

Vol. ~~#I~~ of II

Survivors' Medical  
Records and Decedents'  
Death Certificates

JAMES M. ESTABROOK  
EDWARD H. MAHLA  
JOHN C. MOORE  
MAC DONALD DEMING  
GORDON W. PAULSEN  
M. E. De ORCHIS  
DAVID P. H. WATSON  
RICHARD G. ASHWORTH  
EDWARD L. JOHNSON  
RICHARD B. BARNETT  
MAURICE L. NOYER  
SANFORD C. MILLER  
FRANCIS X. BYRN  
THOMAS R. H. HOWARTH  
STEPHEN K. CARR  
WALTER E. RUTHERFORD  
R. GLENN BAUER  
THEODORE M. SYSOL  
CARROLL E. DUBUC  
THOMAS F. MOLANPHY  
LENNARD K. RAMBUSCH  
JAMES J. SENTNER, JR.  
RANDAL R. CRAFT, JR.  
WILLIAM J. HONAN III  
CHESTER D. HOOPER  
EMIL A. KRATOVIL, JR.  
JOHN J. REILLY  
BARTON T. JONES  
RICHARD D. BELFORD  
BRIAN D. STARER  
ROBERT B. HASEROT  
JOHN K. WEIR  
JUAN A. ANDUIZA  
DONALD J. KENNEDY  
RICHARD L. JARASHOW  
WILLIAM F. PAN  
ALAN B. WINSOR  
THOMAS J. WHALEN  
TEMPLE L. RATCLIFFE

HAIGHT, GARDNER, POOR & HAVENS  
FEDERAL BAR BUILDING  
1819 H STREET, N.W.  
WASHINGTON, D. C. 20006

CABLE: MOTOR WASHINGTON  
WU: TELEX 892598  
TELEPHONE (202) 775-1300

November 2, 1981

BY HAND

BERNARD D. ATWOOD  
SPECIAL PARTNER

J. WARD O'NEILL  
COUNSEL

NEW YORK OFFICE  
ONE STATE STREET PLAZA  
NEW YORK, N. Y. 10004  
TEL (212) 344-6800  
CABLE: MOTOR NEW YORK  
RCA TELEX: 222974  
WUI TELEX: 620362  
ITT TELEX: 424674  
WU TELEX: 127683

PARIS AFFILIATE  
FRANCOIS LEGREZ  
34, AVENUE GEORGE V  
75008 PARIS, FRANCE  
TELEPHONE 720-8202  
CABLE: MOTOR PARIS  
TELEX: 640669

CARROLL E. DUBUC\*  
TEMPLE L. RATCLIFFE\*  
RESIDENT PARTNERS WASHINGTON

RALPH E. CASEY\*  
JOHN W. MCCONNELL, JR.\*  
OF COUNSEL WASHINGTON

\* ADMITTED TO D. C. BAR

James Gaume, M.D.  
[REDACTED]  
Palos Verdes Estates, CA 90274

Charles Berry, M.D.  
[REDACTED]  
Houston, TX 77063

Patricia Quinn, M.D.  
[REDACTED]  
Washington, DC 20015

Harry L. Gibbons, M.D.  
Department of Health  
[REDACTED]  
Salt Lake City, UT 84111

James Turnbow  
[REDACTED]  
Pheonix, AZ 85018

FFAC/Marchetti v. Lockheed Aircraft Corporation  
Our files 2041-1278-2S/5C

Dear Experts:

Enclosed for your review are all the Survivors' medical records and Decedents' Death Certificates produced concerning the C5A crash near Saigon.

Very truly yours,

HAIGHT, GARDNER, POOR & HAVENS

By:

*John J. Connors*

John J. Connors

Enclosure

/gs

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Data herin represents all non-confidential data produced by the United States concerning diagnosed injuries of non-orphan survivors and decedents, death certificates and positive identifications of non-orphan decedents of the C5A accident. No autopsies were found.

<u>TAB</u>	<u>DESCRIPTION</u>
1.	Casualty Report, Crew Members, Tab 46 of Collateral Report
2.	Certificates of Death (Overseas), (DA Form 3565) of 35 U.S. Nationals (Deceased), Tab 47 of Collateral Report
3.	Certificate of Death (Overseas), (DA Form 3565) U.S. National Dependents, Tab 48 of Collateral Report
4.	Certificate of Death (Overseas), (DA Form 3565) of 8 Foreign Nationals, Tab 50 of Collateral Report

## CASUALTY REPORTS

### CREW MEMBERS

AGUILLON, 1SGT FELIZARDO C.

CASTRO, MSGT JOE

DIONNE, SSGT DONALD T.

JOHNSON, MSGT DENNING C.

KLINKER, CAPT MARY I.

MELTON, CAPT EDGAR R.

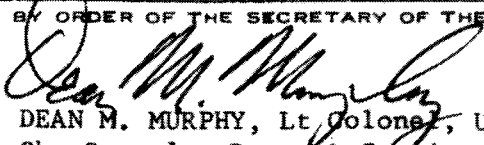
NANCE, SSGT KENNETH E.

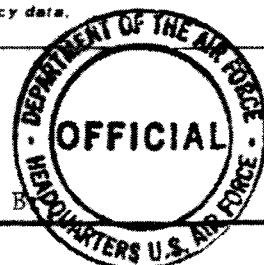
PAGET, SSGT MICHAEL G.

PARKER, TSGT WILLIAM M.

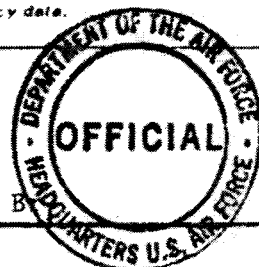
PAYNE, MSGT WENDLE L.

WILLIS, LT COL WILLIAM S.

<b>REPORT OF CASUALTY</b>		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 <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	b. BASIC PAY	c. INCENTIVE/ADDITIONAL PAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	d. CHECK IF APPLICABLE <input checked="" type="checkbox"/> CREW <input type="checkbox"/> PASSENGER
8. DUTY STATUS  Active - On Duty			
9. INTERESTED PERSONS (Name, Address, Relationship)		DATE OF RECORD OF EMERGENCY DATA FORM: 29 Jul 74	
Mrs Clarita T Aguillon		wife (3)	
Michelle M Aguillon 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	

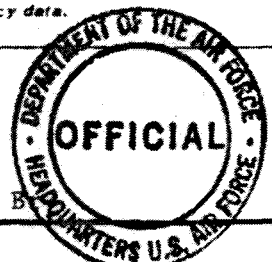


<b>REPORT OF CASUALTY</b>		1. REPORT NUMBER AND TYPE 530 - Final Completes Report Number 481		2. DATE PREPARED 23 Apr 75	
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS/ NJC) CASTRO, Joe, FR., MSgt, Regular, USAF - Det 7, 1369 Photo Sq, APO San Francisco 96274 AFSC: A23570					
4. CASUALTY STATUS a. <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE b. COMMENCED TOUR DATE:					
c. STATUS: <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER					
d. DATE: 4 Apr 75* e. PLACE: Near Tan Son Nhut AB RVN (Specify)					
f. CAUSE & CIRCUMSTANCES: Military Aircraft Accident (Photographer C-5A Aircraft)					
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			



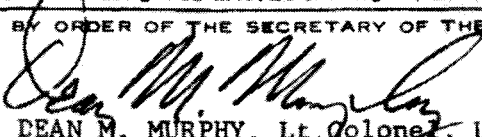
DEPARTMENT OF THE AIR FORCE  
WASHINGTON, D.C. 20330

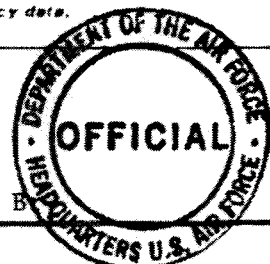
<b>REPORT OF CASUALTY</b>		1. REPORT NUMBER AND TYPE 489 - Final Completes Report Number 469		2. DATE PREPARED 15 Apr 75	
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS/ NJC) DIONNE, Donald Thomas Sr., FR , SSgt, Regular, USAF - 22 Mil Alft Sq, Travis AFB CA AFSC: A43550C					
4. CASUALTY STATUS <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 Enginner 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		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: 14 Feb 75	
Mrs Penelope M Dionne				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			




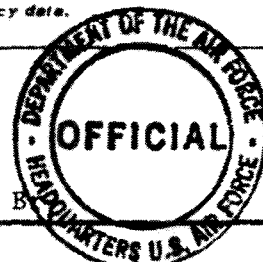




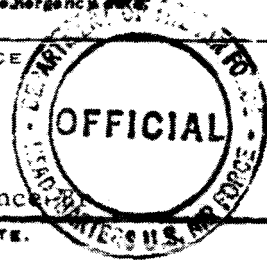
<b>REPORT OF CASUALTY</b>		1. REPORT NUMBER AND TYPE 477 - Final Completes Report Number 461	2. DATE PREPARED 14 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS/ NJC) KLINKER, Mary Therese, FV, Capt, Reserve, USAF - 10 Aeromed Evac Sq, Travis AFB CA AFSC: 9761			
4. CASUALTY STATUS a. <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE b. COMMENCED TOUR DATE			
c. STATUS: <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER			
d. DATE: 4 Apr 75*		e. PLACE: Near Tan Son Nhut AB RVN (Specify)	
f. CAUSE & CIRCUMSTANCES: Military Aircraft Accident (Flight Nurse C-5A Aircraft)			
5. b. DATE AND PLACE OF BIRTH 3 Oct 47 - Lafayette IN		c. RACE Caucasian	d. SEX Female
e. 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	b. BASIC PAY	c. INCENTIVE / ADDITIONAL PAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	d. CHECK IF APPLICABLE <input type="checkbox"/> CREW <input type="checkbox"/> PASSENGER
8. DUTY STATUS  Active - On Duty			
9. INTERESTED PERSONS (Name, Address, Relationship)		DATE OF RECORD OF EMERGENCY DATA FORM: 6 Sep 72	
Mr Paul E Klinker		father (1,2,3)	
Mrs Thelma M Klinker 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 - 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	




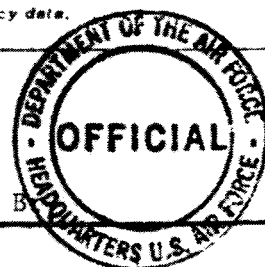
<b>REPORT OF CASUALTY</b>		1. REPORT NUMBER AND TYPE 486 - Final Completes Report Number 468		2. DATE PREPARED 15 Apr 75	
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS/ NJC) MELTON, Edgar Robert, FV, Capt, Reserve, USAF - 22 Mil Alft 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		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: 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			

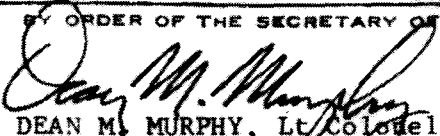


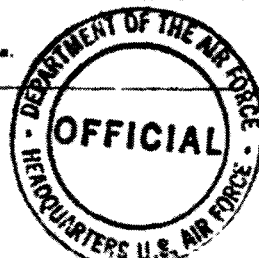
<b>REPORT OF CASUALTY</b>		1. REPORT NUMBER AND TYPE 528 - Final Completes Report Number 482		2. DATE PREPARED 23 Apr 75	
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS/ NJC) NANCE, Kenneth Edwin, FR, SSgt***#, Regular, USAF - Det 7, 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 - AFEES 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			

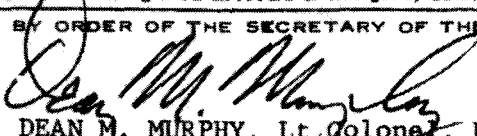


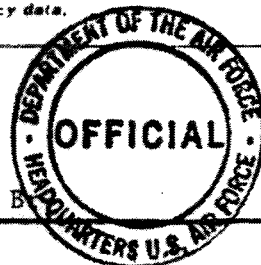
<b>REPORT OF CASUALTY</b>		1. REPORT NUMBER AND TYPE 492 - Final		2. DATE PREPARED 15 Apr 75	
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS, NJC) PAGET, Michael Gordon, FR, SSgt, Regular, USAF - 10 Aeromed Evac Sq, Travis AFB CA AFSC: 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)					
5. a. DATE AND PLACE OF BIRTH 22 Oct 52 - Terrace Bay Canada		b. RACE Caucasian		c. SEX Male	
				d. RELIGIOUS PREFERENCE Presbyterian	
6. 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	
8. DUTY STATUS Active - On Duty					
9. INTERESTED PERSONS (Name, Address, Relationship) Mr Gordon W Paget Mrs Betty M J Paget same				DATE OF RECORD OF EMERGENCY DATA FORM: 19 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 - 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			



<b>REPORT OF CASUALTY</b>		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 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: 21 Apr 75 e. PLACE: Tripler Army Med Ctr, Honolulu HI					
f. CAUSE: Injuries received as a result of military aircraft accident (C-5A Loadmaster)					
5. a. DATE AND PLACE OF BIRTH 11 Dec 38 - Caddo OK		b. RACE N/A		c. SEX N/A	
d. RELIGIOUS PREFERENCE N/A					
6. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME N/A					
7a. PAY GRADE E-6		b. BASIC PAY N/A		c. INCENTIVE/ADDITIONAL PAY <input type="checkbox"/> YES <input type="checkbox"/> NO N/A	
d. CHECK IF APPLICABLE <input type="checkbox"/> CREW <input type="checkbox"/> PASSENGER					
8. DUTY STATUS Retired - Physical Disability (Chronic brain syndrome; Fracture right femur; Hemophorax left partial) effective 17 Apr 75#					
9. 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	
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 HICKAM AFB HI - 22 APR 75					
12. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO AF18509745					
13. 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.					
14. DISTRIBUTION  NOT USED		15. BY ORDER OF THE SECRETARY OF THE AIR FORCE   DEAN M. MURPHY, Lt Colonel, USAF Ch, Casualty Rptg & Survivor Assistance Br			



<b>REPORT OF CASUALTY</b>		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 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 C-5A Aircraft)			
5. 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		same son	
John W Payne		same son	
Melanie R Payne		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 - 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	





CERTIFICATE OF DEATH (OVERSEAS)  
(DA FORM 3565)  
OF  
35 U. S. NATIONALS (DECEASED)

ADAMS, Barbara E.

BAYOT, Clara F.

BERTWELL, Arletta L.

BLACKBURN, Helen J.

BOTTORFF, Ann N.

BROWN, Celeste M.

CLARK, Vivienne

CREEL, Wanita T.

CROUCH, Mary

CURTISS, Dorothy M.

DONELSON, Twila M.

DRYE, Helen R.

EICHEN, Marilyn P.

FUJINO, Elizabeth K.

GASPER, Ruth Anne

HERBERT, Beverly A.

HINDMAN, Penelope L.

HOLLIBAUGH, Vera S.

HOWARD, Dorothy

KAVULIA, Barbara J.

MAIER, Barbara J.

MARTIN, Rebecca A.

MARTINI, Sarah D.

MIDDLEBROOK, Martha S.

MOORE, Katherine

POLGREAN, Marion P.

POULTON, June W.

POULTON, Orin J.

PRAY, Joan K.

RANDALL, Sayonna K.

REYNOLDS, Anne B.

SNOW, Marjorie V.

STOUT, Barbara L.

WATKINS, Doris J.

WESLEY, Sharon 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) <b>ADAMS, BARBARA E.</b>		GRADE <b>DNC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION		DATE OF BIRTH <b>6 January 1931</b>		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <b>CAUSASOID</b>	MARITAL STATUS <b>SINGLE</b>		RELIGION <b>PROTESTANT</b>	
<b>NEGROID</b>	<b>MARRIED</b>	<b>DIVORCED</b>	<b>CATHOLIC</b>	OTHER (Specify)
OTHER (Specify)	<b>WIDOWED</b>	<b>SEPARATED</b>	<b>JEWISH</b>	
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 <sup>1</sup> <b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		

MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>1 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.	
NAME OF MEDICAL OFFICER <b>NEAL RIGGENBACH</b>	
TITLE OR DEGREE <b>MD</b>	
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.
INSTALLATION OR ADDRESS <b>USMEDDAC APO San Francisco 96346</b>	
DATE	SIGNATURE <i>Neil Riggenschach MD</i>

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>	GRADE <b>GS-12</b>	LICENSE NUMBER	STATE <b>TEX 3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND</b>	DATE <b>18 APR 75</b>	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				

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

# C ERTIFICATE 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) <b>BAYOT, Clara F.</b>		GRADE <b>GS-5</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>DAO/Saigon, Viet Nam</b>		DATE OF BIRTH <b>12 Aug 28</b>		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID	<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) <b>Momogoloid</b>	<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)		

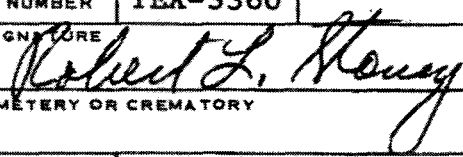
## MEDICAL STATEMENT

CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> <b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY
<input checked="" 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) <b>4 April 1975</b>		PLACE OF DEATH <b>South Viet Nam</b>

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

NAME OF MEDICAL OFFICER <b>JOHN R. HESS</b>		TITLE OR DEGREE <b>Area Surgeon</b>
GRADE <b>CPT, MC</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC, APO San Francisco 96232</b>
DATE <b>19 April 1975</b>	SIGNATURE 	

## DISPOSITION OF REMAINS

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

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

# 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) <b>BERTWILL, Arletta L.</b>		GRADE <b>DNC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>DAO/Saigon, Viet Nam</b>		DATE OF BIRTH <b>21 Dec 23</b>		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 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 <sup>1</sup> <b>Multiple Extremes Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY
<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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>NEAL RIGGENBACH</b>		TITLE OR DEGREE <b>MD</b>	
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC APO San Francisco 96346</b>	
DATE <b>22 April 1975</b>		SIGNATURE <i>Neil Riggentach MD</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER	STATE <b>TEX-3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>		DATE <b>22 APR 75</b>	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				

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

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

# 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) <b>BLACKBURN, Helen Jones</b>		GRADE <b>DNC GS-7</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT <b>N</b>
ORGANIZATION <b>DAO/Saigon, Vietnam</b>		DATE OF BIRTH <b>31 Mar 25</b>		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 <sup>1</sup>		<b>Multiple Extreme Injury Aircraft Accident</b>	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

DATE OF DEATH (Hour, day, month, year) <b>4 April 1975</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>JOHN R. HESS</b>		TITLE OR DEGREE <b>Area Surgeon</b>
GRADE <b>CPT, MC</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC, APO San Francisco 96232</b>
DATE <b>20 April 1975</b>	SIGNATURE <i>John R. Hess MD</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER	STATE <b>TEX-3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND, APO 96232</b>		DATE <b>20 Apr 75</b>	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
------------------------------------

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

# 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) <b>BOTTORFF, Ann N.</b>		GRADE <b>GS-12</b>	BRANCH OF SERVICE <b>DNC</b>	SOCIAL SECURITY ACCT NO <b>-</b>
ORGANIZATION <b>DAO/Saigon, Vietnam</b>		DATE OF BIRTH <b>26 Jan 21</b>		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <b>XX CAUSASOID</b>	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 <sup>1</sup> <b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		

MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input 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) <b>4 April 1975</b>	PLACE OF DEATH <b>UTH XB 855 985, Co Vap Dist., Gia Dinh Prov., RVN</b>
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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 <b>JOHN R. HESS</b>		TITLE OR DEGREE <b>AREA SURGEON</b>
GRADE <b>CPT, MC</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC, APO San Francisco 96232</b>
DATE <b>21 May 75</b>	SIGNATURE <i>John R. Hess</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>	GRADE <b>GS-12</b>	LICENSE NUMBER <b>TX-3360</b>	STATE <b>TX</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY, THAILAND, APO 96232</b>	DATE <b>22 May 1975</b>	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				

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

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

# CERT. DATE 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) <b>BROWN, Celeste M.</b>		GRADE <b>GE-6</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>DAO/Saigon, Vietnam</b>		DATE OF BIRTH <b>12 Sept 26</b>		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 <sup>1</sup> <b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		

MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>1 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>NEAL RIGGENBACH</b>		TITLE OR DEGREE <b>MD</b>
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMFDAC APO San Francisco 96346</b>
DATE <b>19 Apr 75</b>	SIGNATURE <i>Neal Riggembach MD</i>	

## DISPOSITION OF REMAINS

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

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

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

# CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) <b>CLARK, Vivienne</b>		GRADE <b>DIAC GS-8</b>	BRANCH OF SERVICE <b>MC 0TH</b>	SOCIAL SECURITY ACCT NO. <b>NO.</b>
ORGANIZATION <b>DIAC/Saigon Vietnam</b>		DATE OF BIRTH <b>26Apr18</b>		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <b>CAUCASOID</b>	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <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 <sup>1</sup>		<b>Multifactorial External Trauma Airplane Crash 100000 ft</b>	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>1 Apr 75</b>		PLACE OF DEATH <b>South Viet Nam</b>	

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

NAME OF MEDICAL OFFICER <b>NEIL RIGGENBACH</b>		TITLE OR DEGREE <b>MD</b>	
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>Hickam AFB San Francisco 96314</b>	
DATE <b>20Apr75</b>		SIGNATURE <i>Neil Riggensbach MD</i>	

DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>	GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX 3360</b>	STATE <b>TEX</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND</b>	DATE <b>20Apr75</b>	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				

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

**STATE 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) <b>CREEP, VANITA THOMPSON</b>		GRADE	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION		DATE OF BIRTH <b>1 Dec 20</b>		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <b>X CAUCASOID</b>	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <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 <sup>1</sup> <b>Multiple Extreme Injury Aircraft Accident</b>	
ANTECEDENT CAUSES MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>	

MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH-DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>1 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>I. SAM TASHIMA</b>		TITLE OR DEGREE <b>MD</b>
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDC APO San Francisco 96346</b>
DATE <b>11 Apr 75</b>	SIGNATURE <i>I. Sam Tashima M.D.</i>	

DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>	GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX-3360</b>	STATE <b>TEX</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY, THAILAND, APO 96323</b>	DATE <b>14 APR 75</b>	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				

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



# 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) <b>CROUCH, Mary</b>		GRADE <b>DNC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>DAO/Saigon Vietnam</b>		DATE OF BIRTH <b>3 Aug 44</b>		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 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 <sup>1</sup>		<b>Multiple Extreme Injury Aircraft Accident</b>	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>NEAL RIGGENBACH</b>		TITLE OR DEGREE <b>MD</b>
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC APO San Francisco 96346</b>
DATE <b>23 Apr 75</b>	SIGNATURE <i>Neil Riggendach MD</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX 3360</b>	STATE <b>TEX</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND</b>		DATE <b>25 Apr 75</b>	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				

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

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

# 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) <b>CURTISS, Dorothy M.</b>		GRADE <b>GS-6</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>D.O/Sai on, Vietnam</b>		DATE OF BIRTH <b>24 Feb 1930</b>		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUCASIAN	<input type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT	OTHER (Specify)
<input type="checkbox"/> CHINESE	<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 <sup>1</sup>		<b>Multiple Extreme Injury Aircraft Accident</b>	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>4 Apr 75</b>		PLACE OF DEATH <b>South Viet Nam</b>	

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

NAME OF MEDICAL OFFICER <b>NEAL RIGGENBACH</b>		TITLE OR DEGREE <b>MD</b>	
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC SF APO 96346</b>	
DATE <b>19 April 75</b>	SIGNATURE <i>Neil Riggensbach MD</i>		
DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX 3360</b>
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND</b>		DATE <b>19 April 75</b>	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			

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

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

NAME OF DECEASED (Last, First, Middle) <b>ROBINSON, TITIA M.</b>		GRADE	BRANCH OF SERVICE <b>US CIV</b>	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"/> NEGRO <input type="checkbox"/> OTHER	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> OTHER	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 <sup>1</sup>		<b>Multiple Extreme Injury</b> <b>Aircraft Accident</b>	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

DATE OF DEATH (Hour, day, month, year) <b>4 Apr 74</b>		PLACE OF DEATH <b>South Viet Nam</b>	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.			
NAME OF MEDICAL OFFICER <b>T. SAM TASHIMA</b>		TITLE OR DEGREE <b>MD</b>	
GRADE <b>GS-13</b>	SOCIAL SECURITY NO.	INSTALLATION OR ADDRESS <b>USMCDAC APO San Francisco 96346</b>	
DATE <b>11 Apr 75</b>		SIGNATURE	

DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>	GRADE <b>GS-12</b>	LICENSE NUMBER	STATE <b>3360- TEX</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY, THAILAND, APO 96232</b>	DATE <b>14 APR 75</b>	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				

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

# CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) <b>DETH, Helen R.</b>		GRADE <b>DNC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>DAO/Saigon, Viet Nam</b>		DATE OF BIRTH <b>13 Apr 25</b>		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 <sup>1</sup> <b>Multiple Extreme Injury Aircraft Injury</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		

MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>NEAL, RIGGENBACH</b>		TITLE OR DEGREE <b>M. D.</b>
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>US MEDDAC APO 96346</b>
DATE <b>21 April 1975</b>	SIGNATURE <i>Neal Riggendbach MD</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX-3360</b>	STATE <b>TEX</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>		DATE <b>21 APR 75</b>	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				

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

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

# 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) <b>FITCH, MARILYN P.</b>		GRADE	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION		DATE OF BIRTH <b>23 Oct 25</b>		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 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)		

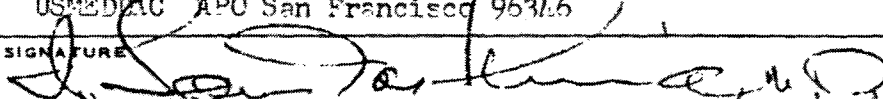
## MEDICAL STATEMENT

CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup>	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 <sup>2</sup>		

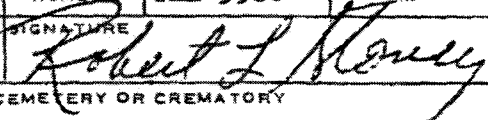
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<input checked="" type="checkbox"/> ACCIDENT			
<input type="checkbox"/> SUICIDE			
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

DATE OF DEATH (Hour, day, month, year) <b>11 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>I. SAM TASHIMA</b>		TITLE OR DEGREE <b>MD</b>
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC APO San Francisco 96346</b>
DATE <b>11 Apr 75</b>		SIGNATURE 

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>	GRADE <b>GS-12</b>	LICENSE NUMBER	STATE <b>TEX-3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>	DATE <b>14 APR 75</b>	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				

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

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

**DA FORM 3565**  
1 JAN 75

REPLACES DA FORM 10-242 1 PR 59, WHICH IS OBSOLETE.

Seals HEAD 4384339 FOOT 4384350 TUBE 380066

# CERTIFICATE OF DEATH (OVERSEAS)

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

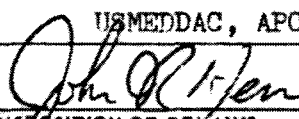
NAME OF DECEASED (Last, First, Middle) <b>FUJINO, Elizabeth K.</b>		GRADE <b>GS-7</b>	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>DAO/Saigon, Vietnam</b>		DATE OF BIRTH <b>28 Aug 14</b>		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE	MARITAL STATUS		RELIGION	
<input type="checkbox"/> CAUSASOID	<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) <b>Mongoloid</b>	<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

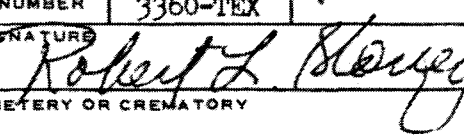
CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> <b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY
<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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>John R. Hess</b>		TITLE OR DEGREE <b>Area Surgeon</b>
GRADE <b>CPT, MC</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC, APO San Francisco 96232</b>
DATE <b>21 May 75</b>	SIGNATURE 	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>3360-TEX</b>	STATE <b>TEX</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY, THAILAND, APO 96232</b>		DATE <b>27 MAY 75</b>	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				

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

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

# 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) <b>CASPER, Rutheanne</b>		GRADE <b>GS-6</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO. <b>NO</b>
ORGANIZATION <b>DAO/SAIGON, VIET NAM</b>		DATE OF BIRTH <b>29 July 46</b>		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) <b>Multiple Extreme Injury Aircraft Accident</b>		INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		

MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>NEAL, RIGGENBACH</b>		TITLE OR DEGREE <b>M. D.</b>
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>US MEDDAC APO 96346</b>
DATE <b>19 Apr 75</b>		SIGNATURE <i>Neil Riggenschach</i>

## DISPOSITION OF REMAINS

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

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



# 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) <b>HERBERT, Beverly A.</b>		GRADE	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT #
ORGANIZATION <b>DAO/Saigon, Viet Nam</b>		DATE OF BIRTH <b>22 Apr 32</b>		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 <sup>1</sup> <b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY
<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) <b>4 April 1975</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>JOHN R. HESS</b>		TITLE OR DEGREE <b>Area Surgeon</b>	
GRADE <b>CPT, MC</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC, APO San Francisco 96232</b>	
DATE <b>20 April 1975</b>		SIGNATURE <i>John R. Hess MD</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>	GRADE <b>GS-12</b>	LICENSE NUMBER	STATE <b>TEX-3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND, APO 96232</b>	DATE <b>20 Apr 75</b>	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				

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

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



# CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 6. If the proponent agency is Office of the Chief of Su Services.

NAME OF DECEASED (Last, First, Middle) <b>HIDEHAN, Penelope L.</b>		GRADE <b>DNC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>DAO/Saigon Vietnam</b>		DATE OF BIRTH <b>29 Apr 44</b>		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <b>XX CAUSASOID</b>	MARITAL STATUS <b>SINGLE</b>		RELIGION <b>PROTESTANT</b>	
<b>NEGROID</b>	<b>MARRIED</b>		<b>CATHOLIC</b>	
<b>OTHER (Specify)</b>	<b>WIDOWED</b>		<b>JEWISH</b>	
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 <sup>1</sup>		<b>Multiple Extreme Injury Aircraft Accident</b>	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>4 Apr 75</b>		PLACE OF DEATH <b>South Viet Nam</b>	

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

NAME OF MEDICAL OFFICER <b>NEAL, RIGGENBACH</b>		TITLE OR DEGREE <b>M. D.</b>
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>US MEDDAC APO 96346</b>
DATE <b>23 Apr 75</b>	SIGNATURE <i>Neal Riggembach</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS -12</b>	LICENSE NUMBER	STATE <b>TEX-3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>		DATE <b>25 APR 75</b>	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				

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

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

# 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) <b>HOLLIBAUGH, Vera S.</b>		GRADE <b>DNC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>DAO/Saigon, Viet Nam</b>		DATE OF BIRTH <b>30 Jan 16</b>		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
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 <sup>1</sup>		<b>Multiple Extreme Injury Aircraft Accident</b>	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input 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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>NEAL RIGGENBACH</b>		TITLE OR DEGREE <b>MD</b>
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC SF APO 96346</b>
DATE <b>21 April 1975</b>		SIGNATURE <i>Neil Riggenschach MD</i>

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX 3360</b>	STATE <b>TEX</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND</b>		DATE <b>21 Apr 75</b>	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				

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

# 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) <b>HOWARD, Dorothy</b>		GRADE <b>DNC GS-5</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO. 
ORGANIZATION <b>DAO/Saigon, Vietnam</b>		DATE OF BIRTH <b>16 Jan 15</b>		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 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 (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup>		
<b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY
<input type="checkbox"/> NATURAL	<input type="checkbox"/> YES <input 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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>NEAL RIGGENBACH</b>		TITLE OR DEGREE <b>MD</b>
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC SF APO 96346</b>
DATE <b>20 Apr 75</b>	SIGNATURE <i>Neal Riggensbach MD</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER	STATE <b>TEX 3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND</b>		DATE <b>20 Apr 75</b>	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					

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

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

# 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) <b>KAVULIA, Barbara J.</b>		GRADE <b>ENC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>DAO/Saigon Viet Nam</b>		DATE OF BIRTH <b>2 Apr 50</b>		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 <b>Multiple Extreme Injury Aircraft Accident</b>		
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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>NEAL RIGGENBACH</b>		TITLE OR DEGREE <b>MD</b>	
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC SF APO 96346</b>	
DATE <b>21 April 1975</b>		SIGNATURE <i>Neal Riggensbach MD</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX 3360</b>	STATE <b>TEX</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND</b>		DATE <b>21 Apr 75</b>	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 AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) <b>MAIER, Barbara J.</b>		GRADE <b>DNC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>DAO/Saigon, Viet Nam</b>		DATE OF BIRTH <b>20 Apr 32</b>		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)		
<b>MEDICAL STATEMENT</b>				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup>		<b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>				
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DATE OF DEATH (Hour, day, month, year) <b>4 Apr 75</b>		PLACE OF DEATH <b>South Viet Nam</b>		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER <b>NEAL, RIGGENBACH</b>			TITLE OR DEGREE <b>M. D.</b>	
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>US MEDDAC APO 96346</b>		
DATE <b>22 Apr 75</b>		SIGNATURE <i>Neil Riggenschach MD</i>		
<b>DISPOSITION OF REMAINS</b>				
NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX-3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>		DATE <b>22 APR 75</b>	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
<b>REGISTRATION OF VITAL STATISTICS</b>				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE <b>TEX-3360</b>
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

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

# 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) <b>MARTIN, Rebecca A.</b>		GRADE <b>DNC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>DAO/Saigon, Viet Nam</b>		DATE OF BIRTH <b>2 Jul 41</b>		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 <sup>1</sup>		<b>Multiple Extreme Injury Aircraft Accident</b>	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	
<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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>NEAL, RIGGENBACH</b>		TITLE OR DEGREE <b>M. D.</b>
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>US MEDDAC APO 96346</b>
DATE <b>23 April 1975</b>	SIGNATURE <i>Neil Riggenschach MD</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX-3860</b>	STATE <b>TEX</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>		DATE <b>23 APR 75</b>	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					

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

<b>CERTIFICATE OF DEATH (OVERSEAS)</b> <small>For use of this form, see AR 638- the proponent agency is Office of the Chief of Supply Services.</small>									
NAME OF DECEASED (Last, First, Middle) <b>MARTIN, Sarah D.</b>				GRADE <b>DNC</b>		BRANCH OF SERVICE <b>US CIV</b>		SOCIAL SECURITY ACCT NO.	
ORGANIZATION <b>DAO/Saigon Vietnam</b>				DATE OF BIRTH <b>11 Nov 30</b>		<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 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)					
<b>MEDICAL STATEMENT</b>									
CAUSE OF DEATH <small>(Enter only one cause per line)</small>								INTERVAL BETWEEN ON SET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup>				<b>Multiple Extreme Injury Aircraft Accident</b>					
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE								
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE								
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>									
MODE OF DEATH		AUTOPSY PERFORMED		MAJOR FINDINGS OF AUTOPSY			CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES		
<input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
DATE OF DEATH (Hour, day, month, year) <b>Apr 75</b>				PLACE OF DEATH <b>South Viet Nam</b>					
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.									
NAME OF MEDICAL OFFICER <b>NEAL, RIGGENBACH</b>						TITLE OR DEGREE <b>M. D.</b>			
GRADE <b>GS-13</b>		SOCIAL SECURITY ACCT NO.		INSTALLATION OR ADDRESS <b>US MEDDAC APO 96346</b>					
DATE <b>23 April 75</b>				SIGNATURE <i>Neal Riggentach MD</i>					
<b>DISPOSITION OF REMAINS</b>									
NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>				GRADE <b>GS-12</b>		LICENSE NUMBER		STATE <b>TEX-3360</b>	
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>				DATE <b>24 APR 75</b>		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	
<b>REGISTRATION OF VITAL STATISTICS</b>									
REGISTRY (Town and Country)				DATE REGISTERED		FILE NUMBER		STATE OTHER	
NAME OF FUNERAL DIRECTOR				ADDRESS					
SIGNATURE OF AUTHORIZED INDIVIDUAL									

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

# CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638-40;

represent agency is Office of the Chief of Support 1

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NAME OF DECEASED (Last, First, Middle) <b>WILLIAMSON, Martha S.</b>		GRADE <b>DNC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO. 
ORGANIZATION <b>DAO/Saigon Viet Nam</b>		DATE OF BIRTH <b>2 Sep 43</b>		SEX <input type="checkbox"/> MALE <input 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 (Enter only one cause per line)			INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup>		<b>Multiple Extreme Injury Aircraft Accident</b>	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input 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) <b>4 Apr 75</b>		PLACE OF DEATH <b>South Viet Nam</b>	

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

NAME OF MEDICAL OFFICER <b>NEAL, RIGGENBACH</b>		TITLE OR DEGREE <b>M. D.</b>	
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT 	INSTALLATION OR ADDRESS <b>US MEDDAC APO 96346</b>	
DATE <b>23 April 1975</b>		SIGNATURE <i>Neil Riggenschach MD</i>	
DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX-3360</b>
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>		DATE <b>23 APR 75</b>	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 			

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

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



# CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) <b>MOORE, Katherine</b>		GRADE <b>DNC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.  
ORGANIZATION <b>DAO/Saigon Vietnam</b>		DATE OF BIRTH <b>22 May 45</b>		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 type="checkbox"/> CATHOLIC	
<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> JEWISH	<input type="checkbox"/>	
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 <sup>1</sup> <b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		

MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>NEAL, RIGGENBACH</b>		TITLE OR DEGREE <b>M. D.</b>	
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>US MEDCAC APO 96346</b>	
DATE <b>23 April 75</b>		SIGNATURE <i>Neil Riggenschach M</i>	

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX-3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>		DATE <b>25 APR 75</b>	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 <b>TEX</b>
NAME OF FUNERAL DIRECTOR		ADDRESS	
SIGNATURE OF AUTHORIZED INDIVIDUAL			

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

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

# 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) <b>POLGREAN, Marion P.,</b>		GRADE <b>GS-7</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT
ORGANIZATION <b>DAO/Saigon, Viet Nam</b>		DATE OF BIRTH <b>19 Feb 21</b>		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 <sup>1</sup>		<b>Multiple Extreme Injury Aircraft Accident</b>	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input 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) <b>4 April 1975</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>JOHN R. HESS</b>		TITLE OR DEGREE <b>Area Surgeon</b>
GRADE <b>CPT, MC</b>	SOCIAL SECURITY ACCT NO	INSTALLATION OR ADDRESS <b>USMEDDAC, APO San Francisco 96232</b>
DATE <b>20 April 1975</b>	SIGNATURE <i>John R. Hess MD</i>	

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>	GRADE <b>GS-12</b>	LICENSE NUMBER	STATE <b>TEX-3360</b>
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND, APO 96232</b>	DATE <b>20 Apr 75</b>	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				

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

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

# 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) <b>FOULTON, June</b>		GRADE <b>MC</b>	BRANCH OF SERVICE <b>US CIV</b>	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"/> CAUSASOID	<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 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 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 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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.	
NAME OF MEDICAL OFFICER <b>1st Lt. Robert L. Stoney</b>	
TITLE OR DEGREE <b>MC</b>	
GRADE <b>MC-13</b>	SOCIAL SECURITY ACCT NO.
INSTALLATION OR ADDRESS <b>USCIBDAC APO 96346</b>	
DATE <b>18 April 75</b>	SIGNATURE <i>Robert L. Stoney</i>

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>US ARMY MORTUARY UNIT</b>	GRADE <b>MC-13</b>	LICENSE NUMBER	STATE <b>2546</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY UNIT</b>	DATE <b>18 April 75</b>	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

**CERTIFIED TRUE COPY OF DEATH CERTIFICATE:**

- 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.

OFFICIAL SEAL  
NOTARY PUBLIC - CALIFORNIA

Notary Public

# 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) <b>POULTON, Orin J.,</b>		GRADE <b>DNC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO. 
ORGANIZATION 		DATE OF BIRTH <b>6 July 1917</b>		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (Specify) _____	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> 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 <sup>1</sup> <b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE 	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE 	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> 		

MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>NEAL, RIGGENBACH</b>		TITLE OR DEGREE <b>M. D.</b>	
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT 	INSTALLATION OR ADDRESS <b>US MEDDAC APO 96346</b>	
DATE <b>18 April 75</b>		SIGNATURE <i>Neil Riggertach m</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>	GRADE <b>GS-12</b>	LICENSE NUMBER	STATE <b>TEX-3360</b>	OTHER 
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>		DATE <b>18 APR 75</b>	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 				

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

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

# 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) <b>PRAY, Joan K.,</b>		GRADE <b>DNC GS-7</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO. 
ORGANIZATION <b>DAO/Saigon Vietnam</b>		DATE OF BIRTH <b>26Jan36</b>		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 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 (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> <b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY
<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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>NEIL, RIGGENBACH</b>		TITLE OR DEGREE <b>M. D.</b>
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>US MEDDAC APO 96346</b>
DATE <b>20Apr75</b>	SIGNATURE <i>Neil Riggentach m</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX-3360</b>	STATE <b>TEX-3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>		DATE <b>20APR 75</b>	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					

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

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

# 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) <b>RANDALL, Sayonna K.</b>		GRADE <b>GS-7</b>	BRANCH OF SERVICE <b>DNC</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION		DATE OF BIRTH <b>13 Dec 45</b>		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <b>CAUCASOID</b>	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 <sup>1</sup> <b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY
<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	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES

DATE OF DEATH (Hour, day, month, year) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>John R. Hess</b>		TITLE OR DEGREE <b>Area Surgeon</b>
GRADE <b>CPT, MC</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC, APO San Francisco 96232</b>
DATE <b>21 May 75</b>	SIGNATURE <i>John R. Hess</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>3360-TEX</b>	STATE <b>TEX</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND, APO 96232</b>		DATE <b>27 MAY 75</b>	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				

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

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

# 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) <b>REYNOLDS, Anne B.</b>		GRADE <b>DAC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO. <b>1</b>
ORGANIZATION <b>DAO/Saigon Vietnam</b>		DATE OF BIRTH <b>17 Jan 17</b>		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 <sup>1</sup> <b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		

MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input 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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.	
NAME OF MEDICAL OFFICER <b>NEAL RIGGENBACH</b>	
TITLE OR DEGREE <b>MD</b>	
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.
INSTALLATION OR ADDRESS <b>USMEDDAC SF APO 96346</b>	
DATE <b>20 April 75</b>	SIGNATURE <i>Neal Riggentach MD</i>

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>	GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX 3360</b>	STATE <b>TEX</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND</b>	DATE <b>22 April 75</b>	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				

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

# 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) <b>SNOW, Marjorie, V.</b>		GRADE <b>DNC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>DAO/Saigon, Vietnam</b>		DATE OF BIRTH <b>7 Nov 19</b>		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <b>XX CAUCASOID</b>	MARITAL STATUS <b>SINGLE</b>		RELIGION <b>PROTESTANT</b>	
<b>NEGROID</b>	<b>MARRIED</b>		<b>CATHOLIC</b>	
<b>OTHER (Specify)</b>	<b>WIDOWED</b>		<b>JEWISH</b>	
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 <sup>1</sup> <b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		

MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>NEEL, RIGGENBACH</b>		TITLE OR DEGREE <b>M. D.</b>	
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>US MEDDAC APO 96346</b>	
DATE <b>23 April 75</b>		SIGNATURE <i>Neil Riggenschach</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>	GRADE <b>GS-12</b>	LICENSE NUMBER	STATE <b>TEX-3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>	DATE <b>23 APR 75</b>	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				

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.

**FORM 3565**  
1 JAN 70

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



# CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) <b>STOUT, Barbara L.</b>		GRADE <b>DNC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>DAO/Saigon, Viet Nam</b>		DATE OF BIRTH <b>10 Feb 15</b>		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 type="checkbox"/> CATHOLIC	
<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> UNKNOWN	<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 <sup>1</sup>		<b>Multiple Extreme Injury Aircraft Accident</b>	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input checked="" type="checkbox"/> ACCIDENT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<input type="checkbox"/> NATURAL			
<input type="checkbox"/> SUICIDE			
<input type="checkbox"/> HOMICIDE			

DATE OF DEATH (Hour, day, month, year) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>NEIL, RIGGENBACH</b>		TITLE OR DEGREE <b>M. D.</b>
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT <b>NS</b>	INSTALLATION OR ADDRESS <b>US MEDDAC APO 96346</b>
DATE <b>30 April 1975</b>		SIGNATURE <i>Neil Riggembach m</i>

DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS -12</b>	LICENSE NUMBER <b>TEX-3360</b>	STATE <b>TEX-3360</b>
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>		DATE <b>30 APR 75</b>	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				

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

# 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) <b>WATKINS, Doris J.</b>		GRADE <b>DIAC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT <b>7</b>
ORGANIZATION <b>DIAC/Saigon, Viet Nam</b>		DATE OF BIRTH <b>4 Aug 45</b>		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 checked="" 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 <sup>1</sup>		<b>Multiple Extreme Injury Aircraft Accident</b>	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>4 Apr 75</b>		PLACE OF DEATH <b>South Viet Nam</b>	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.			
NAME OF MEDICAL OFFICER <b>NEEL, RIGGENBACH</b>		TITLE OR DEGREE <b>M. D.</b>	
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT <b>NO</b>	INSTALLATION OR ADDRESS <b>US MEDDAC APO 96346</b>	
DATE <b>30 April 1975</b>		SIGNATURE <i>Neil Riggentach MD</i>	

DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX-3360</b>	STATE <b>TEX-3360</b>
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>		DATE <b>30 APR 75</b>	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 <b>TEX-3360</b>
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

# 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) <b>WESLEY, Sharon K.</b>		GRADE <b>DNC</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT
ORGANIZATION <b>DAO/Saigon Viet Nam</b>		DATE OF BIRTH <b>4 OCT. 46</b>		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 checked="" 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 <sup>1</sup>		<b>Multiple Extreme Injury Aircraft Accident</b>	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input 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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>NEEL, RIGGENBACH</b>		TITLE OR DEGREE <b>M. D.</b>
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT N <sup>o</sup>	INSTALLATION OR ADDRESS <b>US MEDDAC APO 96346</b>
DATE <b>21 April 1975</b>		SIGNATURE <i>Neil Riggenschach MD</i>

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER	STATE <b>TEX-3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>		DATE <b>21 APR 75</b>	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					

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

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)

AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BRIE, Michael		GRADE US CIV (DEP)	BRANCH OF SERVICE MIL DEP	SOCIAL SECURITY ACCT NO.
ORGANIZATION		DATE OF BIRTH		SEX <input checked="" type="checkbox"/> MALE <input 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 <sup>1</sup>		
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 <sup>2</sup>		
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY
NATURAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input checked="" type="checkbox"/> ACCIDENT		
SUICIDE		
HOMICIDE		
DATE OF DEATH (Hour, day, month, year) 1 Apr 75		PLACE OF DEATH South Viet Nam

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

NAME OF MEDICAL OFFICER NEAL RIGGENBACH		TITLE OR DEGREE MD	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMDDAC APO San Francisco 96346	
DATE 23 April 75		SIGNATURE <i>Neal Rigenbach MD</i>	
DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX 3360
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		STATE OTHER	
ADDRESS			
SIGNATURE OF AUTHORIZED INDIVIDUAL			

<sup>1</sup> State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.<sup>2</sup> State conditions contributing to the death, but not related to the disease or condition causing death.DA FORM 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) <b>BELL, Nova L.</b>		GRADE <b>US CIV</b>	BRANCH OF SERVICE <b>Dependent Wife</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>US Army Dependent Wife</b>		DATE OF BIRTH <b>24 Jan 47</b>		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE		MARITAL STATUS		RELIGION
<input checked="" type="checkbox"/> CAUSASOID	<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)		

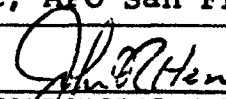
## MEDICAL STATEMENT

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

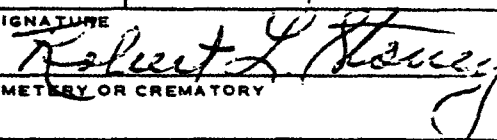
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input checked="" type="checkbox"/> NATURAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<input checked="" type="checkbox"/> ACCIDENT			
<input type="checkbox"/> SUICIDE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

DATE OF DEATH (Hour, day, month, year) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Vietnam</b>
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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 <b>JOHN R. HESS</b>		TITLE OR DEGREE <b>Area Surgeon</b>
GRADE <b>CPT, MC</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC, APO San Francisco 96232</b>
DATE <b>16 May 75</b>	SIGNATURE 	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX-3360</b>	STATE <b>TEX</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND, APO 96232</b>		DATE <b>16 May 75</b>	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				

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

# CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) <b>DYE, Rohn F. III</b>		GRADE <b>US CIV(DEF)</b>	BRANCH OF SERVICE <b>US CIV DEF</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION		DATE OF BIRTH <b>28 Mar 59</b>		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"/> DIVORCED	<input type="checkbox"/> PROTESTANT	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"/> UNKNOWN	<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 <sup>1</sup>	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 <sup>2</sup>			
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) <b>4 Apr 75</b>		PLACE OF DEATH <b>South Viet Nam</b>	

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

NAME OF MEDICAL OFFICER <b>NEAL RIGGENBACH</b>		TITLE OR DEGREE <b>MD</b>	
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAG APO San Francisco 96346</b>	
DATE <b>21 April 1975</b>		SIGNATURE <i>Neil Riggenschach MD</i>	
DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>	GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX-3360</b>	STATE <b>TEX-3360</b>
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>		DATE <b>21 APR 75</b>	
NAME OF CEMETERY OR CREMATORY		SIGNATURE <i>Robert L. Stoney</i>	
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		STATE	
ADDRESS		OTHER	
SIGNATURE OF AUTHORIZED INDIVIDUAL			

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

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

# CERTIFICATE OF DEATH (OVERSEAS)

For use of this form, see AR 638 the proponent agency is Office of the Chief of Supply Services.

NAME OF DECEASED (Last, First, Middle) <b>ROSENKRANTZ, Marta</b>		GRADE <b>US CIV (DEP)</b>	BRANCH OF SERVICE <b>US CIV</b>	SOCIAL SECURITY ACCT NO. <b>XXXXXXXXXX</b>
ORGANIZATION		DATE OF BIRTH <b>17 MAR 41</b>		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) <b>Mongoloid</b>	<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 <sup>1</sup>			
<b>Multiple Extreme Injury Aircraft Accident</b>			
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input 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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Vietnam</b>
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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 <b>NEEL, RIGGENBACH</b>		TITLE OR DEGREE <b>M. D.</b>	
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>US MEDDAC APO 96346</b>	
DATE <b>30 April 75</b>		SIGNATURE <i>Neil Riggenschach MD</i>	

DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>	GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX-3360</b>	STATE <b>TEX-3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>	DATE <b>30 APR 75</b>	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				

**CERTIFIED, TRUE COPY**

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

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

*[Signature]*  
P. E. [unclear]



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 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) <b>BLANK, Birgit</b>		GRADE <b>N/A</b>	BRANCH OF SERVICE <b>German Citizen</b>	SOCIAL SECURITY ACCT NO. <b>N/A</b>
ORGANIZATION <b>Friends For All Children Saigon, Vietnam</b>		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 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 <sup>1</sup> <b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		

MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input 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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>NEIL RIGGENBACH</b>		TITLE OR DEGREE <b>M.D.</b>
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>US MEDDAC APO 96346</b>
DATE <b>23 Apr 75</b>		SIGNATURE <i>Neil Ruggenbach MS</i>

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>	GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX-3360</b>	STATE <b>TEX-3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>	DATE <b>23 Apr 75</b>	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY <b>BANGKOK CHRISTIAN CEMETERY</b>		LOCATION OF CEMETERY OR CREMATORY <b>BANGKOK, THAILAND</b>		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION <b>12 June 75</b>	

## 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) <b>BUI, Kim Lam "Mchel" aka Lam Gallozzi</b>		GRADE <b>NA</b>	BRANCH OF SERVICE <b>German Nat'l</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION  <b>NA</b>		DATE OF BIRTH  <b>7 JUL 63</b>		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE		MARITAL STATUS		RELIGION
<input type="checkbox"/> CAUSASOID	<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) <b>Mongoloid</b>	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> JEWISH		
NAME OF NEXT OF KIN  <b>MR VAN TO BUI</b>		RELATIONSHIP TO DECEASED  <b>FATHER</b>		
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 <sup>1</sup>		<b>Multiple Extrame Injury Aircraft Accident</b>	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>John R. Hess</b>		TITLE OR DEGREE <b>Area Surgeon</b>
GRADE <b>CPT, MC</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC, APO San Francisco 96232</b>
DATE <b>21 May 75</b>	SIGNATURE 	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER	STATE <b>TX-3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND</b>		DATE <b>21 May 1975</b>	SIGNATURE 		
NAME OF CEMETERY OR CREMATORY <b>Sattahip Wat</b>		LOCATION OF CEMETERY OR CREMATORY <b>Sattahip, Thailand</b>			
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL (Specify) <b>Shipped by Air</b>				DATE OF DISPOSITION <b>12 June 1975</b>	

## 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) <b>BUI, Kim Long, aka David Gallozzi</b>		GRADE <b>NA</b>	BRANCH OF SERVICE <b>NA</b>	SOCIAL SECURITY ACCT NO. <b>NA</b>
ORGANIZATION <b>NA</b>		DATE OF BIRTH <b>5 NOV 74</b>		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <b>NA</b>		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) <b>Mongoloid</b>		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN <b>MR VAN TO BUI</b>		RELATIONSHIP TO DECEASED <b>FATHER</b>		
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 <sup>1</sup> <b>Multiple Extreme Injury Aircraft Accident</b>			
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>4 April 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>John R. Hess</b>		TITLE OR DEGREE <b>Area Surgeon</b>
GRADE <b>CPT, MC</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC, APO San Francisco 96232</b>
DATE <b>21 May 75</b>	SIGNATURE <i>John R. Hess</i>	

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>TX-3360</b>	STATE <b>TX</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND</b>		DATE <b>21 May 1975</b>	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY <b>Sattahip Wat</b>		LOCATION OF CEMETERY OR CREMATORY <b>Sattahip, Thailand</b>			
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL (Specify) <b>shipped by Air</b>				DATE OF DISPOSITION <b>12 June 1975</b>	

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) <b>BUI, Theodora Dolly</b>		GRADE <b>N/A</b>	BRANCH OF SERVICE <b>N/A</b>	SOCIAL SECURITY ACCT
ORGANIZATION <b>Friends For All Children</b>		DATE OF BIRTH <b>27 March 36</b>		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 <b>Van To Bui</b>		RELATIONSHIP TO DECEASED <b>Husband</b>		
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 <sup>1</sup>		<b>Multiple Extreme Injury Aircraft Accident</b>	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>			
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>4 Apr 75</b>		PLACE OF DEATH <b>South Viet Nam</b>	

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

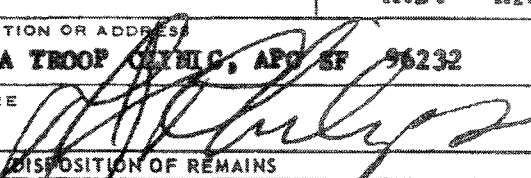
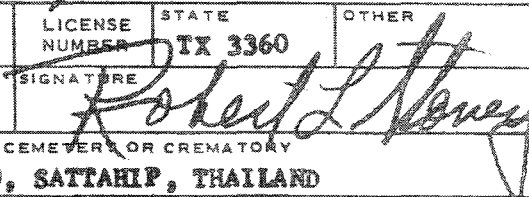
NAME OF MEDICAL OFFICER <b>JOHN P. HESS</b>		TITLE OR DEGREE <b>AREA SURGEON</b>
GRADE <b>CPT, MC</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC, APO San Francisco 96232</b>
DATE <b>21 May 75</b>	SIGNATURE <i>John P. Hess</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>Robert L. Stoney</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX-3360</b>	STATE	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>		DATE <b>21 May 75</b>	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY <b>Sattahip Wat</b>		LOCATION OF CEMETERY OR CREMATORY <b>Sattahip, Thailand</b>			
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL (Specify) <b>Shipped by Air</b>			DATE OF DISPOSITION <b>12 June 1975</b>		

## REGISTRATION OF VITAL STATISTICS

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

NAME OF DECEASED (Last, First, Middle) <b>BTB/BACH, Mai Ballast</b>		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>NA</b>		DATE OF BIRTH <b>Unknown</b>		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) <b>UTD</b>	<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)		
<b>MEDICAL STATEMENT</b>				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup>		<b>Multiple extreme injuries, aircraft accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>				
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>4 April 1975</b>		PLACE OF DEATH <b>South Vietnam</b>		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER <b>Robert J. Phillips</b>		TITLE OR DEGREE <b>M.D. - Area Surgeon</b>		
GRADE <b>03</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USA TROOP CLINIC, APO SF 96232</b>		
DATE <b>29 July 1975</b>		SIGNATURE 		
NAME OF MORTICIAN PREPARING REMAINS <b>Robert L. Stoney</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>TX 3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US Army Mortuary, Thailand APO 96232</b>		DATE <b>29 July 1975</b>	SIGNATURE 	
NAME OF CEMETERY OR CREMATORY <b>WAT RASADORN THUM SAMAKEE CREMATORY</b>		LOCATION OF CEMETERY OR CREMATORY <b>KILO 10, SATTAPHIP, THAILAND</b>		
TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION <b>8 August 1975</b>		
<b>REGISTRATION OF VITAL STATISTICS</b>				
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

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

# 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) <b>BUI, Kim Lien, "Tina"</b>		GRADE <b>NA</b>	BRANCH OF SERVICE <b>German Nat'l</b>	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>NA</b>		DATE OF BIRTH <b>7 Jan 62</b>		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) <b>Mongoloid</b>	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> JEWISH		
NAME OF NEXT OF KIN <b>MR VAN TO BUI</b>		RELATIONSHIP TO DECEASED <b>FATHER</b>		
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 <sup>1</sup>	<b>Multiple Extreme Injury Aircraft Accident</b>	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		

MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>4 Apr 75</b>	PLACE OF DEATH <b>South Viet Nam</b>
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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 <b>John R. Hess</b>		TITLE OR DEGREE <b>Area Surgeon</b>
GRADE <b>CPT, MC</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC, APO San Francisco 96232</b>
DATE <b>21 May 75</b>	SIGNATURE <i>John R. Hess</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>		GRADE <b>GS-12</b>	LICENSE NUMBER <b>TEX-3360</b>	STATE <b>TEX</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND, APO 96232</b>		DATE <b>21 May 75</b>	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY <b>Sattahip Wat</b>		LOCATION OF CEMETERY OR CREMATORY <b>Sattahip, Thailand</b>			
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL (Specify) <b>Shipped by Air</b>		DATE OF DISPOSITION <b>12 June 1975</b>			

## 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) <b>MOSES, Margaret</b>		GRADE <b>AUST CIT</b>	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION <b>Friends For All Children Saigon, Vietnam</b>		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 (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup>		
<b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		

MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input 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) <b>4 April 1975</b>	PLACE OF DEATH <b>South Vietnam</b>
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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 <b>NEIL RIGGENBACH</b>		TITLE OR DEGREE <b>M.D.</b>	
GRADE <b>GS-13</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>US MEDDAC APO 96346</b>	
DATE <b>22 May 1975</b>		SIGNATURE <i>Neil Riegenbach MD</i>	

## DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>	GRADE <b>GS-12</b>	LICENSE NUMBER	STATE <b>TX-3360</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND APO 96232</b>	DATE <b>22 May 1975</b>	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY <b>Sattahip Wat</b>		LOCATION OF CEMETERY OR CREMATORY <b>Sattahip, Thailand</b>		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL (Specify) <b>Shipped by Air</b>			DATE OF DISPOSITION <b>12 June 1975</b>	

## REGISTRATION OF VITAL STATISTICS

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



NAME OF DECEASED (Last, First, Middle) <b>MAK, Gyoparla N.</b>		GRADE <b>AUG 1 CPT</b>	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
DATE OF BIRTH <b>10 JUL 45</b>		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		
RACE <b>CAUCASOID</b>		MARITAL STATUS <b>SINGLE</b>		RELIGION <b>PROTESTANT</b>
OTHER (Specify)		MARRIED		CATHOLIC
OTHER (Specify)		WIDOWED		JEWISH
NAME OF NEXT OF KIN <b>MR &amp; MRS BUTTERNORTH</b>		RELATIONSHIP TO DECEASED <b>PARENTS</b>		
STREET ADDRESS <b>28 HIGHVIEW TCE</b>		CITY OR TOWN AND STATE (Include ZIP Code) <b>DAISY HILL, QUEENSLAND, AUSTRALIA</b>		

MEDICAL STATEMENT			
CAUSE OF DEATH (Enter only one cause per line)			INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? <b>Multiple Extreme Injury Aircraft Accident</b>			
ANTECEDENT CAUSE	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 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) <b>4 April 1975</b>		PLACE OF DEATH <b>South Vietnam</b>	

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

NAME OF MEDICAL OFFICER <b>John R. Hess</b>		TITLE OR DEGREE <b>Area Surgeon</b>
GRADE <b>CPT, MC</b>	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS <b>USMEDDAC, APO SF 96232</b>
DATE <b>21 May 1975</b>	SIGNATURE <i>John R. Hess</i>	

DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS <b>ROBERT L. STONEY</b>	GRADE <b>GS-12</b>	LICENSE NUMBER <b>TX-3360</b>	STATE <b>TX</b>	OTHER
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY THAILAND</b>	DATE <b>21 May 1975</b>	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORY <b>Sattahip Wat</b>		LOCATION OF CEMETERY OR CREMATORY <b>Sattahip, Thailand</b>		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL (Specify) <b>Shipped by Air</b>		DATE OF DISPOSITION <b>12 June 1975</b>		

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

# CERTIFICATE OF DEATH (OVERSEAS)

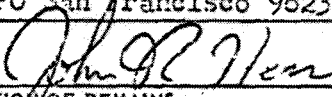
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) <b>URSULA, Mary (nee-Agatha- LEE)</b>		GRADE <b>N/A</b>	BRANCH OF SERVICE <b>Christian Citizen</b>	SOCIAL SECURITY ACCT NO. <b>N/A</b>
ORGANIZATION <b>Good Shepherd Sisters Sinhlong, South Vietnam</b>		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"/> 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 checked="" type="checkbox"/> OTHER (Specify) <b>Mongoloid</b>	<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 <sup>1</sup>		
<b>Multiple Extreme Injury Aircraft Accident</b>		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>		
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY
<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) <b>4 Apr 75</b>		PLACE OF DEATH <b>South Vietnam</b>

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

NAME OF MEDICAL OFFICER <b>John R. Hess</b>		TITLE OR DEGREE <b>Area Surgeon</b>
GRADE <b>Cpt, MC</b>	SOCIAL SECURITY ACC - NO.	INSTALLATION OR ADDRESS <b>USMDDAC, APO San Francisco 96232</b>
DATE <b>30 Apr 75</b>	SIGNATURE 	

## DISPOSITION OF REMAINS

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

## REGISTRATION OF VITAL STATISTICS

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