIVATELY OWNED CONVEYANCE (Check one) RATE PER MILE: <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT	
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas 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 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	
\$		\$		\$	
					15. ADVANCE AUTHORIZED
					\$ MAX
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 550.S4A3a(3) 3. Contact: Mont. , Ph :					
17. REQUESTING OFFICIAL (Title and signature)			18. APPROVING OFFICIAL (Title and signature)		
 JOE H. BEARD, XO, PERS DIV			 HENRY P. HICKS, CG, CHIEF, PERS DIV		
AUTHORIZATION:					
19. ACCOUNTING CITATION					
1751804.3820 212 68206 0 068206 2D509107 EF00 E, 30 days advance per diem auth, CIC 3509107 N68205WS.					
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	
				EWAC- 43-75	

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF MOD PERSONNEL

(Reference: Joint Travel Regulations)

Travel Authorized as Indicated in Items 2 through 21.

REQUEST

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial)

MARTIN, REBECCA A.

3. POSITION, TITLE AND GRADE OR RATING

Invent. Mgt Spec, GS-2010-11

4. OFFICIAL STATION

Defense Attache Office
FPO San Francisco 96620

5. ORGANIZATIONAL ELEMENT

AOSAFX-LL

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 or humanitarian flight to the United States.

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

30 Days

b. PROCEED O/A (Date)

4 Apr 75

11. ITINERARY

☐ VARIATION AUTHORIZED

FROM: RVN

TO: APOF CONUS and onward to HOR at
ph: , OR Tinker AFB, Okla

Lubbock, TX 79401

12.

MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			N/A	PRIVATELY OWNED CONVEYANCE (Check one)
RATE	ATN	BUS	SHIP	ATN	VEHICLE	SHIP	RATE PER MILE	
X	X	X	X	X	X	X		<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas 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.

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

14.

ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	RE ADVANCE AUTHORIZED
\$	\$	\$	\$	MAN

15. 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.
3. IAW CMTI 550.S4A3a(3)

16. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

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

AUTHORIZATION

19. ACCOUNTING CITATION

1751804 3820 212 68206 0 058206 2D509107 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

1540- 24-75

DD FORM 1010

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

Q 5

REQUEST AND AUTHORIZATION FOR 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 SSAN 053-32-6106							
2. NAME (Last, First, Middle Initial) MAITINI (Sarah L.) SSN				3. POSITION/TITLE AND GRADE OR PAY IC Admin. Asst (Steno), GS-6/7			
4. OFFICIAL STATION Defense Attache Office FPO San Francisco 96620				5. ORGANIZATIONAL ELEMENT AOSOP-O F		6. PHONE NO.	
7. TYPE OF ORDERS Single		8. SECURITY CLEARANCE		9. PURPOSE OF TDY To direct employee to escort Viet- namese orphans out of Vietnam on humanitarian flight to the United States.			
10a. APPROX NO. OF DAYS OF TDY (Including travel time) 30 Days		10b. PROCEED O/A (Date) 4 Apr 75					
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: APOD in CONUS and onward to HOR at ENRXXXXXXX UTICA, NEW YORK							
12. MODE OF TRANSPORTATION							
COMMERCIAL RAIL AIR BUS SHIP X X X X				GOVERNMENT AIR VEHICLE SHIP X X X		PRIVATELY OWNED CONVEYANCE (Check off) N/A <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT	
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)				<input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CON- STITUTIVE COST OF COMMON CARRIER TRANSPORTATION. I 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. PER DIEM AUTHORIZED							
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 550.5443a(3) Home address: Utica, New York							
17. REQUESTING OFFICER (Title and Signature) JOE H. BEARD, XO, PERS DIV				18. APPROVING OFFICER (Title and Signature) HENRY B. HICKS, JR., CHIEF, PERS DIV			
19. ACCOUNTING CITATION 1751804.3820 212 53206 0 068206 20509107 EFOC 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 EVAC- 25-75	

DB 1584 1010

EMERGENCY EVACUATION TRAVEL ORDER

ENCLOSURE 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.

DATE OF REQUEST:

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

<p>7. NAME (Last, First, Middle Initial)</p> <p style="text-align: center;">MIDDLEBROOK, MARTHA Joannette</p>		<p>3. POSITION/TITLE AND GRADE OR RATE</p> <p style="text-align: center;">CLERK (TYPING), GS-301-5</p>	
<p>4. OFFICIAL STATION</p> <p style="text-align: center;">Defense Attache Office IPO San Francisco 96620</p>		<p>5. ORGANIZATIONAL ELEMENT</p> <p style="text-align: center;">USDAO, Opns&PlansDiv, IntelBr</p>	<p>6. PHONE NO.</p>
<p>8. TYPE OF ORDERS</p> <p style="text-align: center;">Single</p>	<p>9. SECURITY CLEARANCE</p>	<p>9. PURPOSE OF TDY</p> <p style="text-align: center;">To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.</p>	
<p>10a. APPROX NO. OF DAYS OF TDY (Including travel time)</p> <p style="text-align: center;">30 Days</p>	<p>10b. PROCEED O/A (Date)</p> <p style="text-align: center;">4 Apr 75</p>		

11. ITINERARY ☐ VARIATION AUTHORIZED

FROM: RVN

TO: AFOD in CONUS and onward to HOR at CAPE GIRARDEAU MISSOURI

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			N/A	PRIVATELY OWNED CONVEYANCE (Specify)
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP		
X	X	X	X	X	X	X		

RATE PER MILE: ☐ MORE ADVANTAGEOUS TO GOVERNMENT

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

☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO COMSTRUCTIVE 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 DATE OF PER DIEM (Specify)

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.)

1. Employee limited to 44 pounds of luggage.
2. Employee authorized 30 days advance pay. IAW 550.84A3a(3).
3. HOR: Missouri Ph:

<p>17. REQUESTING OFFICER (Full name and signature)</p> <p style="text-align: center;">JOHN H. BRADY, XO, PERS DIV</p>	<p>18. AUTHORIZING OFFICER (Full name and signature)</p> <p style="text-align: center;">HENRY E. HICKS, JR., CHIEF, PERS DIV</p>
--	--

19. ACCOUNTING CITATION

175100-13720 212 68206 0 006206 2D509107 EF00 E, 30 days advance per diem auth, CIO-3500107 N69006WS.

<p>20. AUTHENTICATING OFFICIAL (Full name and signature) OR AUTHENTICATION</p> <p style="text-align: center;">Maximilian Lamont, Col. USAF, Exec Off</p> <p style="text-align: center;">DD FORM 1310</p>	<p>21. DATE ISSUED</p> <p style="text-align: center;">4 Apr 75</p> <p>22. TRAVEL ORDER NUMBER</p> <p style="text-align: center;">EVAC- 44-75</p>
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EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TRAVEL OF BOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as Indicated in Items 2 through 21.		1. DATE OF REQUEST: 4 Apr 75																											
2. NAME (Last, Middle, Initial) SSN POLGREAN, MARION P.		3. POSITION TITLE AND GRADE OR RATE Admin. Assist/Steno, GS-7																											
4. OFFICIAL STATION Defense Attache Office IPO San Francisco 96620		5. ORGANIZATIONAL ELEMENT AOSA F																											
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. PROCEED O/A (Date) 4 Apr 75																												
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: APOD in CONUS and onward to HOR at SAN JOSE, CALIFORNIA																													
12. MODE OF TRANSPORTATION <table border="1"> <tr> <th colspan="4">COMMERCIAL</th> <th colspan="3">GOVERNMENT</th> <th>N/A</th> <th>PRIVATELY OWNED CONVEYANCE (Check one)</th> </tr> <tr> <th>RATE</th> <th>AIR</th> <th>BUS</th> <th>SHIP</th> <th>AIR</th> <th>VEHICLE</th> <th>SHIP</th> <th>RATE PER MILE</th> <th></th> </tr> <tr> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td></td> <td><input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT</td> </tr> </table>			COMMERCIAL				GOVERNMENT			N/A	PRIVATELY OWNED CONVEYANCE (Check one)	RATE	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE		X	X	X	X	X	X	X		<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT
COMMERCIAL				GOVERNMENT			N/A	PRIVATELY OWNED CONVEYANCE (Check one)																					
RATE	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE																						
X	X	X	X	X	X	X		<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT																					
13. <input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only) <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)																													
14. ESTIMATED COST <table border="1"> <tr> <th>PER DIEM</th> <th>TRAVEL</th> <th>OTHER</th> <th>TOTAL</th> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </table>			PER DIEM	TRAVEL	OTHER	TOTAL	\$	\$	\$	\$																			
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.) 1. Employee limited to 44 pounds of luggage. 2. Employee authorized 30 days advance pay. IAW CMMI 550.54A3a(3) Mailing address: c/o Le Joy Polgrean, Phone: 5 San Jose CA																													
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 2D509107 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 EVAC- 27-75																											

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TRAVEL OF DOD PERSONNEL <small>(Reference: Joint Travel Regulations)</small> Travel Authorized as Indicated in Items 2 through 21.				DATE OF REQUEST 4 Apr 75																						
REQUEST FOR OFFICIAL TRAVEL																										
1. NAME (Last, First, Middle Initial) POULTON, JUNE W.			2. POSITION/TITLE AND GRADE OR RATING GS-03																							
4. OFFICIAL STATION Defense Attache 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 To direct employee to escort Viet- namese orphans out of Vietnam on humanitarian flight to the United States.																						
10a. APPROX NO. OF DAYS OF TDY (Including travel time) 30 Days		10b. PROCEED O/A (Date) 4 Apr 75																								
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: AFOD in CONUS and onward to HOR at Salt Lake City, Utah																										
12. MODE OF TRANSPORTATION																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">COMMERCIAL</th> <th colspan="3">GOVERNMENT</th> </tr> <tr> <th>RAIL</th> <th>AIR</th> <th>BUS</th> <th>SHIP</th> <th>AIR</th> <th>VEHICLE</th> <th>SHIP</th> </tr> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> </tr> </table>				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: <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT	
COMMERCIAL				GOVERNMENT																						
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP																				
X	X	X	X	X	X	X																				
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas 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 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.) 1. Employee limited to 44 pounds of luggage. 2. Employee authorized 30 days advance pay. 3. IAW CMMI 550.S4A3a(3).																										
17. REQUESTING OFFICIAL (Title and signature) JOE H. BEARD, XO, PERS DIV					18. AUTHORIZING OFFICIAL (Title and signature) HENRY E. HICKS, JR., CHIEF, PERS DIV AUTHORIZED																					
19. ACCOUNTING CITATION 1751834.3820 212 068205 0 068205 20509107 EF00 E, 30 days advance per diem auth, CIC 3509107 N68206WS.																										
20. CDR AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION Maximilian Lamont, Col, USAF, Exec Off							21. DATE ISSUED 4 Apr 75																			
							22. TRAVEL ORDER NUMBER EVAC- 30-75																			

DD FORM 1010

EMERGENCY EVACUATION TRAVEL ORDER

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)

Travel Authorized as Indicated in Items 7 through 21.

DATE ISSUED

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

SSN 032-24-3814

2. NAME (Last, First, Middle Initial) PRAY JOAN K.		3. POSITION, TITLE AND GRADE OR RATING INTELLIGENCE RESEARCH SPECIALIST,	
4. OFFICIAL STATION Defense Attache Office FPO San Francisco 96620		5. ORGANIZATIONAL ELEMENT AOSOP-ISM	6. PHONE NO. CS-9
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. PROCEED O/A (Date) 4 Apr 75		

11. ITINERARY ☐ VARIATION AUTHORIZED

FROM: RVN

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

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		<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT

☒ 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)

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 550.5 4A3a(3)

Home of Record:

Arlington, Va.

17. REQUESTING OFFICER (Title and signature) JOHN H. BEARD, XO, PERS DIV	18. APPROVING OFFICER (Title and signature) HENRY B. HICKS, JR., CHIEF, PERS DIV
--	--

AUTHORIZATION

19. ACCOUNTING CITATION

1751804.3820 212 03206 0 068206 20509107 EF00 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- 32-75

DD FORM 1510

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

C-5

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL							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) MOORE, Katherine B.					3. POSITION/TITLE AND GRADE OR PAY GS			
4. OFFICIAL STATION Defense Attache Office FPO San Francisco 96620					5. ORGANIZATIONAL ELEMENT AOSSA			6. PHONE NO.
7. TYPE OF ORDER 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. PROCEED O/A (Date) 4 Apr 75					
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED								
FROM: RVN								
TO: AFOD in CONUS and onward to HOR at CA, phone								
12. MODE OF TRANSPORTATION								
COMMERCIAL				GOVERNMENT			N/A PRIVATELY OWNED CONVEYANCE (If used)	
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE	
X	X	X	X	X	X	X	<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT	
13. <input checked="" type="checkbox"/> 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 PER DIEM LIMITED AS INDICATED IN JTR.	
14. ESTIMATED COST								
PER DIEM		TRAVEL		OTHER		TOTAL		15. TOTAL AUTHORIZED
\$		\$		\$		\$		
16. REMARKS (Use this space for special requirements, leave, superior or subclass accommodations, excess baggage, registration fees, etc.)								
1. Employee limited to 44 pounds of luggage.								
2. Employee authorized 30 days advance pay.								
3. IAW OMB 550.34A3a(3).								
17. REQUESTING OFFICIAL (Title and Signature) JOE H. BEARD, XO, PERS DIV					18. APPROVING OFFICIAL (Title and Signature) HENRY B. HICKS, JOINT CHIEF, PERS DIV			
19. ACCOUNTING CITATION 1751804.3820 212 08205 0 008205 20509107 EF00 E, 30 days advance per diem auto, CIO 3509107 168706WS.					20. ORDER AUTHORIZING OFFICIAL (Title and Signature) OR AUTHORIZATION Maximilian Lamont, Col, USAF, Exec Off			
21. DATE ISSUED 4 Apr 75					22. TRAVEL ORDER NUMBER EVAC-26-75			

DD FORM 1300, 1-70

EMERGENCY EVACUATION TRAVEL ORDER

REQUEST AND AUTHORIZATION FOR TRAVEL OF LOS PERSONNEL

(Reference: Joint Travel Regulations)

Travel Authorized as Indicated in Items 2 through 21.

RECEIVED

4 Apr 75

REQUEST FOR OFFICIAL TRAVEL

SSAN 582-42-2824

2. NAME (Last, First, Middle Initial)

(RAHALL)

SSN

IAN TALL SAYONNA K

3. POSITION TITLE AND GRADE OR RATE

ADMIN. SPECIALIST, GS-301-7/7

4. OFFICIAL STATION

Defense Attache Office
PPO San Francisco 96620

5. ORGANIZATIONAL ELEMENT

AOSAD

6. PHONE NO.

7. TYPE OF ORDERS

Single

8. SECURITY CLEARANCE

9. PURPOSE OF TOY

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

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

30 Days

10b. PROCED. O/A (Date)

4 Apr 75

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 (Class only)
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:	
X	X	X	X	X	X	X		<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas 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. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.☐ OTHER RATE OF PER DIEM (Specify)

ESTIMATED COST				14. 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.)

1. Employee limited to 44 pounds of luggage.

2. Employee authorized 30 days advance pay. IAW CMMI 550.8 4A3a(3)

Contact address (HOF):

17. REQUESTING OFFICIAL (Title and signature)

JOE H. BEARD, XO, PERS DIV

HENRY E. HICKS, CTS, CHIEF, PERS DIV

AUTHORIZATION

19. ACCOUNTING CITATION

1751604.3820 212 08206 0 068203 2D509107 EF00 E, 30 days advance per diem auth, CIC 3509107 N68206WS.

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

Maximilian Lammont, Col, USAF, Exec Off

21. DATE ISSUED
4 Apr 7522. TRAVEL ORDER NUMBER
FAC-35-75

DD FORM 1 JUN 67 1010

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TRAVEL OF GOVT PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as Indicated in Items 7 through 21.				REGISTRY 4 Apr 75																												
NAME (Last, First, Middle Initial) SSN REYNOLDS ANNE				REQUEST FOR OFFICIAL TRAVEL CON 065-09-7230																												
OFFICIAL STATION Defense Attache Office IPO San Francisco 96620				POSITION, TITLE AND GRADE OR RATE Classified Documents Control Officer GS-5/C																												
TYPE OF ORDERS Single		SECURITY CLEARANCE		ORGANIZATION ELEMENT AOCCE=CE-LIV																												
APPROX NO. OF DAYS OF TDY (Including Travel Time) 30 Days		PROCEED O/A (Date) 4 Apr 75		PURPOSE OF TDY To direct employee to escort Viet- namese orphans out of Vietnam on humanitarian flight to the United States.																												
ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: APOD in CONUS and onward to HOR at TUCSON, ARIZONA																																
MODE OF TRANSPORTATION <table border="1"> <tr> <th colspan="4">COMMERCIAL</th> <th colspan="3">GOVERNMENT</th> <th>N/A</th> <th>PRIVATELY OWNED CONVEYANCE (No. of Miles)</th> </tr> <tr> <th>RATE</th> <th>AIR</th> <th>BUS</th> <th>SHIP</th> <th>RAIL</th> <th>VEHICLE</th> <th>SHIP</th> <th>RATE PER MILE</th> <th></th> </tr> <tr> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td></td> <td></td> </tr> </table>						COMMERCIAL				GOVERNMENT			N/A	PRIVATELY OWNED CONVEYANCE (No. of Miles)	RATE	AIR	BUS	SHIP	RAIL	VEHICLE	SHIP	RATE PER MILE		X	X	X	X	X	X	X		
COMMERCIAL				GOVERNMENT			N/A	PRIVATELY OWNED CONVEYANCE (No. of Miles)																								
RATE	AIR	BUS	SHIP	RAIL	VEHICLE	SHIP	RATE PER MILE																									
X	X	X	X	X	X	X																										
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION <input type="checkbox"/> OFFICER (Overseas Travel only)																																
<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT <input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO COM- STRUCTIVE COST OF COMMON CARRIER TRANSPORTATION RELATED PER DIEM IS DETERMINED IN JTR. TRAVEL IS LIMITED AS INDICATED IN JTR.																																
PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)																																
ESTIMATED COST <table border="1"> <tr> <th>PER DIEM</th> <th>TRAVEL</th> <th>OTHER</th> <th>TOTAL</th> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </table>						PER DIEM	TRAVEL	OTHER	TOTAL	\$	\$	\$	\$																			
PER DIEM	TRAVEL	OTHER	TOTAL																													
\$	\$	\$	\$																													
REMARKS (Use this space for special requirements, leave, stop for 1st-class accommodations, excess baggage, registration fees, etc.) 1. Employee limited to 44 pounds of luggage. 2. Employee authorized 30 days advance pay. ^{4A3a(3)} 4A3a(3) ^{4A3a(3)} 4A3a(3) HOF. TUCSON ARIZ. HOF: c/o Laurence Reynolds. Sherman Oaks, CA																																
REQUESTING OFFICIAL (Title and Signature) JOE H. BEARD, XO, PERS DIV																																
AUTHORIZING OFFICIAL (Title and Signature) HENRY D. HICKS, JET, CHIEF, PERS DIV																																
ACCOUNTING CITATION 1751804.3820 212 68206 0 068206 20509107 EF00 E, 30 days advance per diem auth, CIC 3509107 H68206MS.																																
ORDER AUTHORIZING OFFICIAL (Title and Signature) OF AUTHENTICATION Maximilian Lamont, Col, USAF, Exec Off																																
DATE ISSUED 4 Apr 75																																
TRAVEL ORDER NUMBER EVAC-34-75																																
DD FORM 1010 EMERGENCY EVACUATION TRAVEL ORDER																																

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL							REQUEST	
(Reference: Joint Travel Regulations)								
Travel Authorized as Indicated in Items 2 through 21.							4 Apr 75	
REQUEST FOR OFFICIAL TRAVEL							SSN 017-16-5224	
1. NAME (Last, First, Middle Initial) SNOW MAJONE V.				3. POSITION, TITLE AND GRADE ON HAT #6 PROC IAM ANALYST, GS-345-9				SSN SSN
2. OFFICIAL STATION Defense Attache Office IPO San Francisco 96620				5. ORGANIZATIONAL ELEMENT AOSA J-BA		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		b. PROCEED O/A (Date) 4 Apr 75						
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED								
FROM: RVN								
TO: APOD in CONUS and onward to HOR at BOSTON, MASSACHUSETTS								
12. MODE OF TRANSPORTATION								
COMMERCIAL				GOVERNMENT			N/A PRIVATELY OWNED CONVEYANCE (Check one)	
RATE	AIR	RAIL	SHIP	AIR	VEHICLE	SHIP	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)						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
\$		\$		\$		\$		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 Signature) JOE H. BEARD, XO, PERS DIV				18. AUTHORIZING OFFICER (Title and Signature) HENRY P. HIGGS, JOG, CHIEF, PERS DIV				
19. ACCOUNTING CITATION 1751804.3820 212 68206 0 068206 20509107 EF00 E, 30 days advance per diem auth, CIC 3509107 068206WS.								
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 FMAC- 31-75		

DD FORM 1010

EMERGENCY EVACUATION TRAVEL ORDER

INCLOSURE FOR MOBILITY PT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL EXPENSES PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as Indicated in Items 2 through 11.		REPORT 4 Apr 75
1. NAME (Last, First, Middle Initial) SSN		3. POSITION TITLE AND GRADE OR PAY GRADE SSAN 308-2041899 Admin. Office Services Super.
2. OFFICIAL STATION Defense Attache Office FPO San Francisco 96620		4. ORGANIZATIONAL ELEMENT C-E LV, IAO 6. PHONE NO.
7. TYPE OF GROUND 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.	
10. APPROX. NO. OF DAYS OF TDY (including travel time) 30 Days	11. PROCEED O/A (Date) 4 Apr 75	
12. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: AFOD in CONUS and onward to HOR at FORT LAUDERDALE, FLORIDA		

12. MODE OF TRANSPORT TION						
COMMERCIAL				GOVERNMENT		
RATE	AIR	TRUCK	SHIP	AIR	VEHICLE	SHIP
X	X	X	X	X	X	X
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION <input checked="" type="checkbox"/> VEHICLE (Overseas Travel only)						
<input checked="" type="checkbox"/> A/A PRIVATELY OWNED COMPLIANCE (Overseas Travel only) RATE PER MILE: <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT <input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONTRIBUTIVE COST OF COMMERCIAL CARRIER TRAVEL OF RATEE'S 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 PAY DUE (Specify)

14. ESTIMATED COST				15. FUNDING AUTHORITY
PENSION	TRAVEL	OTHER	TOTAL	
\$	\$	\$	\$	

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

1. Employee limited to 44 pounds of luggage.
2. Employee authorized 30 days advance pay. IAW CMHI 550.5413a(1)

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

BY RECORDS SECTION OF FBI (Type and signature)
 GEORGE H. BEARD, XO, TERS DIV
 HENRY B. HICKS, JR., CHIEF, TERS DIV

1751804, 3520 212 65206 0 658206 20509107 EFCO E, 30 days advance per diem ad.,
CIC 3509107 H65206WS.

ORDER AUTHORIZING OFFICIAL (NAME, TITLE AND OFFICE IDENTIFICATION) <i>Maximilian Lamont</i> Maximilian Lamont, Col, USAF, Ensign Off 10 APR 1975		21. DATE ISSUED 4 Apr 75
		22. TRAVEL ORDER NUMBER IVAC- 37-757

INTERAGENCY ALLOCATION 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) WATKINS, DORIS JEAN			3. POSITION/TITLE AND GRADE OR RATING CLERK-TYPIST, GS-6/6		
4. OFFICIAL STATION Defense Attache 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 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. PROCEED O/A (Date) 4 Apr 75			
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: APOD in CONUS and onward to HOR at WASHINGTON, D.C.					
12. MODE OF TRANSPORTATION					
COMMERCIAL RAIL <input checked="" type="checkbox"/> AIR <input checked="" type="checkbox"/> BUS <input checked="" type="checkbox"/> SHIP <input checked="" type="checkbox"/>			GOVERNMENT AIR <input checked="" type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> SHIP <input checked="" type="checkbox"/>		
N/A			PRIVATELY OWNED CONVEYANCE (Check one) <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT		
<input checked="" type="checkbox"/> 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. <input checked="" 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 \$ MAX	
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. IAN CMMI 550.84A3a(3) 3. Home agency: Defense Intelligence, WASHDC 20301 Contact addresses: c/o Ms. Denise Bond, WASHDC (Ph: or c/o Mrs. Mary F. Watkins, WashDC Memphis, Tennessee Ph:					
17. REQUESTING OFFICIAL (Title and signature) JOE H. BEARD, XO, PERS DIV			18. APPROVING OFFICIAL (Title and signature) HENRY B. WICKS, JR., CHIEF, PERS DIV		
19. ACCOUNTING CITATION					
1751804.3920 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				21. DATE ISSUED 4 Apr 75	
				22. TRAVEL ORDER NUMBER EVAC- 39-75	

INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)

Travel Authorized as Indicated in Items 2 through 21.

DATE OF
REQUISITION

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 Attache Office FPO San Francisco 96620		5. ORGANIZATIONAL ELEMENT DAO/AOSOP-0	6. PHONE NO.
7. TYPE OF ORDERS Single	8. SECURITY CLEARANCE	9. PURPOSE OF TDY To direct employee to escort Viet- namese orphans out of Vietnam on humanitarian flight to the United States.	
10a. APPROX NO. OF DAYS OF TDY (including travel time) 30 Days	10b. PROCEED O/A (Date) 4 Apr 75		

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

12. MODE OF TRANSPORTATION						
COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
X	X	X	X	X	X	X
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)				<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT		
				<input type="checkbox"/> MILITARY REIMBURSEMENT AND PER DIEM LIMITED TO CON- STRUCTIVE COST OF COMMON CARRIER TRANSPORTATION AND 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				15. ADVANCE AUTHORIZED
PER DIEM	TRAVEL	OTHER	TOTAL	
\$	\$	\$	\$	MAX

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

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

Home of Record:

San Francisco, CA

Ph:

17. REQUESTING OFFICIAL (Title and signature)

JOHN H. BEARD, XO, PERS DIV

18. APPROVING OFFICIAL (Title and signature)

HENRY P. HICKS, JCN, CHIEF, PERS DIV

AUTHORIZATION

19. ACCOUNTING CITATION 1751804.3820 212 68206 0 008206 2D509107 EF00 E, 30 days advance per diem auth, CIC 3509107 168206WS.

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHORIZATION Maximilian Lamont, Col, USAF, Exec Off	21. DATE ISSUED 4 Apr 75
22. TRAVEL ORDER NUMBER EVAC- 45-75	

DD FORM 1010

EMERGENCY EVACUATION TRAVEL ORDER

REQUEST AND AUTHORIZATION FOR TRAVEL OF LOW PERSONNEL							DATE OF REQUEST	
(Reference: Joint Travel Reg. 1964)							4 Apr 75	
Travel Authorized as Indicated in Items 2 through 21.								
REQUEST FOR OFFICIAL TRAVEL								
2. NAME (Last, First, Middle Initial)				3. POSITION TITLE AND GRADE OR RATING				
HOWARD DOROTHY				Clerk, GS-06				
4. OFFICIAL STATION				5. ORGANIZATIONAL ELEMENT			6. PHONE NO.	
Defense Attache Office FPO San Francisco 96620				AOSSA-P				
7. TYPE OF ORDERS		8. SECURITY CLEARANCE		9. PURPOSE OF TRIP				
Single				To direct employee to escort Vietnamese orphans out of Vietnam on humanitarian flight to the United States.				
10a. APPROX NO. OF DAYS OF TRIP (including travel time)		10b. PROCEED O/F. (Date)						
30 Days		4 Apr 75						
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED								
FROM: RVN								
TO: 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	AIR	VEHICLE	SHIP	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)						MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO COMSTRUCTIVE COST OF COMMON 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.)								
1. Employee limited to 44 pounds of luggage.								
2. Employee authorized 30 days advance pay. IAW CMHI 550.844c(3).								
3. NOK T.E. STEELE, New Orleans, LA								
17. REQUESTING OFFICIAL (Title and signature)				18. APPROVING OFFICIAL (Title and signature)				
JOE H. BEARD, XO, PERS DIV				HENRY P. HICKS, JR., CHIEF, PERS DIV				
19. AUTHORIZATION								
20. ACCOUNTING CITATION								
1751804 3820 212 68205 0 068205 20509107 EF00 E, 30 days advance per diem auth; CIC 3509107 NG8206WS.								
21. DATE ISSUED						22. TRAVEL ORDER NUMBER		
4 Apr 75						EVAC- 22-75		
23. CHIEF AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION								
Maximilian Lamont, Col, USAF, Exec Off								
DD FORM 1010 1 Jun 67						EMERGENCY EVACUATION TRAVEL ORDER		

TRAVEL ORDER FOR

DEPENDENTS OF

ARMY E-7 GARNETT E. BELL

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <small>(reference: Joint Travel Regulations)</small> 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) BELL, GARNETT E. X				3. POSITION TITLE AND GRADE OR RATING E-7 FPJMT																									
4. OFFICIAL STATION Defense Attache Office FPO San Francisco 96620				5. ORGANIZATIONAL ELEMENT FPJMT		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. APPROX NO. OF DAYS OF TDY (Including travel time) N/A		10b. PROCEED O/A (Date) 4 April 1975																											
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED From: Saigon, RVN To: APOD in CONUS and onward to HOR at: Old Hickory, Tenn																													
12. MODE OF TRANSPORTATION																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">COMMERCIAL</th> <th colspan="3">GOVERNMENT</th> </tr> <tr> <td>RAIL X</td> <td>AIR X</td> <td>BUS X</td> <td>SHIP</td> <td>AIR X</td> <td>VEHICLE</td> <td>SHIP</td> </tr> </table>				COMMERCIAL				GOVERNMENT			RAIL X	AIR X	BUS X	SHIP	AIR X	VEHICLE	SHIP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">PRIVATELY OWNED CONVEYANCE (Check one)</th> </tr> <tr> <td colspan="2">RATE PER MILE:</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO COMSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION. RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.</td> </tr> </table>				PRIVATELY OWNED CONVEYANCE (Check one)		RATE PER MILE:		<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT		<input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO COMSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION. RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.	
COMMERCIAL				GOVERNMENT																									
RAIL X	AIR X	BUS X	SHIP	AIR X	VEHICLE	SHIP																							
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13. <input type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)																													
14. ESTIMATED COST																													
PER DIEM \$ N/A		TRAVEL \$		OTHER \$		TOTAL \$																							
						15. ADVANCE AUTHORIZED \$ 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.																													
<u>NAME</u>		<u>RELATIONSHIP</u>		<u>DOB</u>		<u>NATIONALITY</u>																							
Nova, L. Bell		Wife				US																							
Michael E. Bell		Son		9/22/64		US																							
Andrea C. Bell		Son		12/24/69		US																							
17. REQUESTING OFFICIAL (Title and signature) <i>William A. Davis</i> WILLIAM A. DAVIS, PERS MGT SPEC				18. APPROVING OFFICIAL (Title and signature) <i>Morris H. Wilson</i> MORRIS H. WILSON, ASST PERS OFFICER																									
AUTHORIZATION																													
19. ACCOUNTING CITATION: 1751804.3820 212 68205 0 068206 20509107 EF00 E CIC 3509107 N68206MS.																													
20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION <i>Maximilian Lamont</i> MAXIMILIAN LAMONT, EXEC OFFICER						21. DATE ISSUED 4 April 1975																							
						22. TRAVEL ORDER NUMBER EVAC- 4-75																							

TRAVEL ORDERS

FOR

DR. MERITT W. STARK

AGENCY FOR INTERNATIONAL DEVELOPMENT

THORIZATION NUMBER

AID-VN-75-0528

REQUEST AND AUTHORIZATION OF OFFICIAL TRAVEL

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 <input type="checkbox"/> ADMINISTRATIVE EMPLOYEE <input checked="" type="checkbox"/> OTHER (Specify) ADLD/PH (50) 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, ~~CA~~ 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 73-1151030 73-1151030	ALLOTMENT ACCOUNT SYMBOL 430-50-730-00-88-51 530-50-730-00-88-51	REQUESTING OFFICE SYMBOL PER:LEDavis:kinhoa	DATE 4/4/75
8. <i>Loy E. Davis</i> Loy E. Davis, Asst. Personnel Officer APPROVING OFFICER SIGNATURE AND TITLE		Funds Available <i>Paul M. Kestano</i> OTHER REQUIRED APPROVAL	

9. CERTIFICATE OF AUTHORIZATION - CERTIFY that this authorization has been approved as indicated in item 6

Loy E. Davis
LOYE E. DAVIS
SIGNATURE OF AUTHORIZING OFFICER

Assistant Personnel Officer
TITLE

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


INCLOSURE FOR MOBILITY KIT

REQUEST AND AUTHORIZATION FOR TRAVEL OF FED PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as Indicated in Items 2 through 21.						4 Apr 75																						
REQUEST FOR OFFICIAL TRAVEL <i>SSN 142-32-2513</i>																												
2. NAME (Last, First, Middle Initial) SSN MOSCHKIN, Utechur				3. POSITION TITLE AND GRADE OR RA Statistical Asst., GS-6		4. PHONE NO.																						
4. OFFICIAL STATION Defense Attache Office FPO San Francisco 95620				5. ORGANIZATIONAL ELEMENT AOSSA=M		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. PROCEED O/A (Date) 4 Apr 75		11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: RVN TO: APOD in CONUS and onward to HOR at HOWELL, NEW JERSEY																								
12. MODE OF TRANSPORT TICH																												
<table border="1"> <tr> <th colspan="4">COMMERCIAL</th> <th colspan="3">GOVERNMENT</th> </tr> <tr> <th>RAIL</th> <th>AIR</th> <th>BUS</th> <th>SHIP</th> <th>AIR</th> <th>VEHICLE</th> <th>SHIP</th> </tr> <tr> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> </table>				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: <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT			
COMMERCIAL				GOVERNMENT																								
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP																						
X	X	X	X	X	X	X																						
<input checked="" type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas 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.																								
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14. ESTIMATED COST																												
PER DIEM		TRAVEL		OTHER		TOTAL																						
\$		\$		\$		\$																						
15. 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. <i>IAN CMMI 550.S4A3a(5)</i> 3. Address: <i>Howell, NJ, Tel:</i> Sponsor of following dependents: <table border="1"> <tr> <th>Name</th> <th>Relationship</th> <th>IOB</th> <th>Nationality</th> </tr> <tr> <td>Marta Moschkin</td> <td>wife</td> <td>3-27-42</td> <td>US</td> </tr> <tr> <td>Kunsang Moschkin</td> <td>son</td> <td>3-24-65</td> <td>US</td> </tr> </table>								Name	Relationship	IOB	Nationality	Marta Moschkin	wife	3-27-42	US	Kunsang Moschkin	son	3-24-65	US									
Name	Relationship	IOB	Nationality																									
Marta Moschkin	wife	3-27-42	US																									
Kunsang Moschkin	son	3-24-65	US																									
16. REQUESTING OFFICIAL (Title and signature) <i>JOE H. BRAND, XO, PERS DIV</i>				17. APPROVING OFFICIAL (Title and signature) <i>HENRY D. HICKS, JR, CHIEF, PERS DIV</i>																								
18. ACCOUNTING CITATION 1751804.3820 212 68206 0 068206 20509107 EF00 E, 30 days advance per diem auth, CIC 3509107 N68206WS.																												
20. GRUPO AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION <i>Maximilian Lambert, Col. USAF, Exec Off</i>						21. DATE 4 Apr 75																						
						22. TRAVEL ORDER NUMBER EVAC-47-25																						

CASUALTY REPORT

SUBMITTED BY

CWU-4 SCOTT AFMPC/DPMCB

REQUEST AND AUTHORIZATION FOR TEMPORARY DUTY - MILITARY				
TO:		FROM:		TELEPHONE
DPMEA		DPMSC		2909
The following individual(s) will proceed on TDY:				
1. GRADE	2. LAST NAME, FIRST, MIDDLE INITIAL	3. AFSC AND GRADE	4. ORGANIZATION	5. SECURITY CLEARANCE
CWO-W4	SCOTT, LEO F.		AFMPC/DPMSC	TOP SECRET
6. EFFECTIVE ON OR ABOUT 11 Apr 75		7. APPROXIMATE NO. OF DAYS (Include travel time) 15		8. <input checked="" type="checkbox"/> VARIATIONS AUTHORIZED
9. DAILY	10. LEAVE ADDRESS		11. ITINERARY:	
			FROM: Randolph AFB TX TO: Clark AB PL RETURN TO: Randolph AFB TX	
12. PURPOSE OF TDY To assist in casualty reporting of a major aircraft accident. Directed by AF/DP.				
13. IF TDY IS OF THIRTY OR MORE DAYS DURATION, WITHIN THE UNITED STATES, THEN: PURSUANT TO AFR 30-20, YOU OR YOUR AGENT WILL REPORT TO THE BASE HOUSING OFFICE/HOUSING REFERRAL OFFICE SERVING YOUR TDY STATION BEFORE ENTERING INTO ANY RENTAL OR LEASE AGREEMENT FOR OFF-BASE HOUSING.				
14. <input checked="" type="checkbox"/> DOMESTIC TRAVEL WITHIN CONUS OR WITHIN OVERSEA AREA				
15. <input type="checkbox"/> TPE. TRAVEL TIME BY MOST ECONOMICAL CARRIER AVAILABLE IS _____ DAYS. TRAVEL TIME IN EXCESS IS CHARGED TO LEAVE AFTER IN ITEM 6.				
16. <input type="checkbox"/> TPA. THIS MODE HAS BEEN DETERMINED MORE ADVANTAGEOUS TO THE GOVERNMENT.				
17. EXCESS BAGGAGE AUTHORIZED PER PERSON:		18. APPROVED _____ IN ACCORDANCE WITH THE PROVISIONS OF AFR 30-20 FOR ALL NECESSARY TRAVEL EXPENDITURES INCLUDING \$ _____ FOR REGISTRATION AND/OR ADMISSION FEES.		19. BAG RATE (Airman Only) \$ _____
POUNDS		PIECES		
(Items 18 Through 22 Apply For Overseas Travel)				
20. NAME OF DESIGNATED OFFICIAL COMRIER		21. AIR MOVEMENT DESIGNATOR ASSIGNED IS		22. <input checked="" type="checkbox"/> PROPER AREA CLEARANCES HAVE BEEN OBTAINED
23. MODES OF TRANSPORTATION AUTHORIZED FOR TRAVEL TO, FROM, AND WITHIN OVERSEA AREA				
A. <input checked="" type="checkbox"/> MILITARY AIRCRAFT		B. <input type="checkbox"/> COMMERCIAL		
<input checked="" type="checkbox"/> AIRCRAFT		<input type="checkbox"/> AIRCRAFT (First Class Accommodations) <input type="checkbox"/> RAIL <input type="checkbox"/> BUS		
24. <input type="checkbox"/> PRIOR TO TRAVEL OVERSEAS COMPLY WITH THE FOREIGN CLEARANCE GUIDE FOR PASSPORT, IMMUNIZATION, AND CLEARANCE REQUIREMENTS.				
25. RETURN AIR MOVEMENT DESIGNATOR WILL BE OBTAINED FROM THE LOCAL AREA PRIORITY ISSUING AGENCY.				
26. REMARKS Category Z Travel authorized. Hire of special conveyance (taxicab) for use within area of TDY station authorized (IAW 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.				
27. DATE	28. ORDERS ISSUING/APPROVING OFFICIAL (Typed Name and Title)		29. SIGNATURE	
11 Apr 1975	A. W. GRATCH, Colonel, USAF Chief, Casualty Services		<i>A. W. Gratch</i>	
30. AUTHORITY		31. SPECIAL ORDER NO.		32. DATE
AFR 36-20		T-0516		11 Apr 1975
33. DESIGNATION AND LOCATION OF HEADQUARTERS		34. EXPENSES CHARGEABLE TO ACCOUNTING CLASSIFICATION		
DEPARTMENT OF THE AIR FORCE HQ AIR FORCE MILITARY PERSONNEL CENTER Randolph AFB, Texas 78148		5753400-305 5710 190602 09- 407 408 409 \$525000 CIC 4-4-557-0906-525000		
35. DISTRIBUTION		36. SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL		
C		FOR THE COMMANDER  LEAONE, YOUNG, CMSgt, USAF Chief of Administration COL H AFB		

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

AGUILLON, ISGT 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)

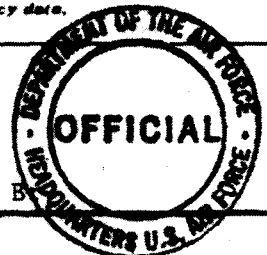
ADAMS, Barbara E.	HOWARD, Dorothy
BAYOT, Clara F.	KAVULIA, Barbara J.
BERTWELL, Arletta L.	MAIER, Barbara J.
BLACKBURN, Helen J.	MARTIN, Rebecca A.
BOTTORFF, Ann N.	MARTINI, Sarah D.
BROWN, Celeste M.	MIDDLEBROOK, Martha S.
CLARK, Vivienne	MOORE, Katherine
CREEL, Wanita T.	POLGREAN, Marion P.
CROUCH, Mary	POULTON, June W.
CURTISS, Dorothy M.	POULTON, Orin J.
DONELSON, Twila M.	PRAY, Joan K.
DRYE, Helen R.	RANDALL, Sayonna K.
EICHEN, Marilyn 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 490 - Final 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) AGUILLON, 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			
7a. PAY GRADE E-6	7b. BASIC PAY	7c. INCENTIVE/ADDITIONAL PAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7d. 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 same		dau	
Clariza L Aguillon same		dau	
Theresa D Aguillon same		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 530 - Final Completes Report Number: 481		2. DATE PREPARED 23 Apr 75	
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS/ NTC) CASTRO, Joe, FR MSgt, Regular, USAF - Det 7, 1369 Photo Sq, APO San Francisco 96274 AFSC: A23570					
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: Near Tan Son Nhut AB RVN (Specify)					
f. CAUSE & CIRCUMSTANCES: Military Aircraft Accident (Photographer C-5A Aircraft)					
5. a. DATE AND PLACE OF BIRTH 13 Sep 38 - Tulare CA		b. RACE Caucasian		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 13 Dec 71 - Eglin AFB FL - Fresno CA					
7a. PAY GRADE E-7		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: 20 May 74	
Mrs Marianna Castro				wife (3)	
Brigitte M Castro same				dau	
AlC Dominique R Castro				son	
Mrs Alice Rivas				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			

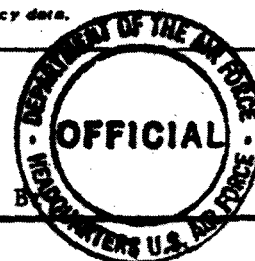


DD FORM 1300
FEB 73

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

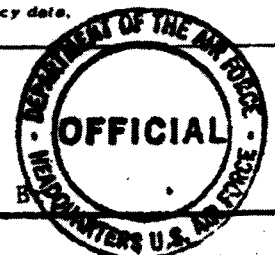
DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 489 - Final Completes Report Number 469	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 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 Engineer C-5A Aircraft)			
5. a. DATE AND PLACE OF BIRTH 17 Jan 45 - Glendale CA		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 6 Oct 71 - Bentwaters England - Sylmar CA			
7a. PAY GRADE E-5	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)		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		son **	
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		AF18873466	
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. **Mr L J Dionne father Mrs D L Dionne 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	



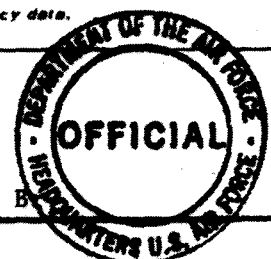
DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 499 - Final Completes Report Number 451	2. DATE PREPARED 16 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS/ NTC) JOHNSON, Denning Cicero, , MSgt*, Regular, USAF - 9 Aeromed Evac Gp, APO San Francisco 96274 AFSC: A90270			
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			
f. CAUSE & CIRCUMSTANCES: Military Aircraft Accident (Med Tech C-5A Aircraft)			
5. a. DATE AND PLACE OF BIRTH 1 Aug 38 - Burgal NC		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 22 Oct 70 - Scott AFB IL			
7a. 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: 26 Apr 74	
Mrs Marilyn S Johnson		wife (3)	
Sandra D Johnson same		dau	
Jerry D Johnson same		son	
Harry C Johnson same		son	
Marilyn Y Johnson same		dau	
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 - 4 APR 75	
12. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO AF14580534			
13. 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 USED		15. BY ORDER OF THE SECRETARY OF THE AIR FORCE DEAN M. MURPHY, Lt Colonel, USAF Ch, Casualty Rptg & Survivor Assistance B	



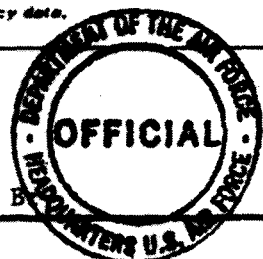
DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 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 <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			
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)			
5. a. DATE AND PLACE OF BIRTH 3 Oct 47 - Lafayette IN		b. RACE Caucasian	c. SEX Female
		d. RELIGIOUS PREFERENCE Roman Catholic	
6. 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	7b. 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		same	father (1,2,3) 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 - 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/ NJC) MELTON, Edgar Robert, FV, Capt, Reserve, USAF - 22 Mil Alft Sq, Travis AFB CA AFSC: 1045F			
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 (Co-pilot C-5A Aircraft)			
5. 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)		DATE OF RECORD OF EMERGENCY DATA FORM: 5 Sep 74	
Mrs Helen M Melton		wife (3)	
Mr Jackson D Melton		father	
Mrs Pauline A Melton same		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 - 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 B	

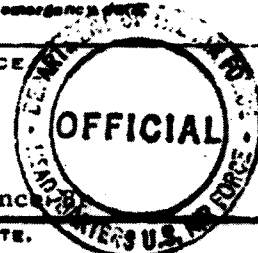


DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 528 - Final Completes Report Number 482	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"/> 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)			
5. a. DATE AND PLACE OF BIRTH 1 Jul 47 - Holyoke MA		b. RACE Caucasian	c. SEX Male
d. RELIGIOUS PREFERENCE Methodist			
6. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 26 Aug 71 - AFRES Los Angeles CA - Los Angeles CA			
7a. 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
8. DUTY STATUS Active - On Duty			
9. 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)**	
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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. **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. 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. #Indicates change			
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	

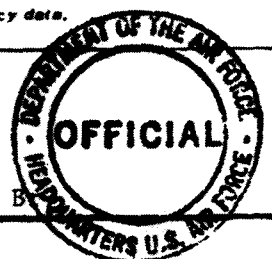
DD FORM 1300
1 FEB 73

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



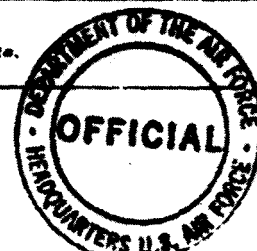
DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 492 - Final 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)			
3. a. DATE AND PLACE OF BIRTH 22 Oct 52 - Terrace Bay Canada		b. RACE Caucasian	c. SEX Male
d. RELIGIOUS PREFERENCE Presbyterian			
5. 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			
7a. PAY GRADE E-5	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
6. DUTY STATUS Active - On Duty			
9. INTERESTED PERSONS (Name, Address, Relationship)		DATE OF RECORD OF EMERGENCY DATA FORM: 19 Oct 71	
Mr Gordon W Paget		CA father (1,2,3)	
Mrs Betty M J Paget, same		mother (2,3)	
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 - 4 APR 75	
12. PRIOR SERVICE DATA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
13. 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.			
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 R-159 - Final Completes Report Number R-137		2. DATE PREPARED 6 May 75	
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch)					
PARKER, William Monroe, FR, TSgt, Regular, USAF					
4. CASUALTY STATUS <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE 5. COMMENCED TOUR DATE					
6. 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					
7. DATE: 21 Apr 75 8. PLACE: Tripler Army Med Ctr, Honolulu HI					
9. CAUSE: Injuries received as a result of military aircraft accident (C-5A Loadmaster)					
10. A. DATE AND PLACE OF BIRTH 11 Dec 38 - Caddo OK		B. RACE N/A		C. SEX N/A	
D. RELIGIOUS PREFERENCE N/A					
11. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME N/A					
12. PAY GRADE E-6		13. BASIC PAY N/A		14. INCENTIVE/ADDITIONAL PAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO N/A	
15. CHECK IF APPLICABLE <input type="checkbox"/> CREW <input type="checkbox"/> PASSENGER					
16. DUTY STATUS Retired - Physical Disability (Chronic brain syndrome; Fracture right femur; Hemophorax left partial) effective 17 Apr 75#					
17. 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	
18. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		19. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT HICKAM AFB HI - 22 APR 75			
20. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO AF18509745					
21. 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: #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.					
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			

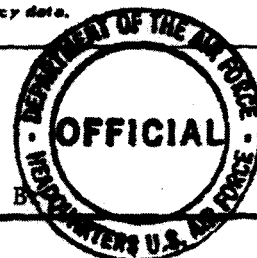


DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 493 - Final Completes Report Number 470	2. DATE PREPARED 15 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS/ NJC) PAYNE, Wendle L., FR , MSgt, Regular, USAF - 22 Mil Alft Sq, Travis AFB CA AFSC: A60770A			
4. CASUALTY STATUS <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE D. 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 C-5A Aircraft)			
3. a. DATE AND PLACE OF BIRTH 10 Feb 29 - Essex MO		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 15 Jul 73 - Travis AFB CA - Essex MO			
7a. PAY GRADE E-7	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: 25 Apr 74	
Mrs Rosemary Payne		wife (3)	
David L Payne		son	
John W Payne		son	
Melanie R Payne		dau	
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 - 10 APR 75	
12. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		AF17362368	
13. REMARKS *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. 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.

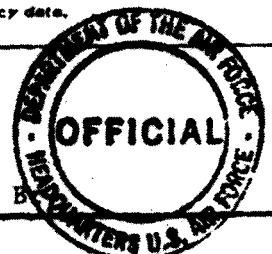


DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 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/ NJC) WILLIS, William Sherrill, FR, Lt Col, Regular, USAF - 604 Mil Alft Spt Sq APO San Francisco 96274 AFSC: 1425J			
4. CASUALTY STATUS <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE 5. COMMENCED TOUR DATE			
6. 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			
7. DATE: 4 Apr 75		8. PLACE: Near Tan Son Nhut AB RVN (Specify)	
9. CAUSE & CIRCUMSTANCES: Military Aircraft Accident (Passenger C-5A Aircraft)			
10. a. DATE AND PLACE OF BIRTH 18 Aug 33 - Coats NC		b. RACE Caucasian	c. SEX Male
		d. RELIGIOUS PREFERENCE Baptist	
11. 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			
12. PAY GRADE O-5	13. BASIC PAY	14. INCENTIVE/ADDITIONAL PAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	15. CHECK IF APPLICABLE <input type="checkbox"/> CREW <input checked="" type="checkbox"/> PASSENGER
16. DUTY STATUS Active - TDY Enroute			
17. 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*	
18. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		19. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 4 APR 75	
20. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FR57029; A03027363			
21. REMARKS *Mrs Kitty B Willis 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.			
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 B	

DD FORM 1300
1 FEB 73


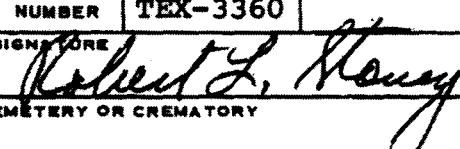
REPLACES DD FORM 1300, 1 MAR 60, WHICH IS OBSOLETE.



CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>									
NAME OF DECEASED (Last, First, Middle) ADAMS, BARBARA W.				GRADE DNC		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		MARITAL STATUS			RELIGION				
<input type="checkbox"/> CAUCASOID		<input 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 type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> WIDOWED			<input type="checkbox"/> JEWISH		<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 <small>(Enter only one cause per line)</small>								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 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 Riggensbach MD</i>					
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				DATE 18 APR 75		SIGNATURE <i>Robert L. Stoney</i>			
NAME OF CEMETERY OR CREMATORY				LOCATION OF CEMETERY OR CREMATORY					
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)								DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS									
REGISTRY (Town and Country)				DATE REGISTERED		FILE NUMBER		STATE	
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.

C ERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 635-40; the proponent agency is Office of the Chief of Support Services.</small>					
NAME OF DECEASED (Last, First, Middle) BAYOT, Clara F.			GRADE GS-5	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO 1
ORGANIZATION DAO/Saigon, Viet Nam			DATE OF BIRTH 12 Aug 28		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		<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 <small>(Enter only one cause per line)</small>					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"/> NO				
<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 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 			
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, APC 96232		DATE 19 Apr 75	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY			
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)					DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS					
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR			ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL					
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.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>					
NAME OF DECEASED (Last, First, Middle) BERTWELL, 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 <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 <small>(Enter only one cause per line)</small>					INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹			Multinle 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 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 <i>Neil Riggentach MD</i>			
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 22 APR 75	SIGNATURE <i>Robert L Stoney</i>	
NAME OF CEMETERY OR CREMATORY			LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)					DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS					
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR			ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL					
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.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.</small>				
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 <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 <small>(Enter only one cause per line)</small>				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 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 TEX
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232		DATE 20 Apr 75	SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
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 10-246 1 APR 59, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>				
NAME OF DECEASED (Last, First, Middle) BOTTORFF, Ann M.		GRADE OS-12	BRANCH OF SERVICE DNC	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		MARITAL STATUS		RELIGION
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input type="checkbox"/> OTHER (Specify)		<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 <small>(Enter only one cause per line)</small>				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extremity 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) 4 April 1975		PLACE OF DEATH VN 28 855 985, 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. NESS			TITLE OR DEGREE AREA SURGEON	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMCDAC, APO San Francisco 96232		
DATE 21 May 75		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE OS-12	LICENSE NUMBER TX-3360	STATE TX
INSTALLATION OR ADDRESS US ARMY MORTUARY, THAILAND, APO 96232		DATE 22 May 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
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.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 639-40; the proponent agency is Office of the Chief of Support Services.</small>				
NAME OF DECEASED (Last, First, Middle)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
BROWN, Celeste M.		GS-6	US CIV	
ORGANIZATION		DATE OF BIRTH		SEX
DAO/Saigon, Vietnam		12 Sept 26		<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE		MARITAL STATUS		RELIGION
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> WIDOWED	<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 <small>(Enter only one cause per line)</small>				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"/> 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	
NEAL RIGGENBACH			MD	
GRADE	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS		
GS-13		USMEDDAC APO San Francisco 96346		
DATE		SIGNATURE		
19 Apr 75		<i>Neal Riegenbach 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		19 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
				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.

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) CLARK, Vivienne		GRADE GS-8	BRANCH OF SERVICE US ARMY	SOCIAL SECURITY ACCT NO. ---
ORGANIZATION DIAC/Saigon Vietnam		DATE OF BIRTH 26Apr18		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <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 Extrem Injuries Alcohol Intoxication		
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 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) 1 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 DUGGENBACH		TITLE OR DEGREE MD		
GRADE GS-13	SOCIAL SECURITY ACCT NO. ---	INSTALLATION OR ADDRESS HONOLULU AND San Francisco 96214		
DATE 20Apr75		SIGNATURE <i>Neil Duggenbach MD</i>		
DISPOSITION OF REMAINS				
NAME OF MORFICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX 3360	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND		DATE 20Apr75	SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE TEX
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 57 WHICH IS OBSOLETE

STATE OF DEATH (OVERSEAS)				
For use of this form, use AR 638-40; the proponent agency is Office of the Chief of Support Services.				
NAME OF DECEASED (Last, First, Middle) GREEN, VANITA THOMPSON		GRADE	BRANCH OF SERVICE US CIV	SOCIAL SECURITY NO.
ORGANIZATION		DATE OF BIRTH 1 Dec 20		SEX <input type="checkbox"/> MALE <input checked="" 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"/> 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 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 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 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 TASHIMA			TITLE OR DEGREE MD	
GRADE GS-13	SOCIAL SECURITY ACCT NO. _____	INSTALLATION OR ADDRESS USMEDDAC APO San Francisco 96346		
DATE 11 Apr 75		SIGNATURE <i>I. Sam Tashima M.D.</i>		
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 96323		DATE 14 APR 75	SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE TEX
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-249 1 APR 59, WHICH IS OBSOLETE.
Seals HEAD 4384396 FOOT 4384397 TUBE 380064

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) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>				
NAME OF DECEASED (Last, First, Middle) CROUCH, 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 <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 <small>(Enter only one cause per line)</small>				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"/> NO			
<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		
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 Riggenschach MD</i>		
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		DATE 25 Apr 75	SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				
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.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>									
NAME OF DECEASED (Last, First, Middle) CURTISS, Dorothy M.				GRADE GS-6		BRANCH OF SERVICE US CIV		SOCIAL SECURITY ACCT NO.	
ORGANIZATION D.O. Sai on, Vietnam				DATE OF BIRTH 24 Feb 1930		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE			
RACE		MARITAL STATUS			RELIGION				
<input type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE			<input type="checkbox"/> PROTESTANT				
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED			<input type="checkbox"/> CATHOLIC				
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> WIDOWED			<input type="checkbox"/> SEPARATED				
					<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 <small>(Enter only one cause per line)</small>								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 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>Neal Riggenschach 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 CREMATORY				LOCATION OF CEMETERY OR CREMATORY					
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)								DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS									
REGISTRY (Town and Country)				DATE REGISTERED		FILE NUMBER		STATE OTHER	
NAME OF FUNERAL DIRECTOR				ADDRESS					
SIGNATURE OF AUTHORIZED INDIVIDUAL									
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 10-249 1 APR 59, WHICH IS OBSOLETE.

NAME OF DECEASED (Last, First, Middle) WILSON, TITIA M.		GRADE	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION		DATE OF BIRTH		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE CAUCASOID	MARITAL STATUS SINGLE		RELIGION PROTESTANT	
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
<input checked="" 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	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 I. SAM TASHIMA		TITLE OR DEGREE MD
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMCDAC APO San Francisco 96346
DATE 11 Apr 75	SIGNATURE	

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12	LICENSE NUMBER	STATE 3360- TEX	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY, THAILAND, APO 96232	DATE 14 APR 75	SIGNATURE		
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION	

REGISTRATION OF VITAL STATISTICS

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

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 4333399 TUBE 380065

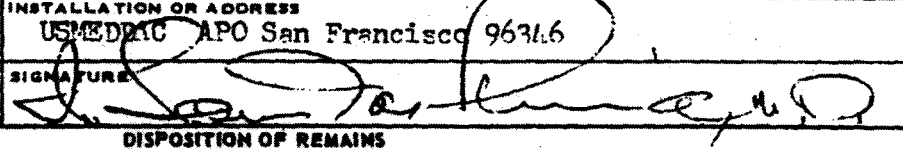
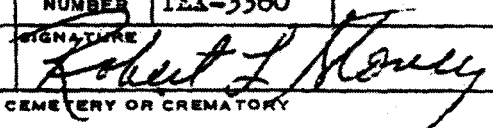
CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 635-40; proponent agency is Office of the Chief of Support Services.</small>					
NAME OF DECEASED (Last, First, Middle) DAUB, Helen R.			GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT
ORGANIZATION DAO/Saigon, Viet Nam			DATE OF BIRTH 13 Apr 75		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 <small>(Enter only one cause per line)</small>					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	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	<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 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>Neil Rigggenbach 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 CREMATORY			LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)					DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS					
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR			ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL					

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

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

DA FORM 3565
1 JAN 70

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

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>					
NAME OF DECEASED (Last, First, Middle) STONER, MARILYN P.			GRADE .	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION			DATE OF BIRTH 23 Oct 25		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT	
METHOD		MARRIED		CATHOLIC	
Other (Specify)		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 <small>(Enter only one cause per line)</small>					INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹			Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBO 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) 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 L. SAM TASHIMA				TITLE OR DEGREE MD	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDRAC APO San Francisco 9631.6			
DATE 11 Apr 75		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 14 APR 75	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY			LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)					DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS					
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR			ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL					

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 75

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

C. CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>					
NAME OF DECEASED (Last, First, Middle) FUJINO, 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	MARITAL STATUS		RELIGION		
<input type="checkbox"/> CAUCASOID	<input type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)	
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC		
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid	<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 <small>(Enter only one cause per line)</small>					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"/> NO				
<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			
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 <i>John R. Hess</i>				
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER 3360-TEX	STATE TEX	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY, THAILAND, APO 96232		DATE 27 MAY 75	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY			
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)					DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS					
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR			ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL					
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.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>					
NAME OF DECEASED (Last, First, Middle) GASPER, Arthanne			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 <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)					INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹			Multiple Extremes 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 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 19 Apr 75		SIGNATURE <i>Neil Riggenschach MD</i>			
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 19 APR 75	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY			LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)					DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS					
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR			ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL					

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.

DECLARATION OF DEATH (OVERSEAS) <small>For use of this form, see AR 639-40; the proponent agency is Office of the Chief of Support Services.</small>					
NAME OF DECEASED (Last, First, Middle) HERBERT, Beverly A.			GRADE	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon, Viet Nam			DATE OF BIRTH 22 Apr 32		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE		MARITAL STATUS		RELIGION	
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input type="checkbox"/> OTHER (Specify)		<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 <small>(Enter only one cause per line)</small>					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"/> NO				
<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 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	STATE TEX-3360	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232		DATE 20 Apr 75	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY			LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)					DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS					
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR			ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL					
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.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 6. If the proponent agency is Office of the Chief of Services.</small>					
NAME OF DECEASED (Last, First, Middle) HINDMAN, 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 XX CAUCASOID		MARITAL STATUS /		RELIGION	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> CATHOLIC	
		<input type="checkbox"/> MARRIED		<input type="checkbox"/> JEWISH	
		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> OTHER (Specify)	
		<input type="checkbox"/> WIDOWED			
NAME OF NEXT OF KIN			RELATIONSHIP TO DECEASED		
STREET ADDRESS			CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT					
CAUSE OF DEATH <small>(Enter only one cause per line)</small>					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"/> NO				
<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			
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>Neil Riggenschach md</i>			
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY			GRADE GS -12	LICENSE NUMBER TEX-3360	STATE TEX-3360
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232			DATE 25 APR 75	SIGNATURE <i>Robert L Stoney</i>	
NAME OF CEMETERY OR CREMATORY			LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)					DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS					
REGISTRY (Town and Country)		DATE REGISTERED		FILE NUMBER	STATE
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.					

CERIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>				
NAME OF DECEASED (Last, First, Middle) HOLLIBAUGH, Vera S.		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon, Viet Nam		DATE OF BIRTH 30 Jan 16		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUSASOID <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 <small>(Enter only one cause per line)</small>				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 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 21 April 1975		SIGNATURE <i>Neil Riggenschach MD</i>		
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		DATE 21 Apr 75		SIGNATURE <i>Robert L Stoney</i>
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE TEX
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.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>							
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		MARITAL STATUS		RELIGION			
<input checked="" type="checkbox"/> CAUCASOID		<input 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 type="checkbox"/> OTHER (Specify)		<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 <small>(Enter only one cause per line)</small>						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 type="checkbox"/> NO					
<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				
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 Riggensbach 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			DATE 20Apr75	SIGNATURE <i>Robert L. Stoney</i>			
NAME OF CEMETERY OR CREMATORY			LOCATION OF CEMETERY OR CREMATORY				
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)						DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS							
REGISTRY (Town and Country)			DATE REGISTERED	FILE NUMBER	STATE	OTHER	
NAME OF FUNERAL DIRECTOR			ADDRESS				
SIGNATURE OF AUTHORIZED INDIVIDUAL							
<small>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.</small>							

DA FORM 3565
1 JAN 70

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

CERT DATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40, the proponent agency is Office of the Chief of Support Services.</small>					
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		MARITAL STATUS		RELIGION	
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input type="checkbox"/> OTHER (Specify)		<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 <small>(Enter only one cause per line)</small>					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"/> NO				
<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			
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 USMCDAC SF APO 96346			
DATE 21 April 1975		SIGNATURE <i>Neal Riggensbach 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 21 Apr 75	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY			LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)					DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS					
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS			
SIGNATURE OF AUTHORIZED INDIVIDUAL					

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.

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 DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT No.
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"/> 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 Extremes 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
<input checked="" 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	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 96346
DATE 22 Apr 75	SIGNATURE <i>Neil Riggenschach 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 22 APR 75	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION	

REGISTRATION OF VITAL STATISTICS

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

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 68, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the responsible agency is Office of the Chief of Support Services.</small>							
NAME OF DECEASED (Last, First, Middle) MARTIN, Rebecca A.				GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT M	
ORGANIZATION DAO/Saigon, Viet Nam				DATE OF BIRTH 2 Jul 41		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION			
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> CATHOLIC	
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> WIDOWED		<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 <small>(Enter only one cause per line)</small>						INTERVAL BETWEEN ON SET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				Multiple Extremes 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 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 NR		INSTALLATION OR ADDRESS US MEDDAC APO 96346			
DATE 23 April 1975				SIGNATURE <i>Neil Riegenbach MD</i>			
DISPOSITION OF REMAINS							
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY				GRADE GS-12	LICENSE NUMBER	STATE TEX-3860	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232				DATE 23 APR 75	SIGNATURE <i>Robert L Stoney</i>		
NAME OF CEMETERY OR CREMATORY				LOCATION OF CEMETERY OR CREMATORY			
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)						DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS							
REGISTRY (Town and Country)				DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR				ADDRESS			
SIGNATURE OF AUTHORIZED INDIVIDUAL							
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 55, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638- the proponent agency is Office of the Chief of Supp. services.</small>					
NAME OF DECEASED (Last, First, Middle) MARTIN Sarah D.			GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon Vietnam			DATE OF BIRTH 11 Nov 30		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 <small>(Enter only one cause per line)</small>					INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Multiple Extremes 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) 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 April 75		SIGNATURE <i>Neal Riggenschach MD</i>			
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 24 APR 75	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY			LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)					DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS					
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR			ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL					

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.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 630-40; reporting agency is Office of the Chief of Support 5</small>					
NAME OF DECEASED (Last, First, Middle) KING, Martin L.			GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO
ORGANIZATION DAO/Saigon Viet Nam			DATE OF BIRTH 2 Sep 43		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 <small>(Enter only one cause per line)</small>					INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹			Multiple Extremes Injury Aircraft Accident		
ANTECEDENT CAUSES	MORIBUND 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 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 NEEL, RIGGENBACH				TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT	INSTALLATION OR ADDRESS US MEUDAC APO 96346			
DATE 23 April 1975		SIGNATURE <i>Neil Riggenschach M</i>			
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEL-3360	STATE TEX-3360	
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 23 APR 75	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY			LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)					DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS					
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR			ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL					

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.

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) MOORE, Katherine		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon Vietnam		DATE OF BIRTH 22 May 45		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE XX CAUCASOID	MARITAL STATUS SINGLE		RELIGION PROTESTANT	
NEGROID	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 Extremes 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
<input type="checkbox"/> NATURAL	<input type="checkbox"/> YES	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<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 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 NEEL, RIGGENBACH		TITLE OR DEGREE M. D.
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US MEDIC APO 96346
DATE 23 April 75	SIGNATURE <i>Neil Riggenschach</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 25 APR 75	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY			

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

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

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>							
NAME OF DECEASED (Last, First, Middle) POLGREAN, Marion P.,				GRADE GS-7	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT ---	
ORGANIZATION DAO/Saigon, Viet Nam				DATE OF BIRTH 19 Feb 21		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION			
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT			
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC			
<input type="checkbox"/> OTHER (Specify)		<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 <small>(Enter only one cause per line)</small>						INTERVAL BETWEEN ON SET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				Multiple Extremes Injury Aircraft Accident			
ANTECEDENT CAUSES		MORIBUND 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 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	STATE TEX-3360	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232				DATE 20 Apr 75	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY				LOCATION OF CEMETERY OR CREMATORY			
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)						DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS							
REGISTRY (Town and Country)			DATE REGISTERED		FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR				ADDRESS			
SIGNATURE OF AUTHORIZED INDIVIDUAL							

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.

NAME OF DECEASED (Last, First, Middle) FOULTON, June L.		GRADE MC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION		DATE OF BIRTH		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID	<input 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 type="checkbox"/> OTHER (Specify)	<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 Extremity 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) 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 LT COL J. L. BACH		TITLE OR DEGREE		
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMCDDAC APO 96346		
DATE 18 April 75		SIGNATURE <i>[Signature]</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS STANLEY		GRADE GS-12	LICENSE NUMBER 2360	STATE CA
INSTALLATION OR ADDRESS US ARMY INSTITUTE THAILAND		DATE 18 April 75	SIGNATURE <i>Robert L. Houser</i>	
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		OTHER
SIGNATURE OF AUTHORIZED INDIVIDUAL		OFFICIAL SEAL NOTARY PUBLIC - CALIFORNIA		

CERTIFIED TRUE COPY OF DEATH CERTIFICATE: *[Signature]* **Notary Public**

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

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>				
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		MARITAL STATUS		RELIGION
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> JEWISH
<input type="checkbox"/> WIDOWED		<input type="checkbox"/> SEPARATED		<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 <small>(Enter only one cause per line)</small>				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"/> ACCIDENT	<input checked="" type="checkbox"/> NO			
<input type="checkbox"/> SUICIDE				
<input type="checkbox"/> 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 18 April 75		SIGNATURE <i>Neil Riggenschach mm</i>		
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 18 APR 75	SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

DA FORM 3565
1 JAN 70

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

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) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>							
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		MARITAL STATUS		RELIGION			
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> CATHOLIC	
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> WIDOWED		<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 <small>(Enter only one cause per line)</small>						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"/> NO					
<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				
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 NEEL, 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 Riggenschach 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 20APR 75	SIGNATURE		
NAME OF CEMETERY OR CREMATORY				LOCATION OF CEMETERY OR CREMATORY			
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)						DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS							
REGISTRY (Town and Country)			DATE REGISTERED		FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR				ADDRESS			
SIGNATURE OF AUTHORIZED INDIVIDUAL							
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) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>					
NAME OF DECEASED (Last, First, Middle)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.	
RANDALL, Sayonna K.		GS-7	DNC		
ORGANIZATION		DATE OF BIRTH		SEX	
		13 Dec 45		<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION	
<input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		<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 <small>(Enter only one cause per line)</small>				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		
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	John R. Hess				
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS		GRADE	LICENSE NUMBER	STATE	OTHER
ROBERT L. STONEY		GS-12	3360-TEX		
INSTALLATION OR ADDRESS		DATE	SIGNATURE		
US ARMY MORTUARY THAILAND, APO 96232		27 MAY 75	Robert L. Stoney		
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	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 A 1R 59, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>					
NAME OF DECEASED (Last, First, Middle) REYNOLDS, Anne B.			GRADE DEC	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 <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 <small>(Enter only one cause per line)</small>					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 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 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 RIGGS REACH				TITLE OR DEGREE MD	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC SF APO 96346			
DATE 20 April 75		SIGNATURE <i>Neil Riggs Reach MD</i>			
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX 3360	STATE TEX	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND		DATE 22 April 75	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY			LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)					DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS					
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR			ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL					

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.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>							
NAME OF DECEASED (Last, First, Middle) SNOW, Marjorie, V.				GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT MC	
ORGANIZATION DAO/Saigon, Vietnam				DATE OF BIRTH 7 Nov 19		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION			
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT			
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC			
<input type="checkbox"/> OTHER (Specify)		<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 <small>(Enter only one cause per line)</small>						INTERVAL BETWEEN ON SET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 1				Multiple Extreme Injury Aircraft Accident			
ANTECEDENT CAUSES	MORIBUND 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) 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 NEEL, RIGGENBACH					TITLE OR DEGREE M. D.		
GRADE GS-13		SOCIAL SECURITY ACCT MC		INSTALLATION OR ADDRESS US MEDDAC APO 96346			
DATE 23 April 75			SIGNATURE <i>Neil Riggenschach</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 23 APR 75	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY				LOCATION OF CEMETERY OR CREMATORY			
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)						DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS							
REGISTRY (Town and Country)			DATE REGISTERED		FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR				ADDRESS			
SIGNATURE OF AUTHORIZED INDIVIDUAL							
<small>State 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.</small>							

FORM 3565
1 JAN 70

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

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 600-10; the proponent agency is Office of the Chief of Staff, Services.</small>							
NAME OF DECEASED (Last, First, Middle) STOUT, Barbara L.				GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT N°	
ORGANIZATION DAO/Saigon, Viet Nam				DATE OF BIRTH 10 Feb 15		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION			
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> CATHOLIC	
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> REMARIED		<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 <small>(Enter only one cause per line)</small>						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"/> NO					
<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				
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 30 April 1975			SIGNATURE <i>Neil Riggenschach m</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 30 APR 75	SIGNATURE <i>Robert L. Stoney</i>			
NAME OF CEMETERY OR CREMATORY				LOCATION OF CEMETERY OR CREMATORY			
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)						DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS							
REGISTRY (Town and Country)			DATE REGISTERED		FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR				ADDRESS			
SIGNATURE OF AUTHORIZED INDIVIDUAL							

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 69, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>					
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)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED		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 <small>(Enter only one cause per line)</small>					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 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 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 NEEL, RIGGENBACH				TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT	INSTALLATION OR ADDRESS US MEDDAC APO 96346			
DATE 30 April 1975		SIGNATURE <i>Neil Riggentach 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 30 APR 75	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY			LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS					
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR			ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL					
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.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>							
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 4 OCT 46		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION			
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> CATHOLIC	
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> WIDOWED		<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 <small>(Enter only one cause per line)</small>						INTERVAL BETWEEN ON SET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				Multiple Extreme Injury Aircraft Accident			
ANTECEDENT CAUSES	MORIBUND 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"/> NO						
<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 NEEL, 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>Neel Riggenschach 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 21 APR 75	SIGNATURE <i>Robert L. Stoney</i>			
NAME OF CEMETERY OR CREMATORY			LOCATION OF CEMETERY OR CREMATORY				
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)						DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS							
REGISTRY (Town and Country)			DATE REGISTERED	FILE NUMBER	STATE	OTHER	
NAME OF FUNERAL DIRECTOR			ADDRESS				
SIGNATURE OF AUTHORIZED INDIVIDUAL							
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 69, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS)

(DA FORM 3565)

U. S. NATIONAL DEPENDENTS

BELL, Michael

BELL, Nova L.



DRYE, Rohn F. III

MOSCHKIN, Marta

For use of this form				CERTIFICATE OF DEATH (OVERSEAS) <small>AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>			
NAME OF DECEASED (Last, First, Middle) BELL, Michael				GRADE US CIV (DEP)		BRANCH OF SERVICE MIL DEP	
ORGANIZATION				DATE OF BIRTH		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION			
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT			
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC			
<input type="checkbox"/> OTHER (Specify) 4		<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 <small>(Enter only one cause per line)</small>						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		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 type="checkbox"/> NO					
<input type="checkbox"/> SUICIDE							
<input type="checkbox"/> 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 23 April 75				SIGNATURE <i>Neal Rigenbach MD</i>			
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY				GRADE GS-12		LICENSE NUMBER	
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND				DATE 25 Apr 75		SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORY				LOCATION OF CEMETERY OR CREMATORY			
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)						DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS							
REGISTRY (Town and Country)				DATE REGISTERED		FILE NUMBER	
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.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>							
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	
RACE		MARITAL STATUS		RELIGION			
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT		OTHER (Specify)	
<input type="checkbox"/> NEGROID		<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC			
<input type="checkbox"/> OTHER (Specify)		<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 <small>(Enter only one cause per line)</small>						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) 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	OTHER	
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232			DATE 16 May 75	SIGNATURE 			
NAME OF CEMETERY OR CREMATORY			LOCATION OF CEMETERY OR CREMATORY				
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)						DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS							
REGISTRY (Town and Country)			DATE REGISTERED	FILE NUMBER	STATE	OTHER	
NAME OF FUNERAL DIRECTOR			ADDRESS				
SIGNATURE OF AUTHORIZED INDIVIDUAL							
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.

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-48; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) DYER, Rohn F. III		GRADE IS CIV(DEF)	BRANCH OF SERVICE US CIV DEF	SOCIAL SECURITY ACCT NO.
ORGANIZATION		DATE OF BIRTH 28 Mar 59		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE		MARITAL STATUS		RELIGION
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> SEPARATED		<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 Multitple Extreme Injury Aircraft Acciscent		
ANTECEDENT CAUSES	MORBO 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"/> NO		
<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
---	---

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 21 April 1975		SIGNATURE <i>Neil Riggembach 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 IS ARMY MORTUARY THAILAND APO 96232	DATE 21 APR 75	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION

REGISTRATION OF VITAL STATISTICS

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

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.

FORM 3565
1 JAN 70

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

CERTIFICATE OF DEATH (OVERSEAS)							
For use of this form, see AR 635 the proponent agency is Office of the Chief of Supply Services.							
NAME OF DECEASED (Last, First, Middle) ROSENKIN, Marta				GRADE US CIV (DEP)		BRANCH OF SERVICE US CIV	
ORGANIZATION				DATE OF BIRTH 17 MAR 41		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION			
<input type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		<input type="checkbox"/> WIDOWED		<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		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 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 NEEL, RIDGENBACH						TITLE OR DEGREE M. D.	
GRADE GS-13		SOCIAL SECURITY ACCT NO.		INSTALLATION OR ADDRESS US MEDDAC APO 96346			
DATE 30 April 75				SIGNATURE <i>Neil Ridgenbach MD</i>			
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 APO 96232				DATE 30 APR 75		SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORY				LOCATION OF CEMETERY OR CREMATORY			
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)						DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS							
REGISTRY (Town and Country)				DATE REGISTERED		FILE NUMBER	
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 3565
1 JAN 70

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

[Signature]
P.E. [unclear]
LJG MSC USN

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.

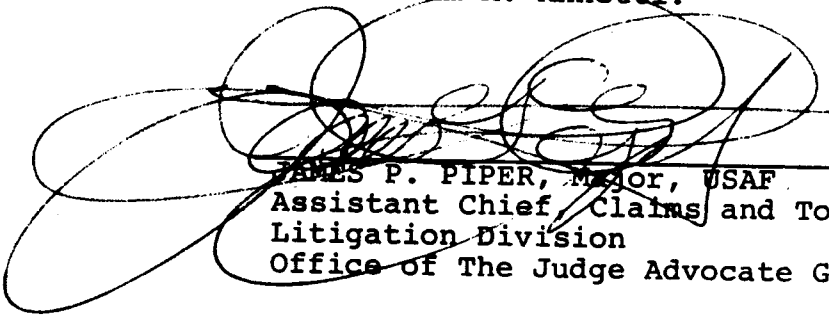
That during the course of my conversations with Mr. Annetti, He imparted certain information to me concerning the identity of certain third country nationals who were killed as a result of the aforementioned aircraft accident.

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.

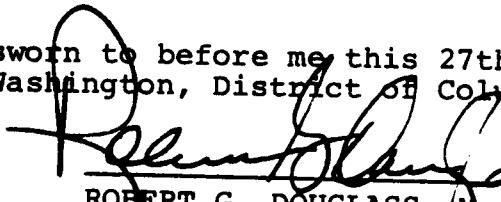
That the foregoing was related to me by the aforementioned William M. Annetti and is true and correct to the best of my knowledge and represents an accurate restatement of my conversation with the aforementioned William M. Annetti.


 (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:

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

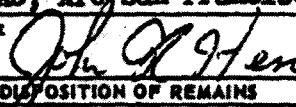
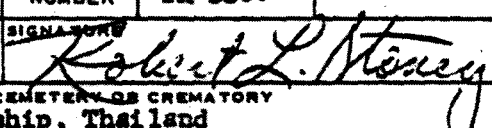

 (JUDGE ADVOCATE)
 ROBERT G. DOUGLASS, Major, USAF
 Hq USAF/JACC, Wash D.C. 20314

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 <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)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBO 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 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 Riegenbach 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 23 Apr 75	SIGNATURE Robert L. Stoney	
NAME OF CEMETERY OR CREMATORY BANGKOK CHRISTIAN CEMETERY		LOCATION OF CEMETERY OR CREMATORY 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
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
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)					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	
NEGROID			MARRIED			SEPARATED		CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid			WIDOWED			JEWISH		OTHER (Specify)	
NAME OF NEXT OF KIN					RELATIONSHIP TO DECEASED				
MR VAN TO BUI					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?				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		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 April 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									
DISPOSITION OF REMAINS									
NAME OF MORTICIAN PREPARING REMAINS				GRADE		LICENSE NUMBER		STATE	
ROBERT L. STONEY				GS-12		TX-3360		OTHER	
INSTALLATION OR ADDRESS				DATE		SIGNATURE			
US ARMY MORTUARY THAILAND				21 May 1975					
NAME OF CEMETERY OR CREMATORY				LOCATION OF CEMETERY OR CREMATORY					
Sattahip Wat				Sattahip, 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	
NAME OF FUNERAL DIRECTOR						ADDRESS			
SIGNATURE OF AUTHORIZED INDIVIDUAL									

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>							
NAME OF DECEASED (Last, First, Middle)				GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.	
BUI, Kim Lam "Mohel" 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		PROTESTANT			
NEGROID		MARRIED		CATHOLIC			
XX OTHER (Specify) Mongoloid		WIDOWED		JEWISH			
NAME OF NEXT OF KIN				RELATIONSHIP TO DECEASED			
MR VAN TO BUI				FATHER			
STREET ADDRESS				CITY OR TOWN AND STATE (Include ZIP Code)			
MEDICAL STATEMENT							
CAUSE OF DEATH <small>(Enter only one cause per line)</small>						INTERVAL BETWEEN ON SET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				Multiple Extreme Injury Aircraft Accident			
ANTECEDENT CAUSES	MORIBUND 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		
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		TX-3360	
INSTALLATION OR ADDRESS				DATE	SIGNATURE		
US ARMY MORTUARY THAILAND				21 May 1975	<i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY				LOCATION OF CEMETERY OR CREMATORY			
Sattahip Wat				Sattahip, Thailand			
TYPE OF DISPOSITION						DATE OF DISPOSITION	
<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input 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							

CERTIFICATE OF DEATH (OVERSEAS)

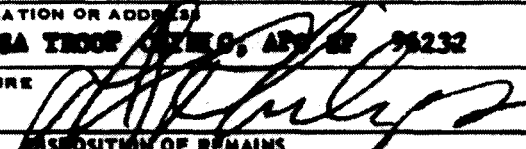
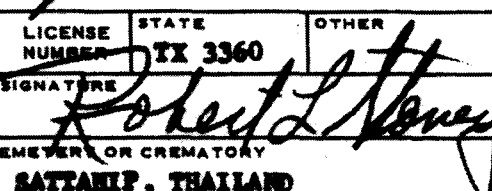
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BUI, Theodora Dolly		GRADE N/A	BRANCH OF SERVICE N/A	SOCIAL SECURITY ACCT PP#
ORGANIZATION Friends For All Children		DATE OF BIRTH 27 March 36		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE		MARITAL STATUS		RELIGION
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input checked="" type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> JEWISH
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> SEPARATED		
NAME OF NEXT OF KIN Van To Bui		RELATIONSHIP TO DECEASED 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: 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	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input 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 (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 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 <i>John R. Hess</i>		
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 21 May 75	SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORY Sattahip Wat		LOCATION OF CEMETERY OR CREMATORY 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 TEX
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

THCIL 0051-75 (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) HEM/BACH, Mai Ballast		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 type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UFO		<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"/> NO				
<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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP MEDIC, APO SF 96232			
DATE 29 July 1975		SIGNATURE 			
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoner		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 CREMATORY WAT BASADORN THUM SAMSEK CEMETERY			LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, 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 10-249 1 APR 69, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>									
NAME OF DECEASED (Last, First, Middle) BUI, Kim Lien, "Tina"				GRADE NA		BRANCH OF SERVICE German Nat'l		SOCIAL SECURITY ACCT NO. PP#	
ORGANIZATION NA				DATE OF BIRTH 7 Jan 62			SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		
RACE		MARITAL STATUS			RELIGION				
<input type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE			<input type="checkbox"/> DIVORCED				
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED			<input type="checkbox"/> PROTESTANT				
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		<input type="checkbox"/> WIDOWED			<input type="checkbox"/> CATHOLIC				
					<input type="checkbox"/> 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 <small>(Enter only one cause per line)</small>								INTERVAL BETWEEN ON SET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 1				Multiple Extremes Injury Aircraft Accident					
ANTECEDENT CAUSES		MORIBUND 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 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 <i>John R. Hess</i>							
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 21 May 75		SIGNATURE <i>Robert L. Stoney</i>			
NAME OF CEMETERY OR CREMATORY Sattahip Wat				LOCATION OF CEMETERY OR CREMATORY 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 OTHER	
NAME OF FUNERAL DIRECTOR				ADDRESS					
SIGNATURE OF AUTHORIZED INDIVIDUAL									

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>							
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		MARITAL STATUS		RELIGION			
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)		
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input checked="" type="checkbox"/> CATHOLIC			
<input type="checkbox"/> OTHER (Specify)		<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 <small>(Enter only one cause per line)</small>						INTERVAL BETWEEN ON SET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 1				Multiple Extremity 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) 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 Riegenbach MD</i>					
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY				GRADE GS-12	LICENSE NUMBER	STATE TX-3360	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232				DATE 22 May 1975	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY Sattahip Wat				LOCATION OF CEMETERY OR CREMATORY 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	OTHER	
NAME OF FUNERAL DIRECTOR				ADDRESS			
SIGNATURE OF AUTHORIZED INDIVIDUAL							

CERTIFICATE OF DEATH (OVERSEAS)									
For use in this territory only; for use in other territories, the appropriate agency is Office of the Chief of Support Services.									
NAME OF DECEASED (Last, First, Middle) MARK, Gyoparla N.					GRADE AUSC CIT		BRANCH OF SERVICE		SOCIAL SECURITY ACCT NO.
OCCUPATION Friends For All Children Saigon, Vietnam					DATE OF BIRTH 10 JUL 45		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		
RACE		MARITAL STATUS			RELIGION				
<input checked="" type="checkbox"/> CAUCASOID		<input type="checkbox"/> SINGLE			<input type="checkbox"/> PROTESTANT				
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED			<input type="checkbox"/> CATHOLIC				
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> WIDOWED			<input type="checkbox"/> JEWISH				
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		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 John R. Hess						TITLE OR DEGREE Area Surgeon			
GRADE CPT, MC		SOCIAL SECURITY ACCT NO.		INSTALLATION OR ADDRESS USMCDAC, APO SF 96232					
DATE 21 May 1975				SIGNATURE <i>John R. Hess</i>					
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				DATE 21 May 1975		SIGNATURE <i>Robert L. Stoney</i>			
NAME OF CEMETERY OR CREMATORY Sattahip Wat				LOCATION OF CEMETERY OR CREMATORY 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 TX	

¹ Into disease, injury or complication which causes death, but not directly by such as heart failure, etc.
² State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 356

REPLACES DA FORM 10-248 1 APR 65, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 634-40; the proponent agency is Office of the Chief of Support Services.</small>									
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	
ORGANIZATION Good Shepherd Sisters Sinhlong, South Vietnam				DATE OF BIRTH				SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE		MARITAL STATUS			RELIGION				
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE			<input type="checkbox"/> PROTESTANT				
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED			<input checked="" type="checkbox"/> CATHOLIC				
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		<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 <small>(Enter only one cause per line)</small>								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 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 30 Apr 75				SIGNATURE <i>John R Hess</i>					
DISPOSITION OF REMAINS									
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY				GRADE GS-12		LICENSE NUMBER TEX-3360		STATE TEX-3360	
INSTALLATION OR ADDRESS US ARMY BONTARY THAILAND, APO 96232				DATE 19 Apr 75		SIGNATURE <i>Robert L. Stoney</i>			
NAME OF CEMETERY OR CREMATORY				LOCATION OF CEMETERY OR CREMATORY					
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL (Specify)								DATE OF DISPOSITION 12 May 75	
REGISTRATION OF VITAL STATISTICS									
REGISTRY (Town and Country)				DATE REGISTERED		FILE NUMBER		STATE OTHER	
NAME OF FUNERAL DIRECTOR				ADDRESS					
SIGNATURE OF AUTHORIZED INDIVIDUAL									

CERTIFICATE OF DEATH (OVERSEAS)

DA FORM 3565

OF

79 VIETNAMESE NATIONAL CHILDREN

THCIL 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) MR FITCH, Quang HIE		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		MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) UIC		<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
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
<input 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) 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.

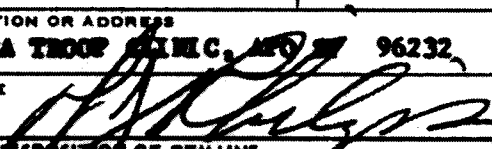
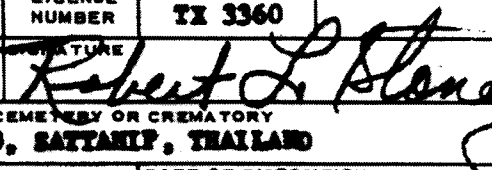
NAME OF MEDICAL OFFICER Robert J. Philips		TITLE OR DEGREE M.D. - Area Surgeon	
GRADE 03	SOCIAL SECURITY ACCT NO	INSTALLATION OR ADDRESS USA TROOP MEDIC APO 96232	
DATE 29 July 1975		SIGNATURE <i>Robert J. Philips</i>	
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE <i>Robert L. Stoney</i>
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMANEE CEMETERY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTANIP, THAILAND	
TYPE OF DISPOSITION <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
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


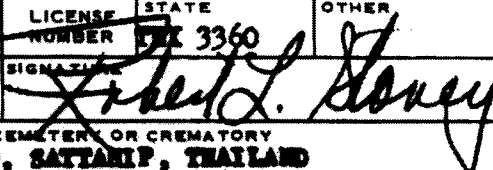
REPLACES DA FORM 10-249 1 APR 69, WHICH IS OBSOLETE.

THCIL 0034-75 (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) HTB HOA		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 type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT		
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC		
<input checked="" type="checkbox"/> OTHER (Specify) VED	<input type="checkbox"/> WIDOWED	<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	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"/> NO				
<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 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 Robert L. Stoney		GRADE GS-12	LICENSE NUMBER	STATE TX 3360	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT PASADORN THUM SAMANEK CREMATORY			LOCATION OF CEMETERY OR CREMATORY HILO 10, SATTANIP, 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.

DA FORM 3565
1 JAN 70

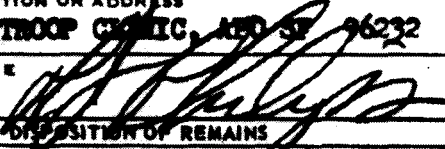
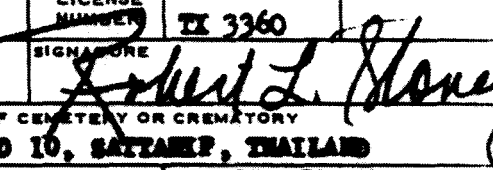
REPLACES DA FORM 10-249 1 APR 59, WHICH IS OBSOLETE.

THCIL 0034-75 (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) 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		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD		<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 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 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) 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 THOOP 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 USA Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT RASABORN THUM SAMAREE CEMETERY			LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTARIP, THAILAND		
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.

DA FORM 3565
1 JAN 70

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

THCIL 0034-75 (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) BTD 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		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT		
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC		
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<input type="checkbox"/> WIDOWED	<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	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 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 MEDIC L OFFICER Robert J. Phillips			TITLE OR DEGREE Area Surgeon M.D.		
GRADE 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CEMET, APO SF 96232			
DATE 29 July 1975		SIGNATURE 			
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stony		DISPOSITION OF REMAINS			
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		GRADE GS-12	LICENSE NUMBER TX 3360	OTHER	
NAME OF CEMETERY OR CREMATORY WAT RASADORN THUM SAMANEH CREMATORY		DATE 29 July 1975	SIGNATURE 		
LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAKH, THAILAND					
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.

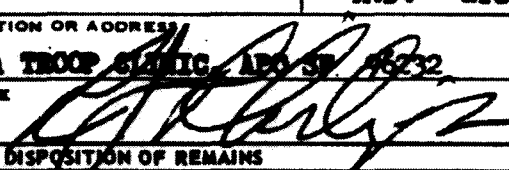
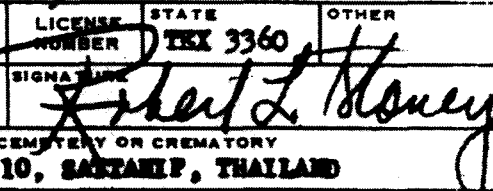
DA FORM 3565
1 JAN 70

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

THCIL 0034-75 (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 HAI THANH, 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	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<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 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 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) 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 CLINIC, APO SF 96232		
DATE 29 July 1975		SIGNATURE 		
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TRX 3360	OTHER
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMANEH CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, THAILAND		
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.DA FORM 3565
1 JAN 70

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

TRC 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) RYN/CHEWALLIER		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 type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid	<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

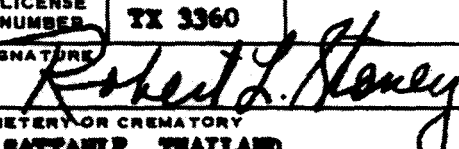
CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH
Multiple extremities injuries, aircraft accident		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS ²		
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY
<input 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		
CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES		

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. Phillips		TITLE OR DEGREE M.D. - Area Surgeon
GRADE 03	SOCIAL SECURITY ACCT N--	INSTALLATION OR ADDRESS USA TROOP CEMETERY, 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	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232	DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT PASADORN THUM SAMANER CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTANIP, THAILAND		
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.

DA FORM 3565
1 JAN 70

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

THCIL 0046-75 (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 LEWIS, C.S.		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	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<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
<input 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		
CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES		

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 Area Surgeon MD
GRADE 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SF 96232
DATE 29 July 1975		SIGNATURE <i>Robert J. Philips</i>

DISPOSITION OF REMAINS

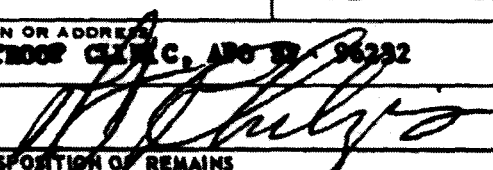
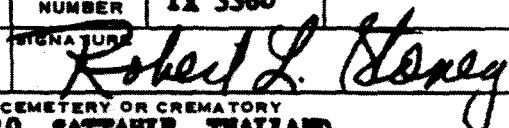
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney	GRADE GS-12	LICENSE NUMBER TX 3360	STATE TX	OTHER
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232	DATE 29 July 1975	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUN SAMAREX CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAKHIF, 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 59, WHICH IS OBSOLETE.

THCIL 0046-75 (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) HTB/NUXVOUKT, Thuy Trang		GRADE	BRANCH OF SERVICE		SOCIAL SECURITY ACCT NO.
ORGANIZATION HA		DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT		
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC		
<input checked="" type="checkbox"/> OTHER (Specify) VED	<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"/> NO				
<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 03	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	STATE TX 3360	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT PASADORN THUM SAMAKKHEE CEMETERY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, THAILAND			
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.

DA FORM 3565
1 JAN 70

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

THCIL 0046-75 (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) 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		MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<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
<input checked="" type="checkbox"/> NATURAL	<input type="checkbox"/> YES	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<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) 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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SF 96232	
DATE 29 July 1975		SIGNATURE <i>[Signature]</i>	
DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		DATE 29 July 1965	SIGNATURE <i>[Signature]</i>
NAME OF CEMETERY OR CREMATORY WAT RASADORN THUM SAMAKKHEE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, THAILAND	
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION (3Aug75) <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			

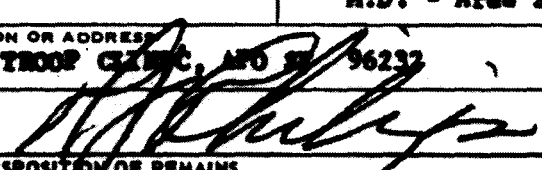
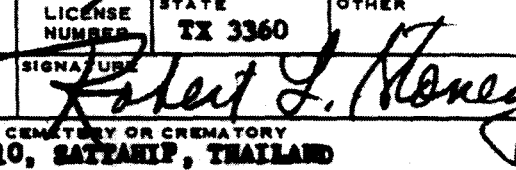
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

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

THCIL 0049-75 (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) HFB/EWALD, Denise M.		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 type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) UFD		<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"/> NO			
<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 03	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	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT RASABORN THUM SAMANEH CREMATORY		LOCATION OF CEMETERY OR CREMATORY MILO 10, SATTAPHIP, 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.

DA FORM 3565

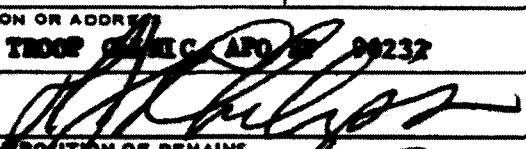
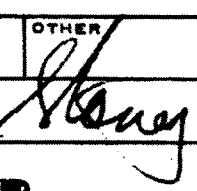

1 JAN 70

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

THCIL 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) THCIL 0049-75 (B)		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		MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		<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. Phillips		TITLE OR DEGREE M.D. - Area Surgeon		
GRADE 03	SOCIAL SECURITY ACCT N	INSTALLATION OR ADDRESS USA TROOP APO 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE OS-12	LICENSE NUMBER TX 3360	OTHER 
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMANEH CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, THAILAND		
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 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 10-248 1 APR 59, WHICH IS OBSOLETE.

THCIL 0051-75 (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) KTS/BRANDT, Ngoc		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.	
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX U/D <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT		
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC		
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid	<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	MORIBUND 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"/> NO				
<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 03	SOCIAL SECURITY ACCT N-	INSTALLATION OR ADDRESS USA THOS CHAMIC APO SF 196232			
DATE 29 July 1975		SIGNATURE <i>[Signature]</i>			
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stonny		GRADE GS-12	LICENSE NUMBER TX 3360	OTHER	
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE <i>[Signature]</i>		
NAME OF CEMETERY OR CREMATORY WAT PASADORN THUM SAMAREE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTANIP, 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	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 69, WHICH IS OBSOLETE.

THCIL 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) BER/THANH, Deguine		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 type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> JEWISH
<input type="checkbox"/> WIDOWED		<input type="checkbox"/> SEPARATED		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
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"/> NO		
<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
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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. - Area Surgeon
---	---

GRADE 03	SOCIAL SECURITY ACCT NO. ---	INSTALLATION OR ADDRESS USA TROOP C.M.C. APO 96232
DATE 29 July 1975		SIGNATURE <i>[Signature]</i>

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney	GRADE GS-12	LICENSE NUMBER	STATE TX 3360	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232	DATE 29 July 1975	SIGNATURE <i>[Signature]</i>		
NAME OF CEMETERY OR CREMATORY WAT PASADORN THUM SAMMEK CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAP, THAILAND		

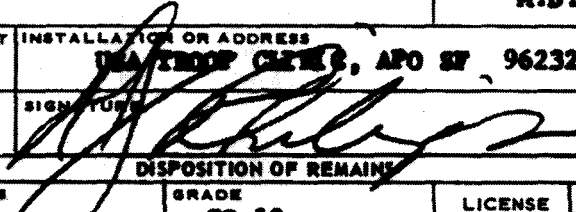
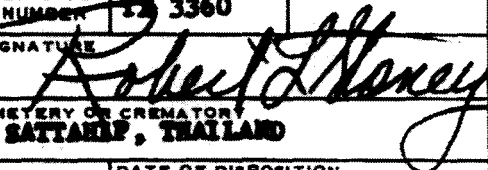
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION 8 August 1975
--	---

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.DA FORM 3565
1 JAN 70

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

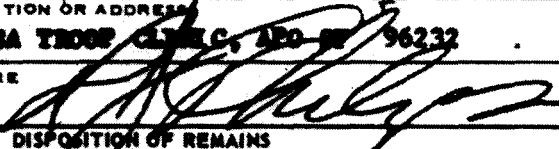
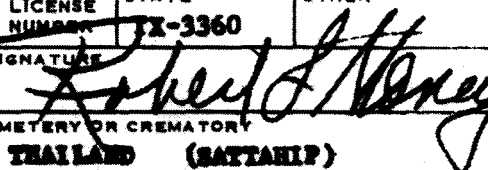
INCL 0051-75 (b)		CERTIFICATE OF DEATH (OVERSEAS)			
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.					
NAME OF DECEASED (Last, First, Middle) HTB/HMM, Jacques		GRADE	BRANCH OF SERVICE		SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid	<input type="checkbox"/> WIDOWED	<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	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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS DAIRY CAMP CHINA, APO SF 96232			
DATE 29 July 1975		SIGNATURE 			
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stonay		GRADE GS-12	LICENSE NUMBER TS 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 SAMANEH CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPH, THAILAND			
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.

DA FORM 3565
1 JAN 70

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

THCIL 0054-75 (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) HEM/LOWE, Tien		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		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT		
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC		
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<input type="checkbox"/> WIDOWED	<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	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"/> NO				
<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 03	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	OTHER	
INSTALLATION OR ADDRESS US Army Mortuary, Thailand, APO 96232		DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKKRE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, THAILAND (SATTAPHI)			
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL (3Aug75) <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 10-249 1 APR 59, WHICH IS OBSOLETE.

TRCIL 0034-75 (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 WALAINE, 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	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UIC	<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)		

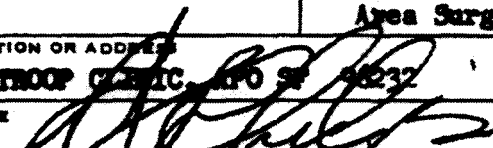
MEDICAL STATEMENT

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		

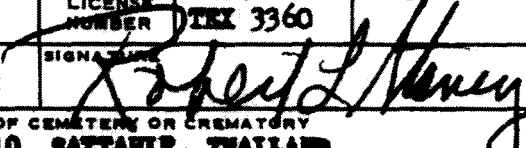
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<input checked="" type="checkbox"/> ACCIDENT			
<input type="checkbox"/> SUICIDE			
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

DATE OF DEATH (Hour, day, month, year) 4 April 1975	PLACE OF DEATH South Vietnam
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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 Area Surgeon M.D.	
GRADE 03	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	STATE TEX 3360	OTHER
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232	DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT BASABORN THUM SAMANEE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTANIP, THAILAND		

TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL (3Aug75) <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION 8 August 1975
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REGISTRATION OF VITAL STATISTICS

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

SIGNATURE OF AUTHORIZED INDIVIDUAL

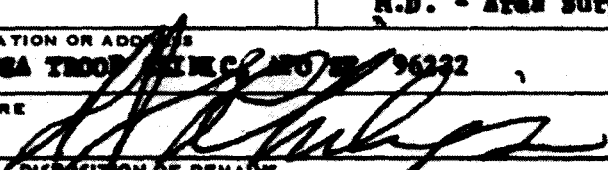
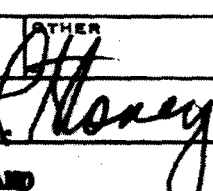

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
² State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 3565
1 JAN 70

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

TEGIL 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) HTB/VIET		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	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UIC	<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"/> NO			
<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 08	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP MEDICAL CENTER 96232		
DATE 29 July 1975		SIGNATURE 		
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 
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKKHEE CEMETORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAP, THAILAND		
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.

DA FORM 3565
1 JAN 70

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

THCIL 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	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid	<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	MORIBUND 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
<input type="checkbox"/> NATURAL	<input type="checkbox"/> YES	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<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

03

SOCIAL SECURITY ACCT
NO

INSTALLATION OR ADDRESS

USA TROOP HINGO, APO SF 96432

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

NAME OF CEMETERY OR CREMATORY

WAT PASADORN THUN SAMAKH CREMATORY

LOCATION OF CEMETERY OR CREMATORY

KILO 10, SATTAPHI, THAILAND

TYPE OF DISPOSITION

☒ BURIAL☐ CREMATION

(3 Aug 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 10-249 1 APR 59, WHICH IS OBSOLETE.

THCIL 0098-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)

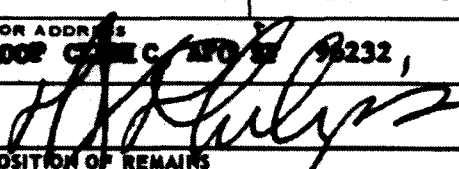
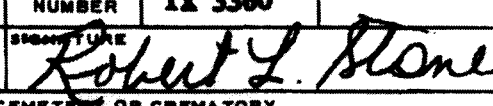
Read instructions of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) THCIL 0098-75 (A)		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 CAUCASOID	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)	
OTHER (Specify) UTD		MARRIED		SEPARATED
WIDOWED				
NAME OF NEXT OF KIN 1		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
Multiple extreme injuries, 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	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY
<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		
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 C MHC 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 CREMATORY WAT BASADORN THUM SAMANEK CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAKIP, THAILAND	
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
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

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

THEIL 0019-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 632-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) HEB/SCHOW, Mark		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		MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UID	<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
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	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"/> NO		
<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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SF 96232
DATE 29 July 1975	SIGNATURE <i>[Signature]</i>	

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney	GRADE GS-12	LICENSE NUMBER	STATE TX 3360	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232	DATE 29 July 1975	SIGNATURE <i>[Signature]</i>		
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKK CEMETORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAKIP, THAILAND		
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.

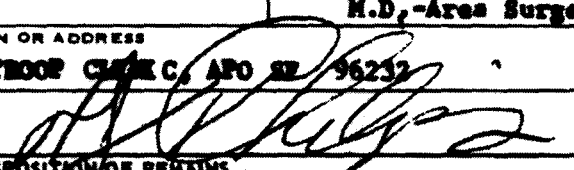
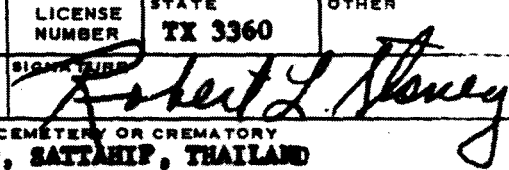
DA FORM 3565
1 JAN 70

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

THCIL 0019-75 (3)

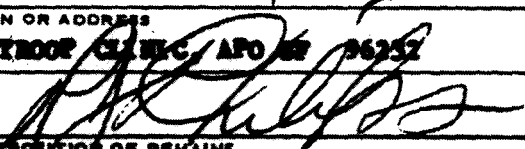
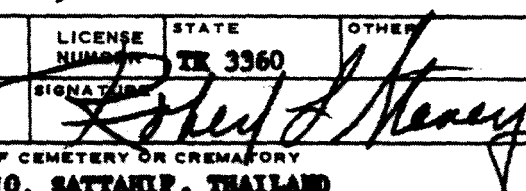
CERTIFICATE OF DEATH (OVERSEAS)

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) HEA/ANDREW		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		MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) UTO		<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"/> NO			
<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 M.D., -Area Surgeon		
GRADE 03	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	STATE TX
INSTALLATION OR ADDRESS US Army Mortuary, Thailand, APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKK CEMETORY		LOCATION OF CEMETERY OR CREMATORY NRLO 10, SATTAPHIP, 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 59, WHICH IS OBSOLETE.

THCIL 0028-75 (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) RTA/McLAUGHLIN, Dean		GRADE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA	DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE CAUCASOID	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 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 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 	
DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stonay		GRADE GS-12	LICENSE NUMBER TR 3360
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM MASAREE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAKIP, THAILAND	
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.

DA FORM 3565
1 JAN 70

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

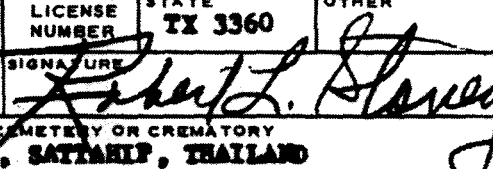
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<input checked="" type="checkbox"/> ACCIDENT			
<input type="checkbox"/> SUICIDE			
<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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SF 96232
DATE 29 July 1975	SIGNATURE 	

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 CREMATORY WAT BASADORN THUM SAMAKH CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 16, SATTAPHI, THAILAND			

TYPE OF DISPOSITION <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
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.

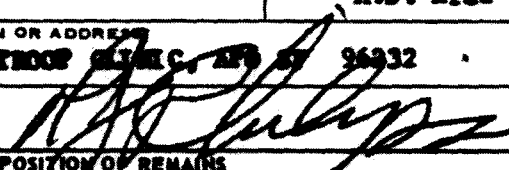
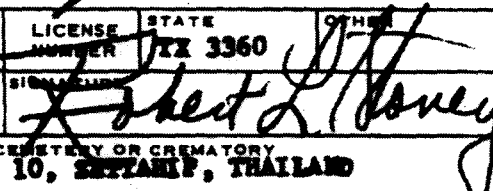
DA FORM 3565

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

ENCIL 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) BN/COME, Hai		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 type="checkbox"/> CAUSASOID	<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) Mongoloid	<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"/> NO			
<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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP MEDICAL APO SF 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stonay		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 THUN SAMANEH CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SEPTANG, THAILAND		
TYPE OF DISPOSITION (3Aug75) <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
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.

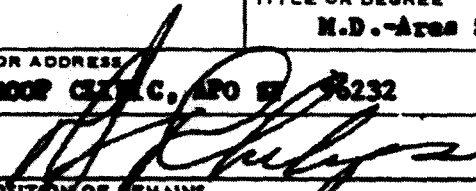
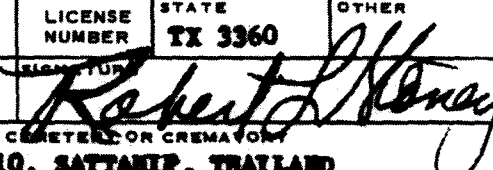
DA FORM 3565
1 JAN 70

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

THCIL 0031-75 (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) RTB/MONTREAL, Nancy		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 type="checkbox"/> CAUSASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> OTHER (Specify)
<input checked="" type="checkbox"/> OTHER (Specify) USD		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> JEWISH
<input type="checkbox"/> 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 (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.-Arms Surgeon		
GRADE 03	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	STATE TX
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975		SIGNATURE 
NAME OF CEMETERY OR CREMATORY WAT RASABORN THUM SAMAKKHE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTANIP, THAILAND		
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.DA FORM 3565
1 JAN 70

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

THCIL 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) HTA/BRUXDOUR, Thuy Linh		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 type="checkbox"/> CAUSASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) UTD		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> JEWISH
<input type="checkbox"/> WIDOWED		<input type="checkbox"/> SEPARATED		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 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) 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 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoner		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 THUN SAMANEH CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, THAILAND		
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
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 0031-75 (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) HTB/MEM		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		MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) UIB		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> JEWISH
<input type="checkbox"/> WIDOWED		<input type="checkbox"/> SEPARATED		OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		

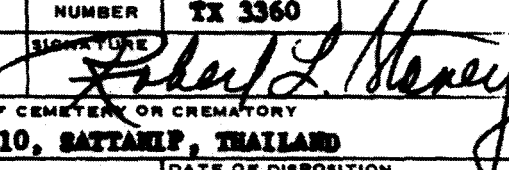
MEDICAL STATEMENT			
CAUSE OF DEATH (Enter only one cause per line)			INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹			
Multiple extreme injuries aircraft accident			
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS ²			

MODE OF DEATH	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"/> NO		
<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
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GRADE 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CENIC, 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	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232	DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKK CEMETERY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL (3 Aug 75) <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.

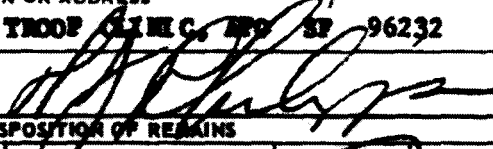
DA FORM 3565
1 JAN 70

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

THCIL 0018-75 (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) THCIL 0018-75 (A)		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 type="checkbox"/> CAUSASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) U.S.		<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"/> NO			
<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 03	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	STATE TX
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975		
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUN SAMAKS CREMATORY		LOCATION OF CEMETERY OR CREMATORY HILO 10, SATTAPHI, 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 10-249 1 APR 59, WHICH IS OBSOLETE.

THCIL 0019-75 (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 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	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID	<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) UTD	<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
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	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"/> NO		
<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
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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.-Area Surgeon
GRADE 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SF 96232
DATE 29 July 1975	SIGNATURE <i>[Signature]</i>	

NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER	STATE TX 3360	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE <i>[Signature]</i>		
NAME OF CEMETERY OR CREMATORY WAT RASABORN THUM SAMANEH CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHIP, THAILAND			
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL (3 Aug 75) <input checked="" 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					

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


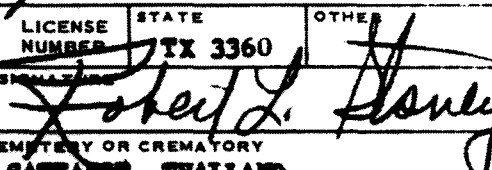
REPLACES DA FORM 10-249 1 APR 59, WHICH IS OBSOLETE.

CERTIFICATE OF DEATH (OVERSEAS) <small>Use this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>									
THCIL 0019-75 (S) <small>NAME OF DECEASED (Last, First, Middle)</small> THCIL 0019-75 (S)					<small>GRADE</small> 		<small>BRANCH OF SERVICE</small> 		<small>SOCIAL SECURITY ACCT NO.</small>
<small>ORGANIZATION</small> NA					<small>DATE OF BIRTH</small> Unknown			<small>SEX</small> <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<small>RACE</small> 			<small>MARITAL STATUS</small> 			<small>RELIGION</small> 			
<input type="checkbox"/> CAUCASOID			<input checked="" type="checkbox"/> SINGLE			<input type="checkbox"/> DIVORCED		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID			<input type="checkbox"/> MARRIED			<input type="checkbox"/> SEPARATED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) VED			<input type="checkbox"/> WIDOWED			<input type="checkbox"/> JEWISH		<input type="checkbox"/> OTHER (Specify)	
<small>NAME OF NEXT OF KIN</small> 					<small>RELATIONSHIP TO DECEASED</small> 				
<small>STREET ADDRESS</small> 					<small>CITY OR TOWN AND STATE (Include ZIP Code)</small> 				
MEDICAL STATEMENT									
<small>CAUSE OF DEATH</small> <small>(Enter only one cause per line)</small>								<small>INTERVAL BETWEEN ON SET AND DEATH</small> 	
<small>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH¹</small> 				Multiple extreme injury aircraft accident					
<small>ANTECEDENT CAUSES</small>		<small>MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE</small> 							
		<small>UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE</small> 							
<small>OTHER SIGNIFICANT CONDITIONS²</small> 									
<small>MODE OF DEATH</small> <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<small>AUTOPSY PERFORMED</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<small>MAJOR FINDINGS OF AUTOPSY</small> 			<small>CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES</small> 		
<small>DATE OF DEATH (Hour, day, month, year)</small> 4 April 1975				<small>PLACE OF DEATH</small> South Vietnam					
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.									
<small>NAME OF MEDICAL OFFICER</small> Robert J. Philips						<small>TITLE OR DEGREE</small> M.D.-Area Surgeon			
<small>GRADE</small> 03		<small>SOCIAL SECURITY ACCT NO.</small> 		<small>INSTALLATION OR ADDRESS</small> USA TROOP CLINIC, APO SF 96232					
<small>DATE</small> 29 July 1975				<small>SIGNATURE</small> 					
<small>NAME OF MORTICIAN PREPARING REMAINS</small> Robert L. Stoney						<small>GRADE</small> GS-12		<small>LICENSE NUMBER</small> 	
<small>INSTALLATION OR ADDRESS</small> US Army Mortuary, Thailand APO 96232						<small>STATE</small> TX 3360		<small>OTHER</small> 	
<small>NAME OF CEMETERY OR CREMATORY</small> WAT BASABORN THUM MASAREE CREMATORY						<small>LOCATION OF CEMETERY OR CREMATORY</small> KILO 10, SATTAPH, THAILAND			
<small>TYPE OF DISPOSITION</small> <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)								<small>DATE OF DISPOSITION</small> 8 August 1975	
REGISTRATION OF VITAL STATISTICS									
<small>REGISTRY (Town and Country)</small> 				<small>DATE REGISTERED</small> 		<small>FILE NUMBER</small> 		<small>STATE</small> 	
<small>NAME OF FUNERAL DIRECTOR</small> 				<small>ADDRESS</small> 					
<small>SIGNATURE OF AUTHORIZED INDIVIDUAL</small> 									

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.


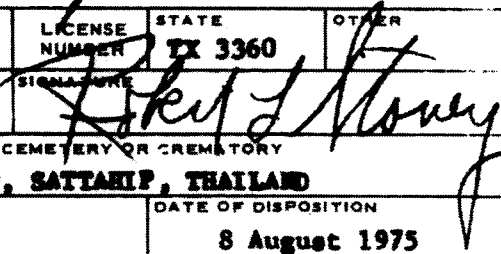
DA FORM 3565
 1 JAN 70

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

THCIL 0019-75 (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) THCIL 0019-75 (E)		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		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UID		<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"/> NO				
<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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA THORN CLINIC, APO SF 96232			
DATE 29 July 1975		SIGNATURE 			
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoner		GRADE GS-12	LICENSE NUMBER	STATE 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 SAMANEH CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAP, THAILAND			
TYPE OF DISPOSITION (3Aug75) <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
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 0025-75 (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 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		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) OTH		<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"/> NO				
<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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CENTER, 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 CREMATORY WAT BASADORN THUM SAMANEK CREMATORY			LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, 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 10-249 1 APR 59, WHICH IS OBSOLETE.

THCIL 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) THCIL 0028-75 (C)		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	MARITAL STATUS		RELIGION	
<input 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) UTD	<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"/> NO			
<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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SF 96232		
DATE 29 July 1975		SIGNATURE <i>[Signature]</i>		
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoner		GRADE GS-12	LICENSE NUMBER TX 3360	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE <i>[Signature]</i>	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM NAGANAKH CEMETORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, THAILAND		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION (3Aug75) <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 59, WHICH IS OBSOLETE.


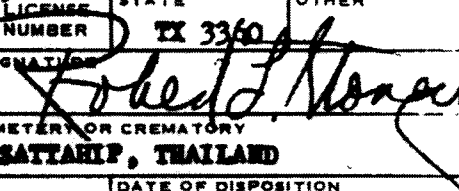
THCIL 0028-75 (E)		CERTIFICATE OF DEATH (OVERSEAS)			
For use of this form, see AR 630-40; the proponent agency is Office of the Chief of Support Services.					
NAME OF DECEASED (Last, First, Middle) THCIL 0028-75 (E)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.	
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) VED		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> JEWISH	
<input type="checkbox"/> WIDOWED		<input type="checkbox"/> SEPARATED		<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	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"/> NO				
<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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC APO SF 96232			
DATE 29 July 1975		SIGNATURE <i>[Signature]</i>			
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER	STATE TX 3360	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE <i>[Signature]</i>		
NAME OF CEMETERY OR CREMATORY WAT RASABORN THUM SAMANKE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAKIP, THAILAND			
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL (3 Aug 75) <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 10-249 1 APR 59, WHICH IS OBSOLETE.


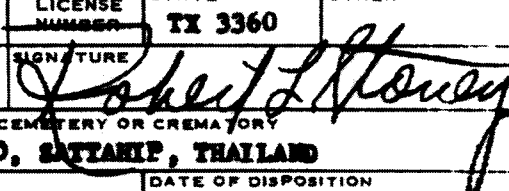
THCIL 0031-75 (E)		CERTIFICATE OF DEATH (OVERSEAS)			
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.					
NAME OF DECEASED (Last, First, Middle) THCIL 0031-75 (E)		GRADE	BRANCH OF SERVICE		SOCIAL SECURITY A. NO.
ORGANIZATION NA		DATE OF BIRTH Unkn own		SEX UTD <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> JEWISH	
<input type="checkbox"/> 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)					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"/> NO				
<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 03	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	STATE TX 3360	OTHER
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT RABADORN THUM SAMAKEE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, 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 10-249 1 APR 69, WHICH IS OBSOLETE.

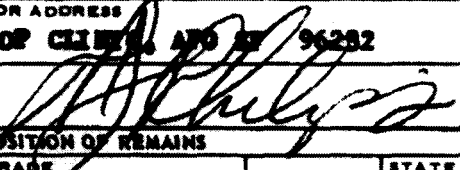
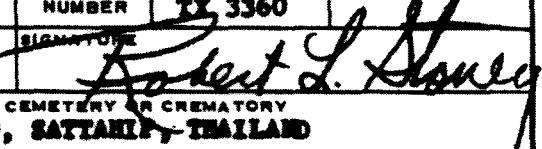
THCIL 0031-75 (F)		CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>			
NAME OF DECEASED (Last, First, Middle) THCIL 0031-75 (F)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.	
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> UTD <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE	MARITAL STATUS		RELIGION		
<input type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT		
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC		
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<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 <small>(Enter only one cause per line)</small>					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"/> NO				
<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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP MEDIC APO SF 96232			
DATE 29 July 1975		SIGNATURE 			
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoner		GRADE GS-12	LICENSE NUMBER	STATE 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 SAMANEH CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, THAILAND			
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION (3Aug75) <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.

CERTIFICATE OF DEATH (OVERSEAS) <small>For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>									
THEIL 0046-75 (C) <small>NAME OF DECEASED (Last, First, Middle)</small>					<small>GRADE</small> 		<small>BRANCH OF SERVICE</small> 		<small>SOCIAL SECURITY ACCT NO.</small>
<small>ORGANIZATION</small> NA					<small>DATE OF BIRTH</small> Unknown		<small>SEX</small> <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
<small>RACE</small> 		<small>MARITAL STATUS</small> <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED			<small>DIVORCED</small> <input type="checkbox"/> SEPARATED		<small>RELIGION</small> <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)		
<small>NAME OF NEXT OF KIN</small> 					<small>RELATIONSHIP TO DECEASED</small> 				
<small>STREET ADDRESS</small> 					<small>CITY OR TOWN AND STATE (Include ZIP Code)</small> 				
MEDICAL STATEMENT									
<small>CAUSE OF DEATH</small> <small>(Enter only one cause per line)</small>								<small>INTERVAL BETWEEN ON SET AND DEATH</small> 	
<small>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH¹</small> 				Multiple extreme injuries, aircraft accident					
<small>ANTECEDENT CAUSES</small>		<small>MORIBUND CONDITION, IF ANY, LEADING TO PRIMARY CAUSE</small> 							
		<small>UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE</small> 							
<small>OTHER SIGNIFICANT CONDITIONS²</small> 									
<small>MODE OF DEATH</small> <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<small>AUTOPSY PERFORMED</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<small>MAJOR FINDINGS OF AUTOPSY</small> 			<small>CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES</small> 		
<small>DATE OF DEATH (Hour, day, month, year)</small> 4 April 1975				<small>PLACE OF DEATH</small> South Vietnam					
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.									
<small>NAME OF MEDICAL OFFICER</small> Robert J. Philips						<small>TITLE OR DEGREE</small> M.D. - Area Surgeon			
<small>GRADE</small> 03		<small>SOCIAL SECURITY ACCT NO.</small> 		<small>INSTALLATION OR ADDRESS</small> USA TROOP CLINIC, APO SF 96232					
<small>DATE</small> 29 July 1975				<small>SIGNATURE</small> 					
DISPOSITION OF REMAINS									
<small>NAME OF MORTICIAN PREPARING REMAINS</small> Robert L. Stoner				<small>GRADE</small> GS-12		<small>LICENSE NUMBER</small> TX 3360		<small>OTHER</small> 	
<small>INSTALLATION OR ADDRESS</small> US Army Mortuary, Thailand APO 96232				<small>DATE</small> 29 July 1975		<small>SIGNATURE</small> 			
<small>NAME OF CEMETERY OR CREMATORY</small> WAT RASABORN THUM SAMANEE CREMATORY				<small>LOCATION OF CEMETERY OR CREMATORY</small> KILO 10, SATTAKIP, THAILAND					
<small>TYPE OF DISPOSITION</small> <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)								<small>DATE OF DISPOSITION</small> 8 August 1975	
REGISTRATION OF VITAL STATISTICS									
<small>REGISTRY (Town and Country)</small> 				<small>DATE REGISTERED</small> 		<small>FILE NUMBER</small> 		<small>STATE</small> 	
<small>NAME OF FUNERAL DIRECTOR</small> 				<small>ADDRESS</small> 					
<small>SIGNATURE OF AUTHORIZED INDIVIDUAL</small> 									

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.

THCIL 0049-75 (B)

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) THCIL 0049-75 (B)		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		MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		<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

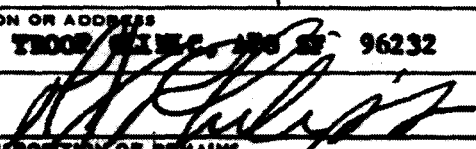
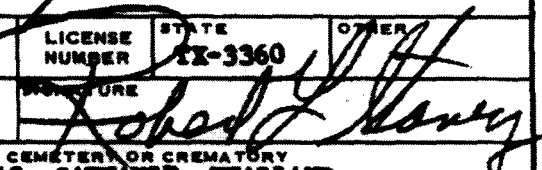
CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Multiple extreme injuries, aircraft accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS ²		
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY
<input 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		
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 SF 96232	
DATE 29 July 1975		SIGNATURE <i>[Signature]</i>	
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 <i>[Signature]</i>
NAME OF CEMETERY OR CREMATORY WAT PASADORN THUN SARANEE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, THAILAND	
TYPE OF DISPOSITION <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
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.

THCIL 0049-75 (7)		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 0049-75 (7)		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		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) OTH		<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	MORIBUND 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"/> 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 03	SOCIAL SECURITY ACCT NA	INSTALLATION OR ADDRESS USA TROOP MEDICAL APO SF 96232			
DATE 29 July 1975		SIGNATURE 			
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stonay		GRADE GS-12	LICENSE NUMBER	STATE TX-3360	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975		SIGNATURE 	
NAME OF CEMETERY OR CREMATORY TH WAT PASADORN THUK SAMANEH CEMETORY			LOCATION OF CEMETERY OR CREMATORY MILO 10, SATTAKIP, THAILAND		
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.

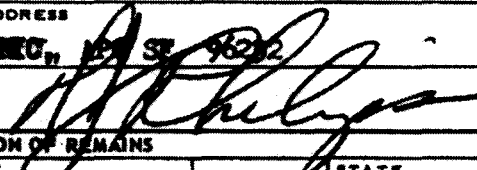
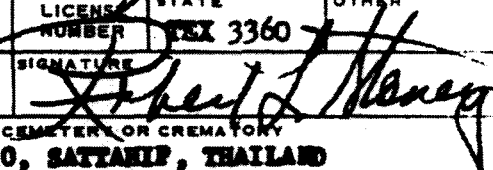
DA FORM 3565
1 JAN 70

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

THCIL 0091-75 (C)

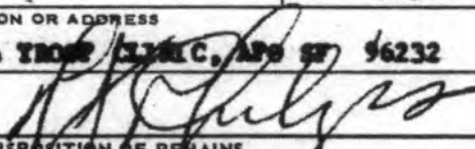
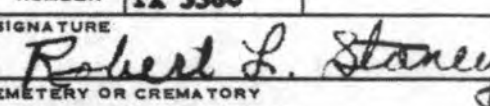
CERTIFICATE OF DEATH (OVERSEAS)

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 0091-75 (C)		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		MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) UTD		<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 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 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 Area Surgeon M.D.	
GRADE 03	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 TEX 3360	OTHER
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKH CEMETERY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, 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 59, WHICH IS OBSOLETE.

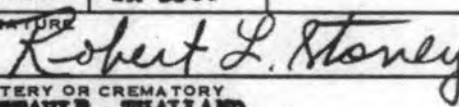
CERTIFICATE OF DEATH (OVERSEAS) <small>Use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>									
THCIL 0088-75 (X) <small>NAME OF DECEASED (Last, First, Middle)</small>				<small>GRADE</small> 		<small>BRANCH OF SERVICE</small> 		<small>SOCIAL SECURITY ACCT NO.</small> 	
THCIL 0088-75 (X) <small>ORGANIZATION</small>				<small>DATE OF BIRTH</small> 		<small>SEX</small> <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE			
<small>RACE</small> 		<small>MARITAL STATUS</small> 			<small>RELIGION</small> 				
<input type="checkbox"/> CAUSASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) UTD		<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED			<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)		
<small>NAME OF NEXT OF KIN</small> 				<small>RELATIONSHIP TO DECEASED</small> 					
<small>STREET ADDRESS</small> 				<small>CITY OR TOWN AND STATE (Include ZIP Code)</small> 					
MEDICAL STATEMENT									
<small>CAUSE OF DEATH</small> <small>(Enter only one cause per line)</small>								<small>INTERVAL BETWEEN ON SET AND DEATH</small> 	
<small>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH¹</small> 				Multiple extreme injuries, aircraft accident					
<small>ANTECEDENT CAUSES</small>		<small>MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE</small> 							
		<small>UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE</small> 							
<small>OTHER SIGNIFICANT CONDITIONS²</small> 									
<small>MODE OF DEATH</small> <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<small>AUTOPSY PERFORMED</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<small>MAJOR FINDINGS OF AUTOPSY</small> 			<small>CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES</small> 		
<small>DATE OF DEATH (Hour, day, month, year)</small> 4 April 1975				<small>PLACE OF DEATH</small> South Vietnam					
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.									
<small>NAME OF MEDICAL OFFICER</small> Robert J. Philips						<small>TITLE OR DEGREE</small> M.D. - Area Surgeon			
<small>GRADE</small> 03		<small>SOCIAL SECURITY ACCT NO.</small> 		<small>INSTALLATION OR ADDRESS</small> USA TROOP CLINIC, APO SF 96232					
<small>DATE</small> 29 July 1975				<small>SIGNATURE</small> 					
DISPOSITION OF REMAINS									
<small>NAME OF MORTICIAN PREPARING REMAINS</small> Robert L. Stoney				<small>GRADE</small> GS-12		<small>LICENSE NUMBER</small> TX 3360		<small>STATE</small> TX	
<small>INSTALLATION OR ADDRESS</small> US Army Mortuary, Thailand APO 96232				<small>DATE</small> 29 July 1975		<small>SIGNATURE</small> 			
<small>NAME OF CEMETERY OR CREMATORY</small> WAT BASADORN THUM SAMANEE CREMATORY				<small>LOCATION OF CEMETERY OR CREMATORY</small> KILO 10, SATTAKIP, THAILAND					
<small>TYPE OF DISPOSITION</small> <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION (3 Aug 75) <input type="checkbox"/> REMOVAL (Specify)								<small>DATE OF DISPOSITION</small> 8 August 1975	
REGISTRATION OF VITAL STATISTICS									
<small>REGISTRY (Town and Country)</small> 				<small>DATE REGISTERED</small> 		<small>FILE NUMBER</small> 		<small>STATE</small> 	
<small>NAME OF FUNERAL DIRECTOR</small> 				<small>ADDRESS</small> 					
<small>SIGNATURE OF AUTHORIZED INDIVIDUAL</small> 									

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 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 NA		DATE OF BIRTH Unknown		SEX UTD <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT		
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC		
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid	<input type="checkbox"/> WIDOWED	<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	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 03	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	STATE 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 SAMAKKRE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHIP, 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	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 10-242 1 APR 69, WHICH IS OBSOLETE.

THCIL 0084-75 (X)

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 (X)		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	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<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 extremities injured, 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
<input 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		
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 SF 96232	
DATE 29 July 1975		SIGNATURE <i>Robert J. Philips</i>	
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 <i>Robert L. Stoney</i>
NAME OF CEMETERY OR CREMATORY WAT RASADORN THUM SAMAKKRE CEMETERY		LOCATION OF CEMETERY OR CREMATORY 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 OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS	
SIGNATURE OF AUTHORIZED INDIVIDUAL			

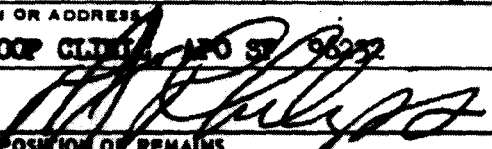

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

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

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		MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid	<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 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 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 Area Surgeon, M.D.		
GRADE 03	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 03-12	LICENSE NUMBER 3360	STATE TX
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMANEH CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL (3 Aug 75) <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				

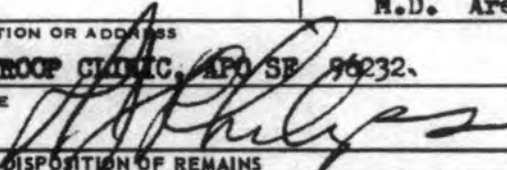
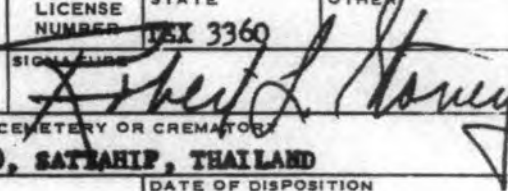
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

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

THCIL 0077-75 (J)

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 (J)		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		MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUSASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) UFD		<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 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 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) 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 			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TEX 3360	STATE TEX
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKKRE 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 OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				


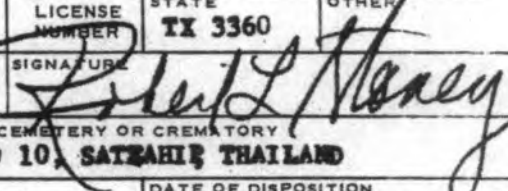
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

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

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) HTB/LOWE, Be		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 type="checkbox"/> CAUSASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		<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"/> NO			
<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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SF 96232		
DATE 29 July 1975		SIGNATURE 		
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		DISPOSITION OF REMAINS		
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		GRADE GS-12	LICENSE NUMBER TX 3360	STATE TX
NAME OF CEMETERY OR CREMATORY WAT RASADORN THUM SAMAKEE CREMATORY		DATE 29 July 1975	SIGNATURE 	
LOCATION OF CEMETERY OR CREMATORY KILO 10, SATRAHIE, THAILAND				
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				


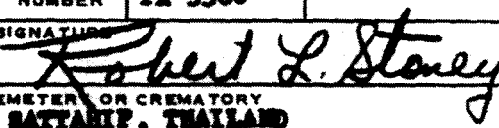
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

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

THCIL 0068-75

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) HEB/POWELL, Ngoc Diap		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 type="checkbox"/> CAUSASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		<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"/> NO			
<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 03	SOCIAL SECURITY ACCT NO	INSTALLATION OR ADDRESS USA TROOP BRIGADE, APO 96232		
DATE 29 July 1975		SIGNATURE 		
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 HAT NASABORN THUM JIRANEE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAP, THAILAND		
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.DA FORM 3565
1 JAN 70

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

THCIL 0067-75 (C)

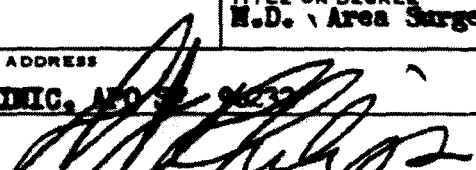
CERTIFICATE OF DEATH (OVERSEAS)

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

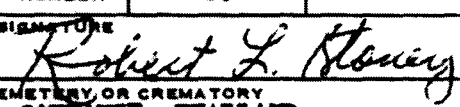
NAME OF DECEASED (Last, First, Middle) BTD/MARCIA		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid	<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
<input type="checkbox"/> NATURAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	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 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 CLINIC, APO 96232	
DATE 29 July 1975	SIGNATURE 

DISPOSITION OF REMAINS

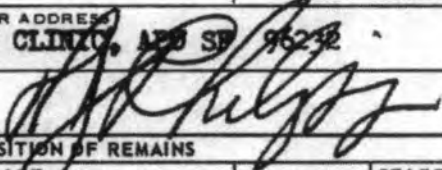

NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney	GRADE GS-12	LICENSE NUMBER	STATE TEX 3360	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232	DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKKRE CEMETERY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHIP, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL (3 Aug 75) <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 10-248 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 UTD <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT		
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC		
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<input type="checkbox"/> WIDOWED	<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	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 03	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 GS-12	LICENSE NUMBER	STATE TEX 3360	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975		SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKKE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHIP, 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.

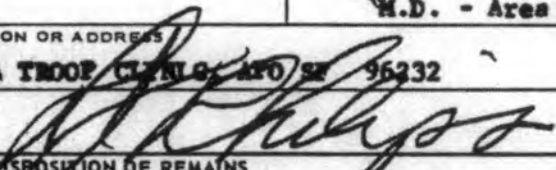
DA FORM 3565
1 JAN 70

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

THCIL 0063-75 (R)

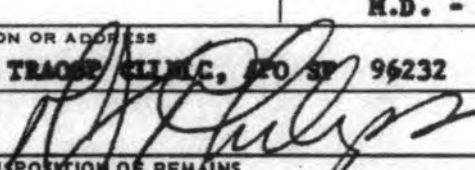

CERTIFICATE OF DEATH (OVERSEAS)

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/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		MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUSASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) UTD		<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 03	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	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975		
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKKRE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAKHIP, THAILAND		
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.DA FORM 3565
1 JAN 70

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


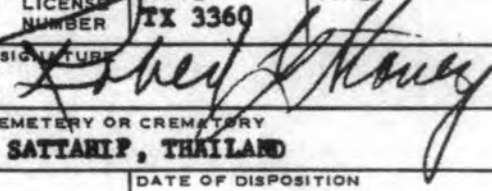
THCIL 0060-75 (C)		CERTIFICATE OF DEATH (OVERSEAS)			
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.					
NAME OF DECEASED (Last, First, Middle) BTB/ROUKEMA, Deirdre			GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION MA			DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		<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"/> NO				
<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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TRAQUE 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	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKEE CREMATORY			LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, THAILAND		
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.

DA FORM 3565
1 JAN 70

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

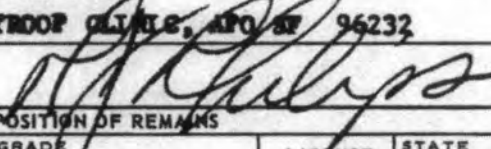
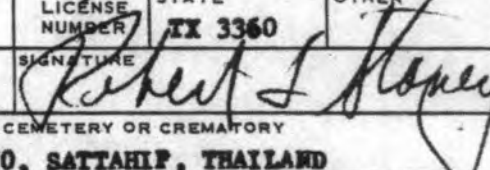
THCIL 0060-75 (B)		CERTIFICATE OF DEATH (OVERSEAS)			
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.					
NAME OF DECEASED (Last, First, Middle) HTB/BLANC, Ann Marie		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.	
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE	MARITAL STATUS		RELIGION		
<input type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT		
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC		
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<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"/> NO				
<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 03	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	STATE TX 3360	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand, APO 96232		DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKKE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTANIP, 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
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.

THCIL 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) ETB/CHIDO, Bob			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		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD		<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"/> NO				
<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 03	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. Stonay		GRADE GS-12	LICENSE NUMBER	STATE 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 SAMAKKRE CREMATORY			LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHIP, 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 1985	
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.

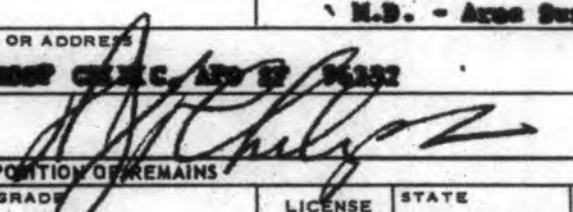
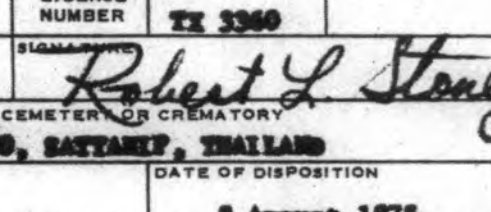
² State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 3565
1 JAN 70

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

TRICL 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) MR/SUTTON, Dey		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 type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) USA	<input type="checkbox"/> WIDOWED	<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	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 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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TRUMP CAMP, APO SF 96332		
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 96332		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BANGKOR THAM SAMANEH CEMETERY		LOCATION OF CEMETERY OR CREMATORY FIELD 10, BATTANIF, THAILAND		
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 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.

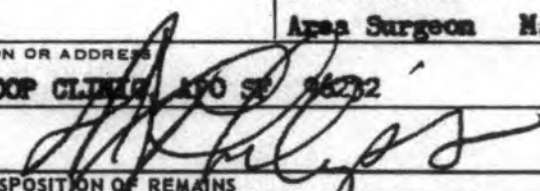
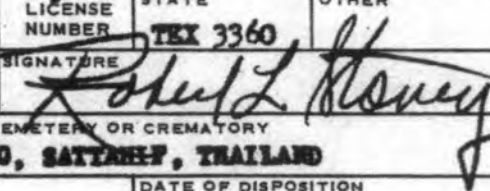
² State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 3565
1 JAN 70

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

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 HEMAR		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	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<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 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 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) 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 SF 96232		
DATE 29 July 1975	SIGNATURE 			
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TEX 3360	OTHER
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAEK CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTENH, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION (3Aug75) <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.

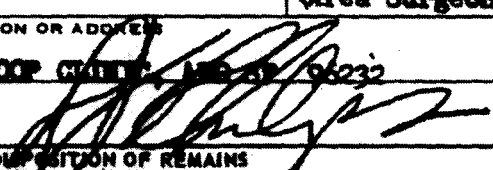
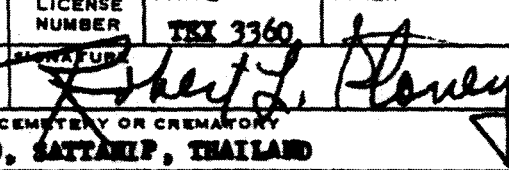
DA FORM 3565
1 JAN 70

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

THCIL 0063-75

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) BTB LIEN		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 type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTO	<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 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 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) 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 COMMAND, APO 96232		
DATE 29 July 1975	SIGNATURE 			
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 CREMATORY WAT BASABORN THUM SAMAKK CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAP, THAILAND		
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.DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-249 1 APR 66, WHICH IS OBSOLETE.

THCIL 0078-75 (A)

CERTIFICATE OF DEATH (OVERSEAS)

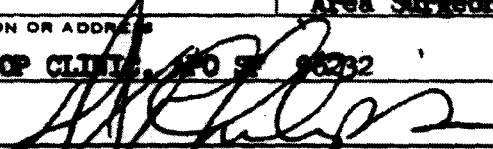
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.


NAME OF DECEASED (Last, First, Middle) BTB/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	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<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 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
<input type="checkbox"/> NATURAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	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 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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SF 96232
DATE 29 July 1975	SIGNATURE 	

NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoner		GRADE GS-12	LICENSE NUMBER TEX 3360	STATE TEX	OTHER
INSTALLATION OR ADDRESS USA Mortuary, Thailand, APO 96232		DATE	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT RASABORN THUM SAMANEH CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTANIP, THAILAND			
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL (30 Aug 75) <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION 8 August 1975			

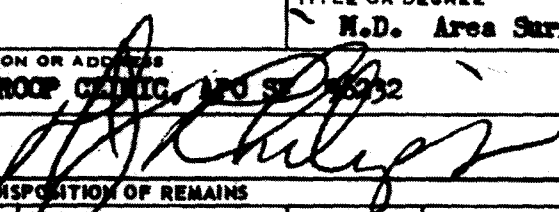
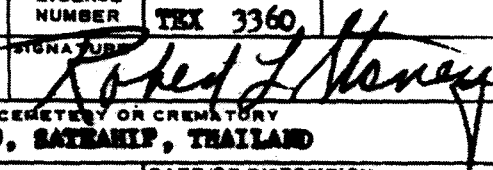
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS			
SIGNATURE OF AUTHORIZED INDIVIDUAL					

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.

THCIL 0077-75 (A)		CERTIFICATE OF DEATH (OVERSEAS)			
For use of this form, see AR 638-60; the proponent agency is Office of the Chief of Support Services.					
NAME OF DECEASED (Last, First, Middle) BTB TULLY, Carten Tam			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		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD		<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"/> NO				
<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 03	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 03-12	LICENSE NUMBER	STATE TEX 3360	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKEE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATEANIP, THAILAND			
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL (3Aug75) <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 10-249 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) BTB/WALKOE, PMA		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	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid	<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
<input 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		
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 Area Surgeon M.D.
GRADE 03	SOCIAL SECURITY ACCT N-	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SF 96232
DATE 29 July 1975	SIGNATURE <i>[Signature]</i>	

NAME OF MORTICIAN PREPARING REMAINS Robert L. Stony		GRADE GS-12	LICENSE NUMBER TEX 3360	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE <i>[Signature]</i>	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAREE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHIP, THAILAND		

TYPE OF DISPOSITION <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
NAME OF FUNERAL DIRECTOR		ADDRESS		

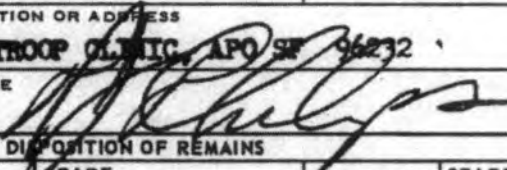
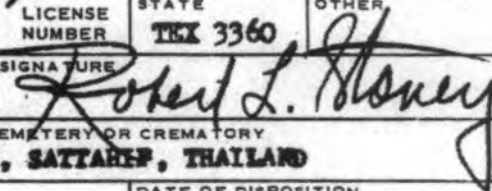
SIGNATURE OF AUTHORIZED INDIVIDUAL

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 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
ORGANIZATION NA		DATE OF BIRTH Unknown	SOCIAL SECURITY ACCT NO. <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE	MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid	<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"/> NO		
<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 M.D. Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SF 96232	
DATE 29 July 1975	SIGNATURE 		
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TEX 3360
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKKRE CEMETORY		LOCATION OF CEMETERY OR CREMATORY HILO 10, SATTAPH, THAILAND	
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION (3Aug75) <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.

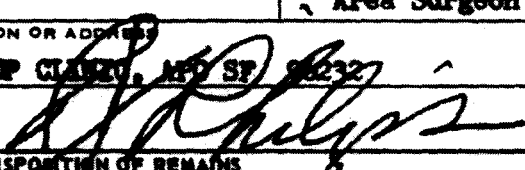
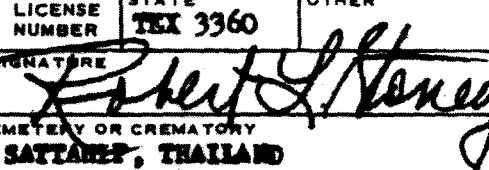
DA FORM 3565
1 JAN 70

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

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 CAUSASOID		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	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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP CLERK, 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 3360
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKK CEMETERY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAP, 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 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.

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.

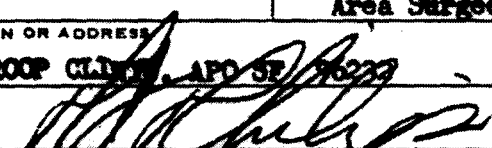
NAME OF DECEASED (Last, First, Middle) BTB BOWSAM, Dennis		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID	<input checked="" 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) Mongoloid	<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

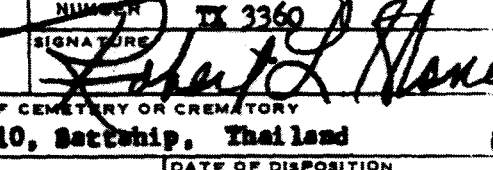
CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹	Multiple extreme injuries, aircraft accident	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS ²		
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY
<input type="checkbox"/> NATURAL	<input type="checkbox"/> YES	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<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 Area Surgeon M.D.
GRADE 03	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	STATE TX	OTHER
INSTALLATION OR ADDRESS USA Mortuary, Thailand, APO 96232	DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMARKE CREMATORY	LOCATION OF CEMETERY OR CREMATORY KILO 10, Battship, Thailand			
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL (3 Aug 75) <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.

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	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<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		
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	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY
<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		
CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES		

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. Philips

TITLE OR DEGREE

M.D. Area Surgeon

GRADE

03SOCIAL 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-12LICENSE
NUMBER

STATE

TEX 3360

OTHER

INSTALLATION OR ADDRESS

USA Mortuary, Thailand APO 96232

DATE

29 July 1975

SIGNATURE

NAME OF CEMETERY OR CREMATORY

WAT BASADORN THUM SAMAKKRE CREMATORY

LOCATION OF CEMETERY OR CREMATORY

KILO 10, SATEAHIP, THAILAND

TYPE OF DISPOSITION

☒ BURIAL☒ CREMATION**(3Aug75)**☐ REMOVAL (Specify)

DATE OF DISPOSITION

8 August 1975

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

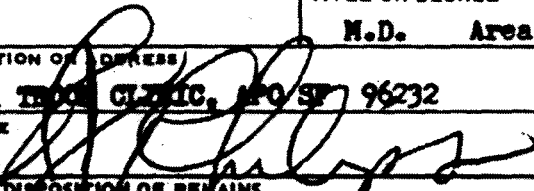
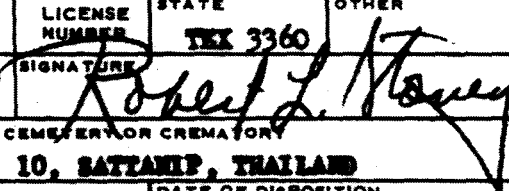
NAME OF FUNERAL DIRECTOR

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.

THCIL 0077-75 (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) THCIL 0077-75 (F)		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		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> JEWISH	
<input type="checkbox"/> 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)					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 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 03	SOCIAL SECURITY ACCT NO.	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 05-12	LICENSE NUMBER TEX 3360	OTHER	
INSTALLATION OR ADDRESS USA Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUN SAMANEH CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTANIP, THAILAND			
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.

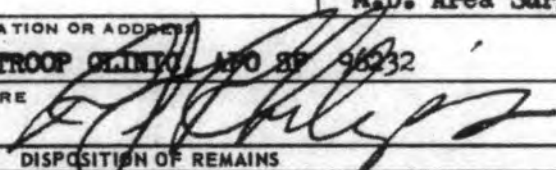
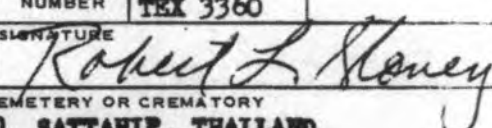
DA FORM 3565
1 JAN 70

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

THCIL 0075-75


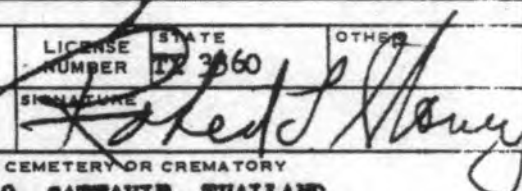
CERTIFICATE OF DEATH (OVERSEAS)

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		MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) UTD		<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"/> NO			
<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 03	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 TEX 3360	STATE TEX 3360
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKKRE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, THAILAND		
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.DA FORM 3565
1 JAN 70

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

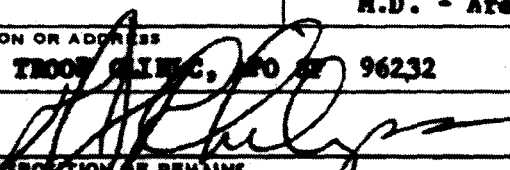
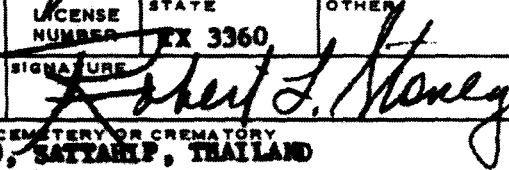
THCIL 0071-75 (D)		CERTIFICATE OF DEATH (OVERSEAS)	
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.			
NAME OF DECEASED (Last, First, Middle) THCIL 0071-75 (D)		GRADE	BRANCH OF SERVICE
ORGANIZATION NA		DATE OF BIRTH Unknown	SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE	MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) Mongoleid	<input type="checkbox"/> WIDOWED	<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	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 Area Surgeon M.D.	
GRADE 03	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 3860
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMARKE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHIP, 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 10-249 1 APR 59, WHICH IS OBSOLETE.

THCIL 0077-75 (K)		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) HTB/HUNG, Bernard			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		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) OLD		<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"/> NO			
<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 03	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. Stony			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 CREMATORY WAT RASADORN THUM SAMAREE CREMATORY			LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHIP, THAILAND		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL (3Aug75) <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.

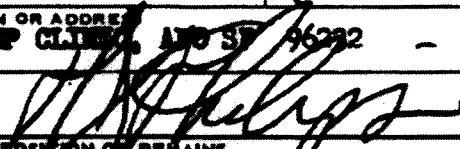
DA FORM 3565
1 JAN 70

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

THCIL 0067-75 (B)

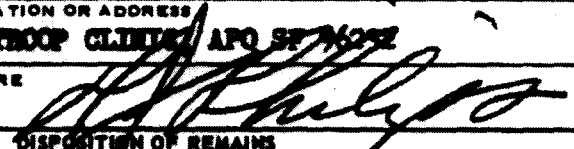
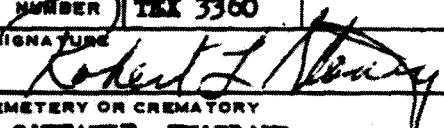
CERTIFICATE OF DEATH (OVERSEAS)

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) THCIL 0067-75 (B)		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		MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		<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"/> NO			
<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 03	SOCIAL SECURITY ACCT N	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SF 96222		
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		
NAME OF CEMETERY OR CREMATORY WAT PASADORN THUN SAMANEH CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, THAILAND		
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.DA FORM 3565
1 JAN 70

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

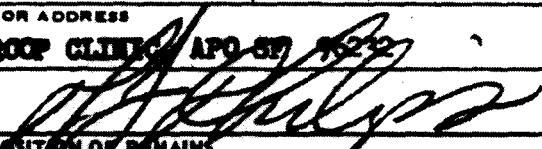
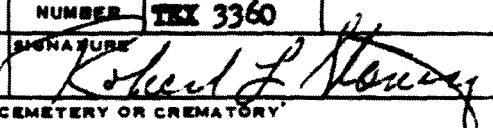
THCIL 0063-75 (C)				CERTIFICATE OF DEATH (OVERSEAS)			
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.							
NAME OF DECEASED (Last, First, Middle) THCIL 0063-75 (C)				GRADE		BRANCH OF SERVICE	
ORGANIZATION NA				DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION			
<input type="checkbox"/> CAUSASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) Mongoloid		<input type="checkbox"/> WIDOWED		<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		MORIBD 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 03		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 03-12		LICENSE NUMBER TEX 3360	
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232				DATE 29 July 1975		SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUN SAMAREE CREMATORY				LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, 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 TEX	
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 0063-75 (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) THCIL 0063-75 (A)		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		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD	<input type="checkbox"/> WIDOWED	<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	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 03	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 03-12	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 SAMAREE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAKIP, THAILAND			
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.

DA FORM 3565
1 JAN 70

REPLACES DA FORM 10-249 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 <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE		MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUSASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) HTD		<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

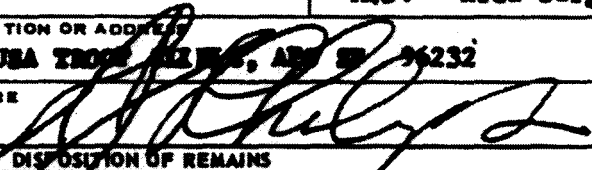
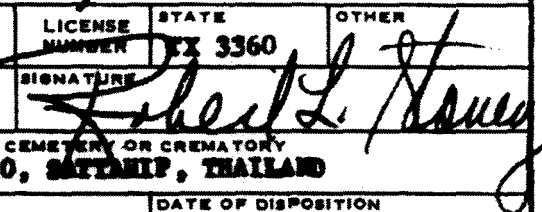
CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH:
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS ²		
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY
<input type="checkbox"/> NATURAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	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 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	INSTALLATION OR ADDRESS USA TRIC CLINIC, APO SF 96232	
DATE 29 July 1975		SIGNATURE <i>Robert J. Philips</i>	
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 <i>Robert L. Stoney</i>
NAME OF CEMETERY OR CREMATORY WAT RASADORN THUM SAMAKKE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, THAILAND	
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL (3Aug75) <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			

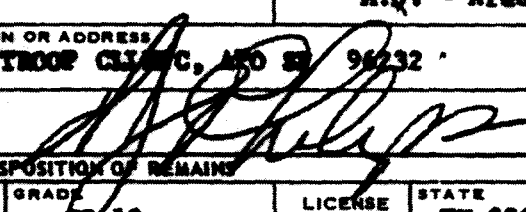
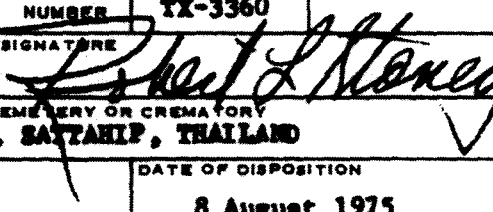
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 3565
1 JAN 70

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

CERTIFICATE OF DEATH (OVERSEAS) <small>Use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.</small>									
THCIL 0056-75 (C) <small>NAME OF DECEASED (Last, First, Middle)</small>				<small>GRADE</small> 		<small>BRANCH OF SERVICE</small> 		<small>SOCIAL SECURITY ACCT NO.</small> 	
THCIL 0056-75 (C) <small>ORGANIZATION</small>				<small>DATE OF BIRTH</small> Unknown		<small>SEX</small> <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE			
<small>RACE</small> 		<small>MARITAL STATUS</small> <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> PROTESTANT <input type="checkbox"/> OTHER (Specify)			<small>RELIGION</small> <input type="checkbox"/> NEGROID <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> CATHOLIC <input checked="" type="checkbox"/> OTHER (Specify) Utd <input type="checkbox"/> WIDOWED <input type="checkbox"/> JEWISH				
<small>NAME OF NEXT OF KIN</small> 				<small>RELATIONSHIP TO DECEASED</small> 					
<small>STREET ADDRESS</small> 				<small>CITY OR TOWN AND STATE (Include ZIP Code)</small> 					
MEDICAL STATEMENT									
<small>CAUSE OF DEATH</small> <small>(Enter only one cause per line)</small>								<small>INTERVAL BETWEEN ON SET AND DEATH</small> 	
<small>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH¹</small> 				Multiple extreme injuries, aircraft accident					
<small>ANTECEDENT CAUSES</small>		<small>MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE</small> 							
		<small>UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE</small> 							
<small>OTHER SIGNIFICANT CONDITIONS²</small> 									
<small>MODE OF DEATH</small> <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<small>AUTOPSY PERFORMED</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<small>MAJOR FINDINGS OF AUTOPSY</small> 				<small>CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES</small> 	
<small>DATE OF DEATH (Hour, day, month, year)</small> 4 April 1975				<small>PLACE OF DEATH</small> South Vietnam					
<small>I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.</small>									
<small>NAME OF MEDICAL OFFICER</small> Robert J. Phillips						<small>TITLE OR DEGREE</small> M.D. - Area Surgeon			
<small>GRADE</small> 03		<small>SOCIAL SECURITY ACCT NO</small> 		<small>INSTALLATION OR ADDRESS</small> USA TROOP, APO SF 96232					
<small>DATE</small> 29 July 1975				<small>SIGNATURE</small> 					
DISPOSITION OF REMAINS									
<small>NAME OF MORTICIAN PREPARING REMAINS</small> Robert L. Stoner				<small>GRADE</small> GS-12		<small>LICENSE NUMBER</small> TX 3360		<small>OTHER</small> 	
<small>INSTALLATION OR ADDRESS</small> US Army Mortuary, Thailand APO 96232				<small>DATE</small> 29 July 1975		<small>SIGNATURE</small> 			
<small>NAME OF CEMETERY OR CREMATORY</small> WAT BASADORN THAM SAMANEH CREMATORY				<small>LOCATION OF CEMETERY OR CREMATORY</small> KILO 10, SATTAPHI, THAILAND					
<small>TYPE OF DISPOSITION</small> <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)								<small>DATE OF DISPOSITION</small> 8 August 1975	
REGISTRATION OF VITAL STATISTICS									
<small>REGISTRY (Town and Country)</small> 				<small>DATE REGISTERED</small> 		<small>FILE NUMBER</small> 		<small>STATE</small> 	
<small>NAME OF FUNERAL DIRECTOR</small> 				<small>ADDRESS</small> 					
<small>SIGNATURE OF AUTHORIZED INDIVIDUAL</small> 									
<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 10-249 1 APR 59, WHICH IS OBSOLETE.

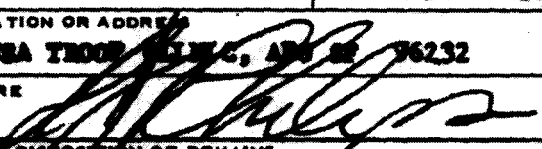
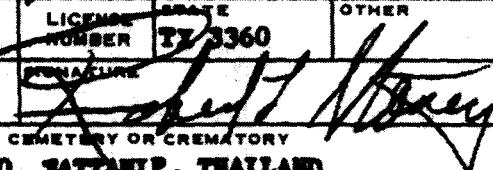
THCIL 0056-75 (K)		CERTIFICATE OF DEATH (OVERSEAS)			
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.					
NAME OF DECEASED (Last, First, Middle) THCIL 0056-75 (K)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.	
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> UTD <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> JEWISH	
<input type="checkbox"/> 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)					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 03	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	STATE TX-3360	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT PASADORN THUM SAMAKS CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHI, 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	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 69, WHICH IS OBSOLETE.

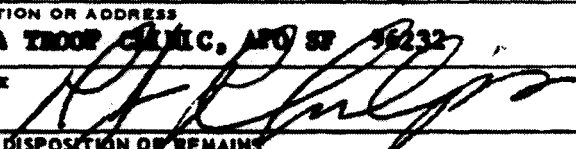
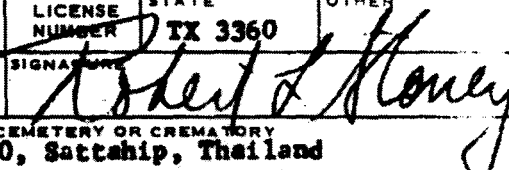
THCIL 0036-75 (F)		CERTIFICATE OF DEATH (OVERSEAS)			
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.					
NAME OF DECEASED (Last, First, Middle) THCIL 0036-75 (F)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.	
ORGANIZATION NA		DATE OF BIRTH Unknown		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) VED		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> JEWISH	
<input type="checkbox"/> WIDOWED		<input type="checkbox"/> SEPARATED		<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	MORIBUND 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"/> NO				
<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 03	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USA TROOP, APO SF 96232			
DATE 29 July 1975		SIGNATURE 			
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stony		GRADE OS-12	LICENSE NUMBER TX 3360	OTHER	
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY WAT RASAPORN THUM SAMANEH CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAP, 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
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 0063-75 (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) THCIL 0063-75 (P)		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		MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASOID		<input checked="" type="checkbox"/> SINGLE		<input type="checkbox"/> PROTESTANT	
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC	
<input checked="" type="checkbox"/> OTHER (Specify) UTD		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> JEWISH	
<input type="checkbox"/> 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"/> NO				
<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. - Surgeon		
GRADE 03	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	STATE TX 3360	OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975		SIGNATURE 	
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAREE CREMATORY			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	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.

THCIL 0067-75 (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) THCIL 0067-75 (A)		GRADE	BRANCH OF SERVICE
ORGANIZATION NA		DATE OF BIRTH Unknown	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE	MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUCASOID	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC
<input checked="" type="checkbox"/> OTHER (Specify) PTD	<input type="checkbox"/> WIDOWED	<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	MORBD 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	
<input 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) 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 SF 96232	
DATE 29 July 1975		SIGNATURE <i>[Signature]</i>	
DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360
INSTALLATION OR ADDRESS USA Mortuary, Thailand, APO 96232		DATE 29 July 1975	SIGNATURE <i>[Signature]</i>
NAME OF CEMETERY OR CREMATORY WAT BASADORN THUM SAMAKKRE CREMATORY		LOCATION OF CEMETERY OR CREMATORY KILO 10, SATTAPHIP, THAILAND	
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL (3 Aug 75) <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 10-248 1 APR 59, WHICH IS OBSOLETE