

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. ANDUZA
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

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SPECIAL PARTNER

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COUNSEL

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WUI TELEX: 620362
ITT TELEX: 424674
WU TELEX: 127683

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FRANCOIS LEGREZ
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75008 PARIS, FRANCE
TELEPHONE 720-8202
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TELEX: 640669

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RESIDENT PARTNERS WASHINGTON

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JOHN W. McCONNELL, JR.*
OF COUNSEL WASHINGTON

* ADMITTED TO D. C. BAR

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Houston, TX 77063

Patricia Quinn, M.D.

Washington, DC 20015

Harry L. Gibbons, M.D.

Department of Health

Salt Lake City, UT 84111

James Turnbow

Phoenix, 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

Enclosure

/gs

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Data herein 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.

TAB DESCRIPTION

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

AGUILLO, 1SGT FELIZARDO C.
CASTRO, MSGT JOE
DIONNE, SSGT DONALD T.
JOHNSON, MSGT DENNING C.
KLINKER, CAPT MARY I.
MELTON, CAPT EDGAR R.
NANCE, SSGT KENNETH E.
PAGET, SSGT MICHAEL G.
PARKER, TSGT WILLIAM M.
PAYNE, MSGT WENDLE L.
WILLIS, LT COL WILLIAM S.

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

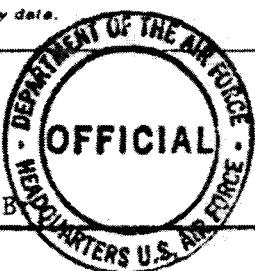
REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 490 - Final Completes Report Number 471	2. DATE PREPARED 15 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS/ NJC) AGUILLO, Felizardo Cuenca, FR TSgt, Regular, USAF - 22 Mil Alft Sq, 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)			
g. a. DATE AND PLACE OF BIRTH 20 Sep 38 - Cavite City Philippines		b. RACE Malayan	c. SEX Male
d. RELIGIOUS PREFERENCE Roman Catholic			
e. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 10 Feb 70 - Travis AFB CA - San Francisco CA			
f. 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			
g. DUTY STATUS Active - On Duty			
h. INTERESTED PERSONS (Name, Address, Relationship)		DATE OF RECORD OF EMERGENCY DATA FORM: 29 Jul 74	
Mrs Clarita T Aguillon		wife (3)	
Michelle M Aguillon		dau	
Clariza L Aguillon		dau	
Theresa D Aguillon		dau	
Mr Antonio P Aguillon		father**	
i. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		j. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 9 APR 75	
k. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Unknown			
l. 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 <i>Dean M. Murphy</i> DEAN M. MURPHY, Lt Colonel, USAF Ch, Casualty Rptg & Survivor Assistance B	

DD FORM 1 FEB 73 1300

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

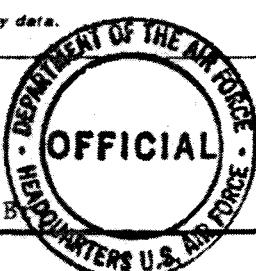


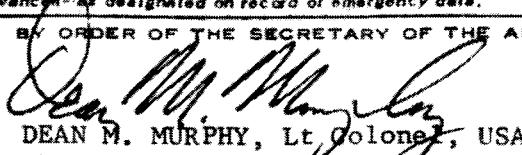
REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE Completes Report Number 481	530 - Final	2. DATE PREPARED 23 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS/N/C) CASTRO, Joe, FR. , MSgt, Regular, USAF - Det 7, 1369 Photo Sq, APO San 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		

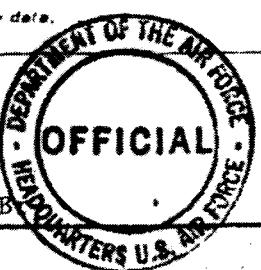


DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330

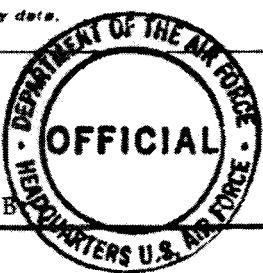
REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 489 - Final Completes Report Number 469	2. DATE PREPARED 15 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization, (MOS/ NTC)) DIONNE, Donald Thomas Sr., FR , SSgt, Regular, USAF - 22 Mil Alft Sq, Travis AFB CA AFSC: A43550C			
4. CASUALTY STATUS a. <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE b. COMMENCED TOUR DATE			
c. STATUS: <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER _____			
d. DATE: 4 Apr 75* e. PLACE: Near Tan Son Nhut AB RVN (Specify)			
f. CAUSE & CIRCUMSTANCES Military Aircraft Accident (Flight 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			
7. 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	
Elizabeth Dionne		son	
Donald T Dionne		dau	
		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 Mrs D L Dionne		same	
		father 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	



REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE Completes Report Number 451	499 - Final	2. DATE PREPARED 16 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization, (MOS/ N/C)) JOHNSON, Denning Cicero, FR , MSgt*, Regular, USAF - 9 Aeromed Evac Gp, APO San Francisco 96274 AFSC: A90270				
4. CASUALTY STATUS a. <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE b. COMMENCED TOUR DATE				
c. STATUS: <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER _____				
d. DATE: 4 Apr 75 e. PLACE: Near Tan Son Nhut AB RVN				
f. CAUSE & CIRCUMSTANCES: Military Aircraft Accident (Med Tech C-5A Aircraft)				
g. b. DATE AND PLACE OF BIRTH 1 Aug 38 - Burgal NC		b. RACE Caucasian	c. SEX Male	d. RELIGIOUS PREFERENCE Baptist
e. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 22 Oct 70 - Scott AFB IL				
7. PAY GRADE E-6	8. 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	
9. DUTY STATUS Active - On Duty				
10. INTERESTED PERSONS (Name, Address, Relationship)		DATE OF RECORD OF EMERGENCY DATA FORM: 26 Apr 74		
Mrs Marilyn S Johnson		wife (3)		
Sandra D Johnson		dau		
Jerry D Johnson		son		
Harry C Johnson		son		
Marilyn Y Johnson		dau		
10. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 4 APR 75		
12. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		AF14580534		
13. REMARKS *Under the provisions of Section 1522, Title 10, USC, subject airman was posthumously promoted to the grade of MSgt, effective 4 Apr 75 by Department of the Air Force Special Order AB-93 dated 4 Apr 75. This promotion is subject to the provisions of Section 1523, which states that no increased pay or gratuities may be derived from such action.				
SGLI: BY LAW		LUMP SUM		\$20,000
NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS, THE PAYMENT OF COMMERCIAL INSURANCE, OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED				
FOOTNOTES: 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		

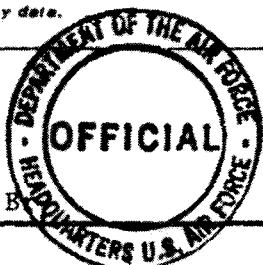


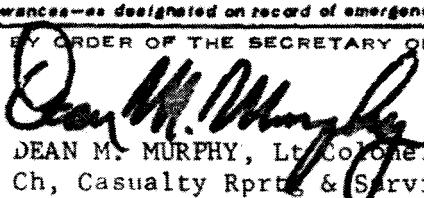
REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 477 - Final Completes Report Number 461	2. DATE PREPARED 14 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS/ NJC) KLINKER, Mary Therese, 1FV, Capt, Reserve, USAF - 10 Aeromed Evac Sq,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

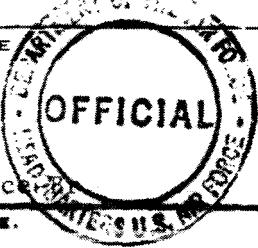


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WASHINGTON, D.C. 20330

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 486 - Final Completes Report Number 468	2. DATE PREPARED 15 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS/NJC) MELTON, Edgar Robert, 1IFV, 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 wife (3)	
Mrs Helen M Melton			
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	

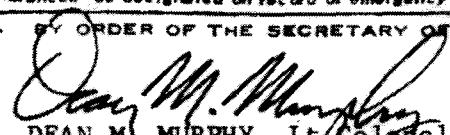


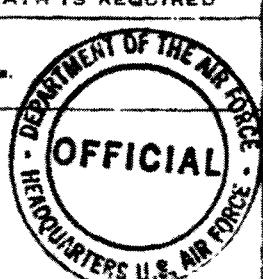
REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE Completes Report Number 482	528 - Final	2. DATE PREPARED 23 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization, (MOS/NJC)) NANCE, Kenneth Edwin, FR , SSgt***#, Regular, USAF - Det 7, 1369 Photo Sq, APO San Francisco 96274 AFSC: A23152				
4. CASUALTY STATUS a. <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE b. COMMENCED TOUR DATE:				
c. STATUS: <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> MIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER _____				
d. DATE: 4 Apr 75* e. PLACE: Near Tan Son Nhut AB RVN (Specify)				
f. CAUSE & CIRCUMSTANCES: Military Aircraft Accident (Photographer C-5A Aircraft)				
g. a. DATE AND PLACE OF BIRTH 1 Jul 47 - Holyoke MA		b. RACE Caucasian	c. SEX Male	d. RELIGIOUS PREFERENCE Methodist
h. 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)			DATE OF RECORD OF EMERGENCY DATA FORM: 22 Oct 71 father (1,2,3)** mother (2,3)**	
Lt Col Harold E Nance (USAF Ret) Mrs Dolores E Nance same				
10. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 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.				
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		



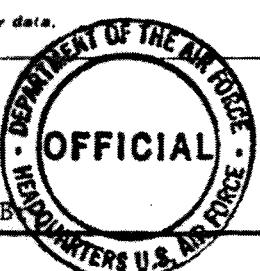
REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE Completes Report Number 448	492 - Final	2. DATE PREPARED 15 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization, (MOS, NCO)) PAGET, Michael Gordon, FR , SSgt, Regular, USAF - 10 Aeromed Evac Sq, Travis AFB CA AFSC: A90250				
4. CASUALTY STATUS a. <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE b. COMMENCED TOUR DATE				
c. STATUS: <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER _____				
d. DATE: 4 Apr 75 e. PLACE: Near Tan Son Nhut AB RVN (Specify)				
f. CAUSE & CIRCUMSTANCES Military Aircraft Accident (Med Svc Spec C-5A Aircraft)				
3. a. DATE AND PLACE OF BIRTH 22 Oct 52 - Terrace Bay Canada	b. RACE Caucasian	c. SEX Male	d. RELIGIOUS PREFERENCE Presbyterian	
5. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 11 Dec 73 - Mather AFB CA - Woodland Hills CA				
7. PAY GRADE E-5	5. 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: 19 Oct 71	
Mr Gordon W Paget			father (1,2,3)	
Mrs Betty M J Paget, same			mother (2,3)	
10. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 4 APR 75		
12. PRIOR SERVICE DATA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
13. REMARKS *Parents are designated to receive Gratuity Pay and Unpaid Pay and Allowances. No percentage indicated per AF Form 246.				
SGLI: BY LAW		LUMP SUM		\$20,000
NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS, THE PAYMENT OF COMMERCIAL INSURANCE, OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED				
FOOTNOTES: 1. Adult next of kin. 2. Beneficiary for gratuity pay in event there is no surviving wife or child-as designated on record of emergency data. 3. Beneficiary for unpaid pay and allowances-as designated on record of emergency data.				
14. DISTRIBUTION NOT IFED		15. BY ORDER OF THE SECRETARY OF THE AIR FORCE DEAN M. MURPHY, Lt Colonel, USAF Ch. Casualty Rptg & Survivor Assistance B		



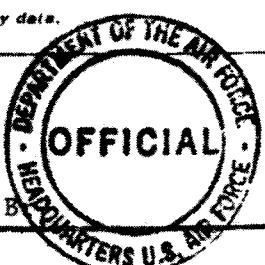
REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE Completes Report Number R-137	2. DATE PREPARED 6 May 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch)			
PARKER, William Monroe, FR 1300, TSgt, Regular, USAF			
4. CASUALTY STATUS		a. <input type="checkbox"/> BATTLE <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)			
g. g. DATE AND PLACE OF BIRTH 11 Dec 38 - Caddo OK		b. RACE N/A	c. SEX N/A
d. RELIGIOUS PREFERENCE N/A			
7a. PAY GRADE E-6		b. BASIC PAY N/A	c. INCENTIVE/ADDITIONAL PAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO N/A
d. CHECK IF APPLICABLE <input type="checkbox"/> CREW <input type="checkbox"/> PASSENGER			
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# 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 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: 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	



REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 493 - Final Completes Report Number 470	2. DATE PREPARED 15 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS/ N/C) 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		son	
John W Payne		son	
Melanie R Payne		dau	
10. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 10 APR 75		
12. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO AF17362368			
13. REMARKS *This individual is held to have been missing from 4 Apr 74 to 10 Apr 75, the date of receipt of evidence in Headquarters, USAF, that the above named person is dead. The provisions of Title 37, USC, Sections 551-558 are considered applicable.			
SGLI: BY LAW		LUMP SUM \$20,000	
NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS, THE PAYMENT OF COMMERCIAL INSURANCE, OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED			
FOOTNOTES: 1. Adult next of kin. 2. Beneficiary for gratuity pay in event there is no surviving wife or child-as designated on record of emergency data. 3. Beneficiary for unpaid pay and allowances-as designated on record of emergency data.			
14. DISTRIBUTION NOT USED	15. BY ORDER OF THE SECRETARY OF THE AIR FORCE <i>Dean M. Murphy</i> DEAN M. MURPHY, Lt Colonel, USAF Ch, Casualty Rptg & Survivor Assistance B		



REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 502 - Final Completes Report Number 450	2. DATE PREPARED 16 Apr 75
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization, (MOS/NJC)) WILLIS, William Sherrill, OFR, Lt Col, Regular, USAF - 604 Mil Alft Spt Sq, APO San Francisco 96274 AFSC: 1425J			
4. CASUALTY STATUS a. <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE b. COMMENCED TOUR DATE			
c. STATUS: <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER _____			
d. DATE: 4 Apr 75 e. PLACE: Near Tan Son Nhut AB RVN (Specify)			
f. CAUSE & CIRCUMSTANCES: Military Aircraft Accident (Passenger C-5A Aircraft)			
g. a. DATE AND PLACE OF BIRTH 18 Aug 33 - Coats NC		b. RACE Caucasian	c. SEX Male
d. RELIGIOUS PREFERENCE Baptist			
e. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 12 Jul 55 - Coats NC - Coats NC			
7a. PAY GRADE O-5	7b. BASIC PAY	c. INCENTIVE/ADDITIONAL PAY <input checked="" type="checkbox"/> YES# <input type="checkbox"/> NO	d. CHECK IF APPLICABLE <input type="checkbox"/> CREW <input checked="" type="checkbox"/> PASSENGER
8. DUTY STATUS Active - TDY Enroute			
9. INTERESTED PERSONS (Name, Address, Relationship)		DATE OF RECORD OF EMERGENCY DATA FORM: 17 May 74	
Mrs Doris M Willis		wife (3)	
Barry M Willis		son	
Mark D Willis		son	
Karen L Willis		dau	
Williams S Willis Jr		son*	
10. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT CLARK AB PI - 4 APR 75	
12. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FR57029; A03027363	
13. REMARKS *Mrs Kitty B Willis mother			
SGLI: BY LAW LUMP SUM \$20,000			
NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS, THE PAYMENT OF COMMERCIAL INSURANCE, OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED			
FOOTNOTES: 1. Adult next of kin. 2. Beneficiary for gratuity pay in event there is no surviving wife or child-as designated on record of emergency data. 3. Beneficiary for unpaid pay and allowances-as designated on record of emergency data.			
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.	HOWARD, Dorothy
BAYOT, Clara F.	KAVULIA, Barbara J.
BERTWELL, Arletta L.	MAIER, Barbara J.
BLACKBURN, Helen J.	MARTIN, Rebecca A.
BOTTORFF, Ann N.	MARTINI, Sarah D.
BROWN, Celeste M.	MIDDLEBROOK, Martha S.
CLARK, Vivienne	MOORE, Katherine
CREEL, Wanita T.	POLGREAN, Marion P.
CROUCH, Mary	POULTON, June W.
CURTISS, Dorothy M.	POULTON, Orin J.
DONELSON, Twila M.	PRAY, Joan K.
DRYE, Helen R.	RANDALL, Sayonna K.
EICHEN, Marilynn P.	REYNOLDS, Anne B.
FUJINO, Elizabeth K.	SNOW, Marjorie V.
GASPER, Ruth Anne	STOUT, Barbara L.
HERBERT, Beverly A.	WATKINS, Doris J.
HINDMAN, Penelope L.	WESLEY, Sharon K.
HOLLIBAUGH, Vera S.	

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) ATKINS, BARBARA T.	GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
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ORGANIZATION	DATE OF BIRTH 6 January 1931	SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
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RACE CAUCASOID	MARITAL STATUS SINGLE	RELIGION PROTESTANT	OTHER (Specify)
NEGROID	MARRIED	CATHOLIC	
OTHER (Specify)	WIDOWED	JEWISH	

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

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

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

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

OTHER SIGNIFICANT CONDITIONS ²	
---	--

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

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

1 Apr 75**South Viet Nam**I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED
AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

NAME OF MEDICAL OFFICER NEAL RIGGENBACH	TITLE OR DEGREE MD
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GRADE GS-13	SOCIAL SECURITY ACCT NO. USMEDDAC APO San Francisco 96346	INSTALLATION OR ADDRESS
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DATE	SIGNATURE Neil Rigganbach MD
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DISPOSITION OF REMAINS	
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NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12	LICENSE NUMBER TEX 3360	STATE	OTHER
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INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND	DATE 18 APR 75	SIGNATURE Robert L. Stoney
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NAME OF CEMETERY OR CREMATORIAL 	LOCATION OF CEMETERY OR CREMATORIAL
--	--

TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION
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REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER

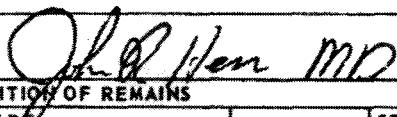
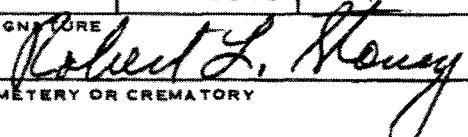
NAME OF FUNERAL DIRECTOR	ADDRESS
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SIGNATURE OF AUTHORIZED INDIVIDUAL				
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¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.

C **I** TIFICATE OF DEATH (OVERSEAS)

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

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

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

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) BERTINELLI, Arletta L.		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon, Viet Nam		DATE OF BIRTH 21 Dec 23		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		SEPARATED CATHOLIC JEWISH
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> WIDOWED		
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		

MEDICAL STATEMENT

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

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

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

4 Apr 75

PLACE OF DEATH

South Viet Nam

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

NAME OF MEDICAL OFFICER NEAL RIGGENBACH		TITLE OR DEGREE MD	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96316	
DATE 22 April 1975		SIGNATURE Neil Riggentach MD	

DISPOSITION OF REMAINS

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

NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION		

REGISTRATION OF VITAL STATISTICS

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

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

CERTIFICATE OF DEATH (OVERSEAS)

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

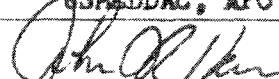
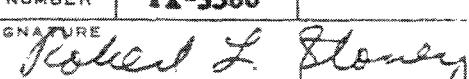
NAME OF DECEASED (Last, First, Middle) BLACKBURN, Helen Jones		GRADE DNC GS-7	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT N
ORGANIZATION DAO/Saigon, Vietnam		DATE OF BIRTH 31 Mar 25		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUSASOID		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Viet Nam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER JOHN R. HESS			TITLE OR DEGREE Area Surgeon	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232		
DATE 20 April 1975		SIGNATURE <i>John R. Hess MD</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER	STATE TEX-3360
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232		DATE 20 Apr 75	SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORIAL			LOCATION OF CEMETERY OR CREMATORIAL	
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
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) BOTTORFF, Ann W.		GRADE GS-12	BRANCH OF SERVICE DNC	SOCIAL SECURITY ACCT NO
ORGANIZATION DAO/Saigon, Vietnam		DATE OF BIRTH 26 Jan 21		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE XX CAUSASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
NEGROID		MARRIED		CATHOLIC
OTHER (Specify)		WIDOWED		
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL				
XX ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH UTM XB 855 985, Go Vap Dist., Gia Dinh Prov., RVN		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER JOHN R. HESS				TITLE OR DEGREE AREA SURGEON
GRADE CPT, MC	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232		
DATE 21 May 75	SIGNATURE 			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TX-3360	STATE TX
INSTALLATION OR ADDRESS US ARMY MORTUARY, THAILAND, APO 96232		DATE 22 May 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

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

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) PROVN, Celeste M.		GRADE GS-6	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT N
ORGANIZATION DAO/Saigon, Vietnam		DATE OF BIRTH 12 Sept 26		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS SINGLE MARRIED WIDOWED		RELIGION PROTESTANT CATHOLIC JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		

MEDICAL STATEMENT

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

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Miltinle Extreme Injury Aircraft Accident	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS ²			

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

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

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

NAME OF MEDICAL OFFICER NEAL RIGGENBACH		TITLE OR DEGREE MD
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC APO San Francisco 96364
DATE 19 Apr 75	SIGNATURE <i>Neal Riggenthaler MD</i>	

DISPOSITION OF REMAINS NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER	STATE TEX 3360	OTHER
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INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND	DATE 19 Apr 75	SIGNATURE <i>Robert L. Stoney</i>
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NAME OF CEMETERY OR CREMATORIAL LOCATION OF CEMETERY OR CREMATORIAL	
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION

REGISTRATION OF VITAL STATISTICS

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

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

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) CLARK, Vivienne		GRADE DIAC GS-8	BRANCH OF SERVICE US ARMY	SOCIAL SECURITY ACCT NO. 123-45-6789
ORGANIZATION DIAC/Saigon Vietnam		DATE OF BIRTH 26 Aug 19		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
NAME OF NEAREST KIN NAME OF NEAREST KIN		NAME OF NEAREST KIN NAME OF NEAREST KIN		RELATIONSHIP TO DECEASED NAME OF NEAREST KIN
STREET ADDRESS STREET ADDRESS		CITY OR TOWN AND STATE CITY OR TOWN AND STATE		

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ 17+4x10 Pythom Thiam		INTERVAL BETWEEN ON SET AND DEATH 17+4x10 Pythom Thiam
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS ²		

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

DATE OF DEATH (hour, day, month, year)
17 Apr 75PLACE OF DEATH
South Vietnam

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

NAME OF MEDICAL OFFICER
MAJ RTG OFFICERTITLE OR DEGREE
MAJ RTG OFFICERGRADE
GS-13SOCIAL SECURITY ACCT NO.
123-45-6789INSTALLATION OR ADDRESS
US ARMY MORTUARY THAILANDDATE
20 Apr 75SIGNATURE
Neil Steffensack

DISPOSITION OF REMAINS

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

LICENSE NUMBER

STATE
TEX 3360

OTHER

INSTALLATION OR ADDRESS
US ARMY MORTUARY THAILANDDATE
20 Apr 75SIGNATURE
Robert L. Stoney

NAME OF CEMETERY OR CREMATORIAL

LOCATION OF CEMETERY OR CREMATORIAL

TYPE OF DISPOSITION

DATE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

REGISTRY (Town and Country)

DATE REGISTERED

FILE NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

CERTIFICATE OF DEATH (OVERSEAS)

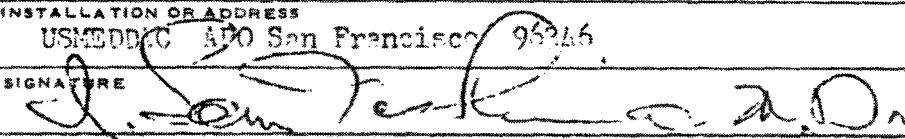
For use of this form, see AF 638-40; the proponent agency is Office of the Chief of Support Services.

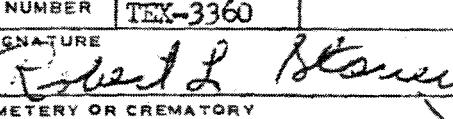
NAME OF DECEASED (Last, First, Middle) CHERRY, MANITA THOMPSON	GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION	DATE OF BIRTH		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
1 Dec 20			
RACE <input checked="" type="checkbox"/> CAUCASOID	MARITAL STATUS <input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

MEDICAL STATEMENT

CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS ²			
MODE OF DEATH	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH-DUE TO EXTERNAL CAUSES
NATURAL			
ACCIDENT			
SUICIDE			
HOMICIDE			
DATE OF DEATH (Hour, day, month, year)	PLACE OF DEATH		
1 Apr 75	South Viet Nam		

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

NAME OF MEDICAL OFFICER T. SAM TASHIMA		TITLE OR DEGREE MD	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDEC APO San Francisco 96346	
DATE 11 Apr 75		SIGNATURE 	

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

NAME OF CEMETERY OR CREMATORIAL	LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION		

REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	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)	GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
CROUCH, Mary	DNC	US CIV	
ORGANIZATION	DATE OF BIRTH	SEX	
DAO/Saigon Vietnam	3 Aug 44	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	

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

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

MEDICAL STATEMENT

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

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

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

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

NAME OF MEDICAL OFFICER	TITLE OR DEGREE		
NEAL RIGGENBACH	MD		
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC APO San Francisco 96366	
DATE 23 Apr 75	SIGNATURE Neil Ruggenbach MD		

DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12	LICENSE NUMBER TEX 3360	STATE	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND	DATE 25 Apr 75	SIGNATURE Robert L. Stoney		
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
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SIGNATURE OF AUTHORIZED INDIVIDUAL

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

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

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) CURTISS, Dorothy M.		GRADE CS-6	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DIA/SAI on, Vietnam		DATE OF BIRTH 24 Feb 1930		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE WHITE	MARITAL STATUS SINGLE		RELIGION PROTESTANT	
<input type="checkbox"/> ASIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 Apr 75	PLACE OF DEATH South 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 CS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC SF APO 96346		
DATE 19 April 75	SIGNATURE	<i>Neil Riggenebach MD</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE CS-12	LICENSE NUMBER	STATE TEX 3360
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND		DATE 19 April 75	SIGNATURE	<i>Robert L. Stoney</i>
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

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

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) ROBERT L. STONEY		GRADE GS-12	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION		DATE OF BIRTH		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE WHITE	MARITAL STATUS SINGLE		RELIGION PROTESTANT	
CIVIL STATUS WIDOW		RELATIONSHIP TO DECEASED		OTHER (Specify)
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		
ANTECEDENT CAUSES		Aircraft accident		
MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE				
UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE				
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH NATURAL	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 Apr 74		PLACE OF DEATH South Viet Nam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER T. SAM TASHTMA			TITLE OR DEGREE MD	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC APO San Francisco 96346		
DATE 11 Apr 75		SIGNATURE		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER	STATE 3360- TEX
INSTALLATION OR ADDRESS US ARMY MORTUARY, THAILAND, APO 96232		DATE 14 APR 75	SIGNATURE	
NAME OF CEMETERY OR CREMATORIAL ADDRESS		LOCATION OF CEMETERY OR CREMATORIAL ADDRESS		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) DALE, Dale R.		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT N
ORGANIZATION DAO/Saigon, Viet Nam		DATE OF BIRTH 13 Apr 25		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID		MARITAL STATUS <input type="checkbox"/> SINGLE <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 ¹		Multiple Extreme Injury Aircraft Injury		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER NEAL, RIGGENBACH			TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US MEDDAC APO 96346		
DATE 21 April 1975		SIGNATURE <i>Neal Riggengbach MD</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 21 APR 75	SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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) WITHEY, MARILYN	GRADE P	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION	DATE OF BIRTH 22 Oct 75		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE CAUCASOID	MARITAL STATUS SINGLE		RELIGION PROTESTANT
EDUCATION DIPLOMA, HIGH SCHOOL	MARRIED	DIVORCED	CATHOLIC
NAME OF NEXT OF KIN	RELATIONSHIP TO DECEASED		
STREET ADDRESS	CITY OR TOWN AND STATE (Include ZIP Code)		

MEDICAL STATEMENT

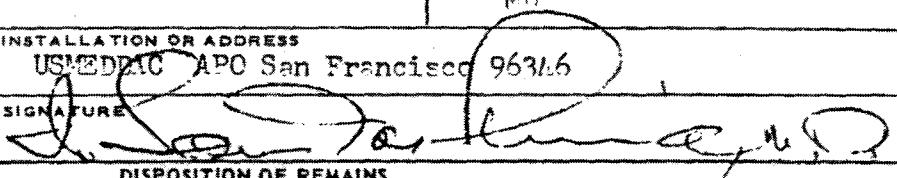
CAUSE OF DEATH
(Enter only one cause per line)INTERVAL BETWEEN
ON SET AND DEATH

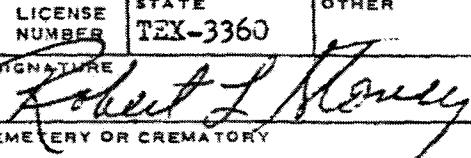
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE	
OTHER SIGNIFICANT CONDITIONS ²		

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

DATE OF DEATH (Hour, day, month, year) 14 Apr 75	PLACE OF DEATH South Viet Nam
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I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED
AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

NAME OF MEDICAL OFFICER I. SAM TUTHIMA	TITLE OR DEGREE Mn	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC APO San Francisco 96316
DATE 14 Apr 75	SIGNATURE 	

DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12	LICENSE NUMBER	STATE TEX-3360	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232	DATE 14 Apr 75	SIGNATURE 		
NAME OF CEMETERY OR CREMATORIAL LOCATION OF CEMETERY OR CREMATORIAL				

TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION
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REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER

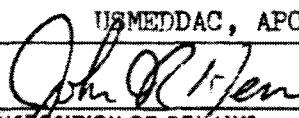
NAME OF FUNERAL DIRECTOR	ADDRESS
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SIGNATURE OF AUTHORIZED INDIVIDUAL	
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¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.

C. CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) FUJINO, Elizabeth K.		GRADE GS-7	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon, Vietnam		DATE OF BIRTH 28 Aug 14		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE CAUCASOID	MARITAL STATUS SINGLE		RELIGION PROTESTANT	
NEGROID	MARRIED		CATHOLIC	
XX OTHER (Specify) Mongoloid	WIDOWED		JEWISH	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH NATURAL	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 Apr 75	PLACE OF DEATH South Viet Nam			
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER John R. Hess			TITLE OR DEGREE Area Surgeon	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232		
DATE 21 May 75	SIGNATURE 			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER 3360-TEX	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY, THAILAND, APO 96232		DATE 27 MAY 75	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE 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) CASPER, Ruthanne		GRADE GS-6	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/SAIGON, VIET NAM		DATE OF BIRTH 29 July 46		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID	MARITAL STATUS SINGLE		RELIGION PROTESTANT	
<input type="checkbox"/> NEGROID	<input type="checkbox"/> MARRIED		<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> WIDOWED			
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER NEAL, RIGGENBACH			TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US MEDDAC APO 96346		
DATE 19 Apr 75	SIGNATURE <i>Neil Riggennbach MD</i>			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 19 APR 75	SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> 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) HERBERT, Beverly A.		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT
ORGANIZATION DAO/Saigon, Viet Nam		DATE OF BIRTH 22 Apr 32		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL				
ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Viet Nam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER JOHN R. HESS			TITLE OR DEGREE Area Surgeon	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232		
DATE 20 April 1975		SIGNATURE <i>John R. Hess MD</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER	STATE TEX-3360
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232		DATE 20 Apr 75	SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION	
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

CERTIFICATE OF DEATH (OVERSEAS)

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

Services.

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

DNC

US CIV

ORGANIZATION

DAO/Saigon, Viet Nam

DATE OF BIRTH

30 Jan 16

SEX

MALE

FEMALE

RACE

MARITAL STATUS

RELIGION

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

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)

INTERVAL BETWEEN
ON SET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				

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

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

4 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	TITLE OR DEGREE		
NEAL RIGGENBACH	MD		

GRADE	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS
GS-13		USMEDDAC SF APO 96346

DATE	SIGNATURE
21 April 1975	<i>Neil Riggenebach MD</i>

DISPOSITION OF REMAINS

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

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

NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY
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TYPE OF DISPOSITION	DATE OF DISPOSITION
<input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	

REGISTRATION OF VITAL STATISTICS

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

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

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

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) HOWARD, Dorothy		GRADE DNC GS-5	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon, Vietnam		DATE OF BIRTH 16Jan15		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> WIDOWED		<input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input type="checkbox"/> YES			
<input checked="" type="checkbox"/> ACCIDENT	<input type="checkbox"/> NO			
<input type="checkbox"/> SUICIDE				
<input type="checkbox"/> HOMICIDE				
DATE OF DEATH (hour, day, month, year)	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 USMBEDDAC SF APO 96346		
DATE 20Apr75	SIGNATURE <i>Neal Riggennbach MD</i>			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12	LICENSE NUMBER TEX 3360	STATE TEX	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND	DATE 20Apr75	SIGNATURE <i>Robert L. Stoney</i>		
NAME OF CEMETERY OR CREMATORIAL	LOCATION OF CEMETERY OR CREMATORIAL			
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION			
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)	DATE REGISTERED		FILE NUMBER	STATE
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 638-4, the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) KAVULIA, Barbara J.		GRADE EMC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NC
ORGANIZATION DAO/Saigon Viet Nam		DATE OF BIRTH 2 Apr 50		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER NEAL RIGGENBACH			TITLE OR DEGREE MD	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMRRDACC SP APO 96346		
DATE 21 April 1975	SIGNATURE Neil Riggenebach 75			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX 3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND		DATE 21 Apr 75	SIGNATURE Robert L. Stoney	
NAME OF CEMETERY OR CREMATORIAL LOCATION OF CEMETERY OR CREMATORIAL				
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION	
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.

C. CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) MAIER, Barbara J.		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon, Viet Nam		DATE OF BIRTH 20 Apr 32		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER NEAL, RIGGENBACH				TITLE OR DEGREE M. D.
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US MEDDAC APO 96346		
DATE 22 Apr 75		SIGNATURE <i>Neil Riggenthal MD</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER	STATE TEX-3360
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 22 APR 75	SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
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) MARTIN, Rebecca A.	GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT N/A
ORGANIZATION DAO/Saigon, Viet Nam	DATE OF BIRTH 2 Jul 41		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE

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

MEDICAL STATEMENT

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

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

PLACE OF DEATH

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

NAME OF MEDICAL OFFICER NEAL, RIGGENBACH	TITLE OR DEGREE M. D.
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GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US MEDDAC APO 96346
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DATE 23 April 1975	SIGNATURE <i>Neil Riggentbach MD</i>
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DISPOSITION OF REMAINS	
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NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12	LICENSE NUMBER	STATE TEX-3860	OTHER
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INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232	DATE 23 APR 75	SIGNATURE <i>Robert L. Stoney</i>
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NAME OF CEMETERY OR CREMATORIAL	LOCATION OF CEMETERY OR CREMATORIAL
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TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION
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REGISTRATION OF VITAL STATISTICS	
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REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER
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NAME OF FUNERAL DIRECTOR	ADDRESS
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SIGNATURE OF AUTHORIZED INDIVIDUAL				
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¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) MARTIN, Sarah D.		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon Vietnam		DATE OF BIRTH 11 Nov 38		<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) Apr 75		PLACE OF DEATH South Viet Nam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER NEAL, RIGGENBACH			TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US MEDDAC APO 96346		
DATE 23 April 75	SIGNATURE Ned Riggentbach MD			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 24 APR 75	SIGNATURE Robert L. Stoney	
NAME OF CEMETERY OR CREMATORIAL LOCATION OF CEMETERY OR CREMATORIAL				
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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 620-40; Department agency is Office of the Chief of Support S

108.

NAME OF DECEASED (Last, First, Middle) MCLEOD, Martha S.		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon Viet Nam		DATE OF BIRTH 2 Sep 43		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL				
ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER NEIL, RIGGENBACH			TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT	INSTALLATION OR ADDRESS US MEDDAC APO 96346		
DATE 23 April 1975		SIGNATURE <i>Neil Riggenebach MD</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 23 APR 75	SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
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 present agency is Office of the Chief of Support Service.

NAME OF DECEASED (Last, First, Middle) MOORE, Katherine		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon Vietnam		DATE OF BIRTH 22 May 45		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER NEAL, RIGGENBACH			TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US MEDBAC APO 96346		
DATE 23 Apr 75	SIGNATURE Neil Ruggenbach M.D.			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 25 APR 75	SIGNATURE Robert L. Stoney	
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and County)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

CERTIFICATE OF DEATH (OVERSEAS)

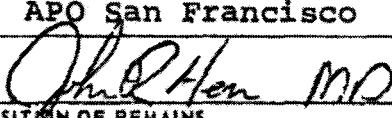
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) POLGREAN, Marion P.		GRADE GS-7	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT
ORGANIZATION DAO/Saigon, Viet Nam		DATE OF BIRTH 19 Feb 21		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> INESHOID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		

MEDICAL STATEMENT

CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Multiple Extreme Injury Aircraft Accident			
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS ²			
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Viet Nam	

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

NAME OF MEDICAL OFFICER JOHN R. HESS		TITLE OR DEGREE Area Surgeon	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232	
DATE 20 April 1975		SIGNATURE 	

DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12	LICENSE NUMBER	STATE TEX-3360	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232	DATE 20 Apr 75	SIGNATURE 		
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		

TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION
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REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER

NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

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) POULTON, June		GRADE CIV	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.	
ORGANIZATION		DATE OF BIRTH		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION	
CAUCASOID		SINGLE	DIVORCED	OTHER (Specify)	
NEGROID		MARRIED	SEPARATED		CATHOLIC
OTHER (Specify)		WIDOWED			JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED			
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)			
MEDICAL STATEMENT					
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident			
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE				
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE				
OTHER SIGNIFICANT CONDITIONS ²					
MODE OF DEATH	AUTOPSY PERFORMED <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	MAJOR FINDINGS OF AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES		
DATE OF DEATH (Hour, day, month, year) 4 AM 18 April 75		PLACE OF DEATH South Viet Nam			
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.					
NAME OF MEDICAL OFFICER Robert L. Koenig			TITLE OR DEGREE MD		
GRADE 5-13	SOCIAL SECURITY ACCT NO. 101-3884- AIC 96346	INSTALLATION OR ADDRESS			
DATE 18 April 75		SIGNATURE			
DISPOSITION OF REMAINS					
NAME OF MORTICIAN PREPARING REMAINS Robert L. Koenig		GRADE 5-13	LICENSE NUMBER 75-15	STATE CA	
INSTALLATION OR ADDRESS US AIR FORCE BASE HOSPITAL		DATE 18 April 75	SIGNATURE Robert L. Koenig		
NAME OF CEMETERY OR CREMATORIAL None		LOCATION OF CEMETERY OR CREMATORIAL			
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION		
REGISTRATION OF VITAL STATISTICS					
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE	
NAME OF FUNERAL DIRECTOR		ADDRESS		OFFICIAL SEAL 101-3884- AIC 96346	
SIGNATURE OF AUTHORIZED INDIVIDUAL Robert L. Koenig					
CERTIFIED TRUE COPY OF DEATH CERTIFICATE: Robert L. Koenig					
1 State disease, injury or complication which caused death, but not mode of dying such as heart failure.					
2 State conditions contributing to the death, but not related to the disease or condition causing death.					

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

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

DA FORM 1 JAN 70 3565

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

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) POULTON, Orin J.,		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION		DATE OF BIRTH 6 July 1917		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> INDIAN <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER NEAL, RIGGENBACH			TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT	INSTALLATION OR ADDRESS US MEDDAC APO 96346		
DATE 18 April 75		SIGNATURE Neil Riggenebach M.D.		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 18	SIGNATURE Robert L. Stoney	
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) PRAY, Joan K.		GRADE DNC GS-7	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO.
ORGANIZATION DAO/Saigon Vietnam		DATE OF BIRTH 26 Jan 36		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> WIDOWED		
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER NEIL RIGGENBACH			TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US MEDDAC APO 96348		
DATE 20 Apr 75		SIGNATURE Neil Riggentbach M		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER	STATE TEX-3360
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 20 APR 75	SIGNATURE	
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)				DATE OF DISPOSITION
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) RANDALL, Sayonna K.		GRADE GS-7	BRANCH OF SERVICE DNC	SOCIAL SECURITY ACCT NO.
ORGANIZATION		DATE OF BIRTH 13 Dec 45		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
MILITARY U.S. AIR FORCE		MILITARY WIDOWED		<input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		

MEDICAL STATEMENT

CAUSE OF DEATH
(Enter only one cause per line)

INTERVAL BETWEEN
ON SET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				

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

DATE OF DEATH (Hour, day, month, year) 4 Apr 75	PLACE OF DEATH South Viet Nam
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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	John R. Hess		TITLE OR DEGREE Area Surgeon
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GRADE CPT, MC	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USNEDDAC, APO San Francisco 96232
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DATE 21 May 75	SIGNATURE <i>John R. Hess</i>
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DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12	LICENSE NUMBER 3360-TEX	STATE OTHER

INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232	DATE 27 MAY 75	SIGNATURE <i>Robert L. Stoney</i>
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NAME OF CEMETERY OR CREMATORIAL OTHER	LOCATION OF CEMETERY OR CREMATORIAL OTHER
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TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) OTHER	DATE OF DISPOSITION
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REGISTRATION OF VITAL STATISTICS REGISTRY (Town and Country) OTHER	DATE REGISTERED	FILE NUMBER	STATE OTHER
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NAME OF FUNERAL DIRECTOR	ADDRESS
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SIGNATURE OF AUTHORIZED INDIVIDUAL

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

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

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) REYNOLDS, Anne B.	GRADE DR	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT NO. 1
ORGANIZATION DAO/Saigon Vietnam	DATE OF BIRTH 17 Jan 17	SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	

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

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

MEDICAL STATEMENT

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

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

DATE OF DEATH (Hour, day, month, year) 4 Apr 75	PLACE OF DEATH South Viet Nam
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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 NEIL RIGGENTBACH	TITLE OR DEGREE MD	
GRADE GS-13	SOCIAL SECURITY ACCT NO. 1	INSTALLATION OR ADDRESS USMEDDAC SF APO 96346
DATE 20 April 75	SIGNATURE Neil Riggentbach MD	

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12	LICENSE NUMBER TEX 3360	STATE TX	OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND	DATE 22 April 75	SIGNATURE Robert L. Stoney		

NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY
<input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION

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

SIGNATURE OF AUTHORIZED INDIVIDUAL

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

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) SNOW, Marjorie, V.	GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT N
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ORGANIZATION DAO/Saigon, Vietnam	DATE OF BIRTH 7 Nov 19	SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
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RACE <input checked="" type="checkbox"/> CAUCASOID	SINGLE	DIVORCED	PROTESTANT	RELIGION <input checked="" type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> NEUTROID	MARRIED	SEPARATED	CATHOLIC	
<input type="checkbox"/> OTHER (Specify)	WIDOWED		JEWISH	

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

CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH
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		
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MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input type="checkbox"/> YES		
<input checked="" type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> NO		
<input type="checkbox"/> SUICIDE			
<input type="checkbox"/> HOMICIDE			

DATE OF DEATH (Hour, day, month, year) 4 Apr 75	PLACE OF DEATH South Viet Nam
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I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED
AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

NAME OF MEDICAL OFFICER NEAL, RIGGENBACH	TITLE OR DEGREE M. D.
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GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US MEDDAC APO 96346
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DATE 23 April 75	SIGNATURE Neil Ruggenbach M.D.
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DISPOSITION OF REMAINS	
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NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12	LICENSE NUMBER	STATE TEX-3360	OTHER
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INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232	DATE 23 APR 75	SIGNATURE Robert L. Stoney
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NAME OF CEMETERY OR CREMATORIAL LOCATION OF CEMETERY OR CREMATORIAL
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TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION
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REGISTRATION OF VITAL STATISTICS	
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REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER
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NAME OF FUNERAL DIRECTOR	ADDRESS
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SIGNATURE OF AUTHORIZED INDIVIDUAL	
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Note 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.

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) STOUT, Barbara L.		GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT 123-456789
ORGANIZATION DAO/Saigon, Viet Nam		DATE OF BIRTH 10 Feb 15		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"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		

MEDICAL STATEMENT

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

MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
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DATE OF DEATH (Hour, day, month, year) 4 Apr 75	PLACE OF DEATH South Viet Nam
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I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED
AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

NAME OF MEDICAL OFFICER NEAL, RIGGENBACH	TITLE OR DEGREE M. D.	
GRADE GS-13	SOCIAL SECURITY ACCT 123-456789	INSTALLATION OR ADDRESS US MEDDAC APO 96346

DATE 30 April 1975	SIGNATURE <i>Neil Riggenebach M.D.</i>
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DISPOSITION OF REMAINS	
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232	DATE 30 APR 75

NAME OF CEMETERY OR CREMATORIAL 	LOCATION OF CEMETERY OR CREMATORIAL
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	

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

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

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

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) WATKINS, Doris J.		GRADE DIAC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT N
ORGANIZATION DIAC/Saigon, Viet Nam		DATE OF BIRTH 4 Aug 45		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> INDIAN <input type="checkbox"/> OTHER (Specify) OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		

MEDICAL STATEMENT

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

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

DATE OF DEATH (Hour, day, month, year) 4 Apr 75	PLACE OF DEATH South Viet Nam
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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 NEIL, RIGGENBACH		TITLE OR DEGREE M. D.
GRADE GS-13	SOCIAL SECURITY ACCT 111-11-1111	INSTALLATION OR ADDRESS US MEDDAC APO 96346
DATE 30 April 1975	SIGNATURE Neil Riggentach MD	

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

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

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

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) WESLEY, Sharon K.	GRADE DNC	BRANCH OF SERVICE US CIV	SOCIAL SECURITY ACCT
ORGANIZATION DAO/Saigon Viet Nam	DATE OF BIRTH 4 OCT 46		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE

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

MEDICAL STATEMENT

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

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

DATE OF DEATH (Hour, day, month, year) 4 Apr 75	PLACE OF DEATH South Viet Nam
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I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED
AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

NAME OF MEDICAL OFFICER NEIL, RIGGENBACH	TITLE OR DEGREE M. D.
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GRADE GS-13	SOCIAL SECURITY ACCT N	INSTALLATION OR ADDRESS US MEDDAC APO 96346
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DATE 21 April 1975	SIGNATURE <i>Neil Riggengbach MD</i>
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DISPOSITION OF REMAINS	
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NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12	LICENSE NUMBER	STATE TEX-3360	OTHER
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INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232	DATE 21 APR 75	SIGNATURE <i>Robert L. Stoney</i>
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NAME OF CEMETERY OR CREMATORIAL	LOCATION OF CEMETERY OR CREMATORIAL
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TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION
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REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER
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NAME OF FUNERAL DIRECTOR	ADDRESS
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SIGNATURE OF AUTHORIZED INDIVIDUAL	
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¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.

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

CERTIFICATE OF DEATH (OVERSEAS)

(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 628-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BRIT, Michael		GRADE US CIV (DEP)	BRANCH OF SERVICE MIL. DEP	SOCIAL SECURITY ACT NO.
ORGANIZATION		DATE OF BIRTH		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
<input type="checkbox"/> NEGROID		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> WIDOWED		
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		

MEDICAL STATEMENT

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

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident	
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS ²			

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

DATE OF DEATH (Hour, day, month, year) 140175	PLACE OF DEATH South Viet Nam
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I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

NAME OF MEDICAL OFFICER NEAL RIGGENBACH		TITLE OR DEGREE ND	
GRADE GS-13	SOCIAL SECURITY ACT NO.	INSTALLATION OR ADDRESS USMRRDAC APO San Francisco 963L6	
DATE 23 April 75		SIGNATURE Neil R. Rigenbach 75	

NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER	STATE TEX 3360	OTHER
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INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND		DATE 25 Apr 75	SIGNATURE Robert L. Stoney		
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NAME OF CEMETERY OR CREMATORIAL US ARMY MORTUARY THAILAND		LOCATION OF CEMETERY OR CREMATORIAL US ARMY MORTUARY THAILAND		
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TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION		
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REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER
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NAME OF FUNERAL DIRECTOR		ADDRESS		
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SIGNATURE OF AUTHORIZED INDIVIDUAL				
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¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.² State conditions contributing to the death, but not related to the disease or condition causing death.

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) BELL, Nova L.	GRADE US CIV	BRANCH OF SERVICE Dependent Wife	SOCIAL SECURITY ACCT NO.
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ORGANIZATION US Army Dependent Wife	DATE OF BIRTH 24 Jan 47	SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
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RACE <input checked="" type="checkbox"/> CAUCASOID	MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	RELIGION <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH	OTHER (Specify)
NEGROID			
OTHER (Specify)			

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

CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ON SET AND DEATH
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		
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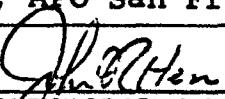
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<input checked="" type="checkbox"/> ACCIDENT			
<input type="checkbox"/> SUICIDE			
<input type="checkbox"/> HOMICIDE			

DATE OF DEATH (Hour, day, month, year) 4 Apr 75	PLACE OF DEATH South Vietnam
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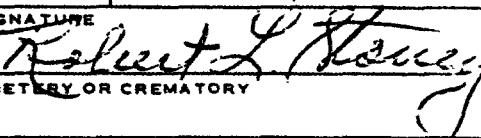
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED
AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

NAME OF MEDICAL OFFICER JOHN R. HESS	TITLE OR DEGREE Area Surgeon
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GRADE CPT, MC	SOCIAL SECURITY ACCT NO. - - - - -	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232
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DATE 16 May 75	SIGNATURE 
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DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12	LICENSE NUMBER	STATE TEX-3360	OTHER

INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232	DATE 16 May 75	SIGNATURE 
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NAME OF CEMETERY OR CREMATORIAL ADDRESS	LOCATION OF CEMETERY OR CREMATORIAL ADDRESS
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TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION
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REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER
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NAME OF FUNERAL DIRECTOR	ADDRESS
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SIGNATURE OF AUTHORIZED INDIVIDUAL

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 635-40; the preparer agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle)

DRYE, John F. III

GRADE

US CIV(DFP)

BRANCH OF SERVICE

US CIV DFP

SOCIAL SECURITY ACCT NO.

ORGANIZATION

DATE OF BIRTH

28 Mar 59

SEX

 MALE
 FEMALE

RACE

MARITAL STATUS

RELIGION

 CAUCASOID

SINGLE

DIVORCED

PROTESTANT

OTHER (Specify)

NEGROID

MARRIED

SEPARATED

CATHOLIC

OTHER (Specify)

WIDOWED

JEWISH

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

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

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

DATE OF DEATH (Hour, day, month, year)
4 Apr 75PLACE OF DEATH
South Viet NamI HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED
AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

NAME OF MEDICAL OFFICER

NEAL RIGGENBACH

TITLE OR DEGREE

M

GRADE
GS-13SOCIAL SECURITY ACCT
NO.INSTALLATION OR ADDRESS
USMEDDAC APO San Francisco 96346

DATE

21 April 1975

SIGNATURE

Neil Riggengbach M

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

ROBERT L. STONEY

GRADE

GS-12

LICENSE
NUMBERSTATE
TEX-3360

OTHER

INSTALLATION OR ADDRESS

US ARMY MORTUARY THAILAND APO 96232

DATE

21 APR 75

SIGNATURE

Robert L. Stoney

NAME OF CEMETERY OR CREMATORIAL

LOCATION OF CEMETERY OR CREMATORIAL

TYPE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

DATE OF DISPOSITION

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

the proponent agency is Office of the Chief of Supply Services.

NAME OF DECEASED (Last, First, Middle)

ROSENKIN, Marta

GRADE

US CIV (DEP)

BRANCH OF SERVICE

US CIV

SOCIAL SECURITY ACCT

NO. 123-456789

ORGANIZATION

DATE OF BIRTH

17 MAR 41

SEX

 MALE FEMALE

RACE

MARITAL STATUS

RELIGION

CAUCASOID

SINGLE

NEGROID

MARRIED

 OTHER (Specify) Mongoloid

WIDOWED

DIVORCED

SEPARATED

PROTESTANT

CATHOLIC

JEWISH

OTHER (Specify)

NAME OF NEXT OF KIN

RELATIONSHIP TO DECEASED

STREET ADDRESS

CITY OR TOWN AND STATE (Include ZIP Code)

MEDICAL STATEMENT

CAUSE OF DEATH

(Enter only one cause per line)

INTERVAL BETWEEN

ON SET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹Multiple Extreme Injury
Aircraft AccidentANTECEDENT
CAUSESMORBID CONDITION, IF ANY,
LEADING TO PRIMARY CAUSEUNDERLYING CAUSE, IF ANY,
GIVING RISE TO PRIMARY
CAUSEOTHER SIGNIFICANT CONDITIONS²

MODE OF DEATH

AUTOPSY
PERFORMED YES NO

MAJOR FINDINGS OF AUTOPSY

CIRCUMSTANCES SURROUNDING DEATH DUE TO

EXTERNAL CAUSES

NATURAL

ACCIDENT

SUICIDE

HOMICIDE

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

PLACE OF DEATH

4 Apr 75

South Vietnam

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

NAME OF MEDICAL OFFICER

NEEL, RIGGENBACH

TITLE OR DEGREE

M. D.

GRADE

SOCIAL SECURITY ACCT

INSTALLATION OR ADDRESS

US MEDDAC APO 96346

NO.

DATE

30 April 75

SIGNATURE

Neil Riggenebach MD

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS

GRADE

GS-12

LICENSE
NUMBER

TEX-3360

OTHER

ROBERT L. STONEY

INSTALLATION OR ADDRESS

US ARMY MORTUARY THAILAND APO 96232

DATE

30 APR 75

SIGNATURE

Robert L. Stoney

NAME OF CEMETERY OR CREMATORIAL

LOCATION OF CEMETERY OR CREMATORIAL

TYPE OF DISPOSITION

 BURIAL CREMATION REMOVAL (Specify)

DATE OF DISPOSITION

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)

DATE REGISTERED

FILE
NUMBER

STATE

OTHER

NAME OF FUNERAL DIRECTOR

ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

CERTIFIED, TRUE COPY

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

CERTIFICATE OF DEATH (OVERSEAS)

(DA FORM 3565)

OF

8 FOREIGN NATIONALS

NAMENATIONALITYDATE OF BIRTH

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) BLANK, Birgit	GRADE N/A	BRANCH OF SERVICE German Citizen	SOCIAL SECURITY ACCT NO. N/A
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ORGANIZATION Friends For All Children Saigon, Vietnam	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
---	---------------	--

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

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

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

MEDICAL STATEMENT

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

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

ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE
----------------------	---

UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE
--

OTHER SIGNIFICANT CONDITIONS ²

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

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

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

NAME OF MEDICAL OFFICER NEIL RIGGENBACH	TITLE OR DEGREE M.D.
--	-------------------------

GRADE GS-13	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS US MEDDAC APO 96346
----------------	--------------------------	--

DATE 23 Apr 75	SIGNATURE Neil Rigggenbach M.D.
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DISPOSITION OF REMAINS	
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NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY	GRADE GS-12	LICENSE NUMBER	STATE TEX-3360	OTHER
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INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232	DATE 23 Apr 75	SIGNATURE Robert L. Stoney
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NAME OF CEMETERY OR CREMATORY BANGKOK CHRISTIAN CEMETERY	LOCATION OF CEMETERY OR CREMATORY BANGKOK, THAILAND
---	--

TYPE OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)	DATE OF DISPOSITION 12 June 75
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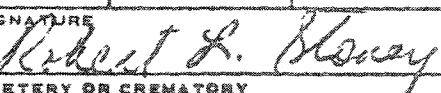
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER

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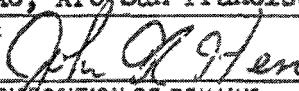
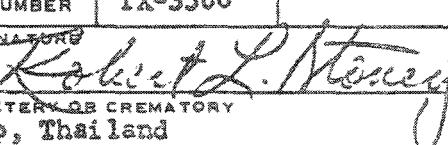
CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) BUI, Kim Lam "Mohel" aka Lam Gallozzi		GRADE NA	BRANCH OF SERVICE German Nat'l	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH 7 JUL 63		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE CAUCASOID	MARITAL STATUS SINGLE		RELIGION PROTESTANT	OTHER (Specify) XX NEGRoid
XX OTHER (Specify) Mongoloid	MARRIED	WIDOWED	SEPARATED	
NAME OF NEXT OF KIN MR VAN TO BUI		RELATIONSHIP TO DECEASED FATHER		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH NATURAL	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER John R. Hess			TITLE OR DEGREE Area Surgeon	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232		
DATE 21 May 75		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER	STATE TX-3360
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND		DATE 21 May 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL Sattahip Wat		LOCATION OF CEMETERY OR CREMATORIAL Sattahip, Thailand		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) Shipped by Air		DATE OF DISPOSITION 12 June 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) BUI, Kim Long, aka David Gallozzi		GRADE NA	BRANCH OF SERVICE NA	SOCIAL SECURITY ACCT NO. NA
ORGANIZATION NA		DATE OF BIRTH 5 NOV 74		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
NEGROID		MARRIED		OTHER (Specify) JEWISH
OTHER (Specify) Mongoloid		WIDOWED		
NAME OF NEXT OF KIN MR. VAN TO BUI		RELATIONSHIP TO DECEASED FATHER		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL	<input type="checkbox"/> YES			
ACCIDENT	<input checked="" type="checkbox"/> NO			
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year)	PLACE OF DEATH South Viet Nam			
4 April 75				
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER John R. Hess				TITLE OR DEGREE Area Surgeon
GRADE CPT, MC	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232		
DATE 21 May 75	SIGNATURE 			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND		DATE 21 May 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL Sattahip Wat		LOCATION OF CEMETERY OR CREMATORIAL Sattahip, Thailand		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION		REMOVAL (Specify) shipped by Air		DATE OF DISPOSITION 12 June 1975
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

CERTIFICATE OF DEATH (OVERSEAS)

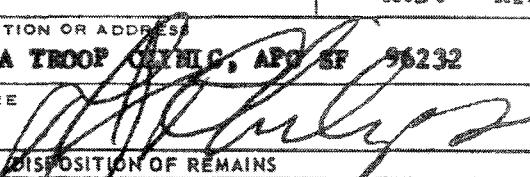
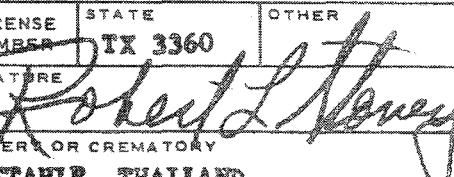
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) TUI, Theodora Dolly		GRADE N/A	BRANCH OF SERVICE N/A	SOCIAL SECURITY ACCT
ORGANIZATION Friends For All Children		DATE OF BIRTH 27 March 36		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION PROTESTANT CATHOLIC JEWISH
NAME OF NEXT OF KIN Van To Bui		RELATIONSHIP TO DECEASED Husband		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Viet Nam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER JOHN R. HESS			TITLE OR DEGREE AREA SURGEON	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232		
DATE 21 May 75	SIGNATURE <i>John R. Hess</i>			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TDX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND APO 96232		DATE 21 May 75	SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORIAL Sattship Wat		LOCATION OF CEMETERY OR CREMATORIAL Sattship, Thailand		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) Shipped by Air			DATE OF DISPOSITION 12 June 1975	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

THCL 0051-75 (C)

CERTIFICATE OF DEATH (OVERSEAS)

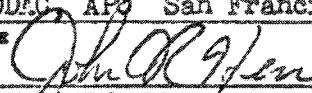
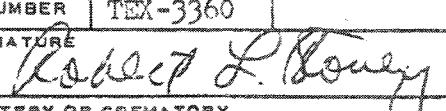
For use of this form, see AR 638-40; the proponent agency is Office of the Chief of Support Services.

NAME OF DECEASED (Last, First, Middle) BTB/BACH, Mai Ballast		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
ORGANIZATION MA		DATE OF BIRTH Unknown		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUSASOID <input type="checkbox"/> NEGROID <input checked="" type="checkbox"/> OTHER (Specify) ULD	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH	
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple extreme injuries, aircraft accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL				
ACCIDENT				
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year) 4 April 1975		PLACE OF DEATH South Vietnam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER Robert J. Philips			TITLE OR DEGREE M.D. - Area Surgeon	
GRADE O3	SOCIAL SECURITY ACCT NO	INSTALLATION OR ADDRESS USA TROOP CLINIC, APO SF 96232		
DATE 29 July 1975		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Robert L. Stoney		GRADE GS-12	LICENSE NUMBER TX 3360	STATE OTHER
INSTALLATION OR ADDRESS US Army Mortuary, Thailand APO 96232		DATE 29 July 1975	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL WAT RASADORN THUM SAMAKEE CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL KILO 10, SATTAHIP, THAILAND		
TYPE OF DISPOSITION (3Aug75) <input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION 8 August 1975	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

CERTIFICATE OF DEATH (OVERSEAS)

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

NAME OF DECEASED (Last, First, Middle) BUI, Kim Lien, "Tina"		GRADE NA	BRANCH OF SERVICE German Nat'l	SOCIAL SECURITY ACCT NO.
ORGANIZATION NA		DATE OF BIRTH 7 Jan 62		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE CAUCASOID		MARITAL STATUS SINGLE		RELIGION PROTESTANT
NEGROID		MARRIED		CATHOLIC
XX OTHER (Specify) Mongoloid		WIDOWED		JEWISH
NAME OF NEXT OF KIN MR. VAN TO BUI		RELATIONSHIP TO DECEASED FATHER		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL	<input type="checkbox"/> YES			
ACCIDENT	<input checked="" type="checkbox"/> NO			
SUICIDE				
HOMICIDE				
DATE OF DEATH (Hour, day, month, year)	PLACE OF DEATH South Viet Nam			
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER John R. Hess			TITLE OR DEGREE Area Surgeon	
GRADE CPT, MC	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC APO San Francisco 96232		
DATE 21 May 75	SIGNATURE 			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232		DATE 21 May 75	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL Sattahip Wat		LOCATION OF CEMETERY OR CREMATORIAL Sattahip, Thailand		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) Shipped by Air		DATE OF DISPOSITION 12 June 1975		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

CERTIFICATE OF DEATH (OVERSEAS)

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

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

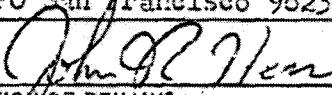
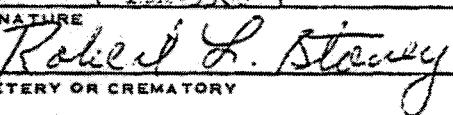
NAME OF DECEASED (Last, First, Middle)		GRADE	BRANCH OF SERVICE	SOCIAL SECURITY ACCT NO.
NAM, Gypsela N.		AUS/1 CPT		
CIVILIAN/ARMED Friends For All Children Saigon, Vietnam		DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
RACE		MARITAL STATUS		RELIGION
<input checked="" type="checkbox"/> CAUCASOID		SINGLE	DIVORCED	PROTESTANT
<input type="checkbox"/> NEGROID		MARRIED	SEPARATED	CATHOLIC
<input type="checkbox"/> OTHER (Specify)		WIDOWED		JEWISH
NAME OF NEXT OF KIN MR. & MRS. BUTTERWORTH		RELATIONSHIP TO DECEASED PARENTS		
STREET ADDRESS 28 HIGHVIEW TCE		CITY OR TOWN AND STATE (Include ZIP Code) DAISY HILL, QUEENSLAND, AUSTRALIA		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSE ²		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL	<input type="checkbox"/> YES			
<input checked="" type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> NO			
<input type="checkbox"/> SUICIDE				
<input type="checkbox"/> HOMICIDE				
DATE OF DEATH (Hour, day, month, year)		PLACE OF DEATH South Vietnam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER John R. Hess			TITLE OR DEGREE Area Surgeon	
GRADE	SOCIAL SECURITY ACCT NO.	INSTALLATION OR ADDRESS USMEDDAC, APO SF 98232		
CPT, MC				
DATE	SIGNATURE <i>John R. Hess</i>			
21 May 1975				
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND		DATE 21 May 1975	SIGNATURE <i>Robert L. Stoney</i>	
NAME OF CEMETERY OR CREMATORIAL Sattahip Wat		LOCATION OF CEMETERY OR CREMATORIAL Sattahip, Thailand		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION Shipped by Air 12 June 1975		
REGISTRY (Town and Country)		DATE REGISTERED 21 May 1975	FILE NUMBER	STATE OTHER
DA FORM 250, 1 APR 1975		DA FORM 250, 1 APR 1975		

3. State disease, injury, complication or condition causing death, be it natural or due to such as war, pollution, etc.

4. 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) URSULA, Mary (nee-Agatha- LEE)		GRADE N/A	BRANCH OF SERVICE Airman Citizen	SOCIAL SECURITY ACCT NO. N/A
ORGANIZATION Good Shepherd Sisters Sinhlong, South Vietnam		DATE OF BIRTH		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASOID <input type="checkbox"/> NEGROID <input type="checkbox"/> OTHER (Specify) Mongoloid		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input checked="" type="checkbox"/> PROTESTANT <input checked="" type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN		RELATIONSHIP TO DECEASED		
STREET ADDRESS		CITY OR TOWN AND STATE (Include ZIP Code)		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ON SET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Extreme Injury Aircraft Accident		
ANTECEDENT CAUSES		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) 4 Apr 75		PLACE OF DEATH South Vietnam		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER John R. Hess			TITLE OR DEGREE Area Surgeon	
GRADE Cpt, MC	SOCIAL SECURITY ACC NO.	INSTALLATION OR ADDRESS USMEDDAC, APO San Francisco 96232		
DATE 30 Apr 75		SIGNATURE 		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS ROBERT L. STONEY		GRADE GS-12	LICENSE NUMBER TEX-3360	STATE OTHER
INSTALLATION OR ADDRESS US ARMY MORTUARY THAILAND, APO 96232		DATE 19 Apr 75	SIGNATURE 	
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION 12 May 75	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				