

RECORD OF PREPARATION AND DISPOSITION OF REMAINS
(DEATHS OCCURRING OVERSEAS)
(SR 600-570-1)

REPORTS CONTROL SYMBOL
OMG - 128

INSTRUCTIONS AND DISTRIBUTION

1. USE: This form will be completed for remains prepared in Department of Army Mortuaries or in contract mortuaries overseas.

2. COMPLETION OF ITEMS: Item 32 will be completed by the preparing and central mortuary when applicable. Item 50 will be completed by all concerned when applicable, or when additional space is required for answering other items. Item 45 will be omitted on copy furnished the receiving funeral director.

a. PREPARING MORTUARY:

(1) Prepares original and 5 copies (6 when applicable - See Note) and completes Items 1 thru 31. Retains copy and forwards original and 4 copies (or 5) to central mortuary.

(2) When remains are shipped directly to POB, preparing mortuary prepares original and 4 copies (or 5), completing Items 1 thru 39. Retains one copy and forwards remainder to POB.

b. CENTRAL MORTUARY:

(1) When receiving remains from preparing mortuary, completes Items 32 thru 39 on original and 4 copies (or 5). Retains one copy and forwards remaining to POB.

(2) When remains are initially prepared in

central mortuary, same procedure applies as in Item a(2) above.

c. PORT OF ENTRY:

(1) Completes Items 40 thru 49 on original and 3 copies (or 4). Leaves Item 45 blank on copy for receiving Funeral Director.

(2) Retains one copy.

(3) Forwards copy with remains to receiving Funeral Director.

(4) Forwards copy to Office of The Quartermaster General.

(5) Returns original to oversea command

NOTE: Additional distribution to be made by port of entry or by overseas mortuary for burial overseas:

COPY TO: Air Materiel Command, Wright Patterson Air Force Base, Ohio (for Air Force Personnel)*

COPY TO: Bureau of Medicine and Surgery, Department of the Navy, Washington 25, D. C. (for Navy, Marine and MSTs Personnel)*

*Distribution to be made by installation making last entry on form.

293 Unknown (Current Death) - 6

1. REMAINS OF (Last Name - First Name - Middle Initial) <i>Unknown</i>		2. GRADE <i>Unknown</i>	3. SERVICE NUMBER <i>Unknown</i>
4. BRANCH OF SERVICE (Include civilian employees) <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER (Specify) <i>Unknown</i>		5. UNIT DESIGNATION <i>Unknown</i>	
6. CAUSE OF DEATH (As stated on Death Certificate) <i>Unknown</i>		7. PLACE OF DEATH <i>Russia-Armenian border</i>	
8. DATE OF DEATH <i>Unknown</i>	9. DATE OF RECOVERY (DD MM YYYY) <i>0830 hrs, 3 Oct 58</i>	10. DATE OF EMBALMING <i>15 Oct 58, 3 Oct 58</i>	
11. CONDITION OF REMAINS (Prior to embalming) <i>Disintegrated and in state of decomposition</i>		12. HOW IDENTIFIED (Personal recognition, Finger Prints, Identification Tags, etc.) <i>Not Applicable</i>	
13. TYPE OF CASE <input type="checkbox"/> NORMAL <input type="checkbox"/> AUTOPSIED <input type="checkbox"/> MUTILATED		14. PRE-EMBALMING PROCEDURES COMPLETED (Note Items 42a thru 42i) <i>DIA</i> <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)	
15. TOTAL OUNCES CONCENTRATED FLUID USED ARTERIAL: - CAVITY: <i>260</i>		16. NAME POINTS OF INJECTION <i>DIA</i> <i>single results by 1st with cavity /chemical, treated with hardening</i>	
17. AMOUNT HARDENING COMPOUND USED (Lbs) <i>12</i>		18. AREAS HYPODERMICALLY EMBALMED <i>Completed and stored in rubber pack and woolen blanket</i>	
19. POST-EMBALMING PROCEDURES COMPLETED (Note Items 42j thru 42l) <i>DIA</i> <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		20. IF REMAINS PREPARED ON REIMBURSABLE BASIS (Check one) <input type="checkbox"/> CROSS SERVICE <input type="checkbox"/> DEPENDENT <i>DIA</i> <input type="checkbox"/> OTHER (Specify)	
21. SPONSOR (Person, Firm or Agency responsible for reimbursement) <i>DIA</i>		22. TOTAL AMOUNT OF REIMBURSEMENT <i>None</i>	
23. DATE REIMBURSEMENT EFFECTED (If not effected, state action being taken to effect collection) <i>DIA</i>		24. DATE SHIPPED FROM PREPARING MORTUARY <i>15 Oct 58</i>	
25. METHOD OF SHIPMENT <input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR		26. INTERIM DESTINATION <i>BRANCH</i>	
27. PREPARING MORTUARY <i>Regional Mortuary System, Europe, APO 757</i>		28. LOCATION OF PREPARING MORTUARY <i>Frankfurt, Germany</i>	
29. PREPARING EMBALMER (Name) <i>Charles E. Belochin</i>		30. LICENSE NO. AND STATE <i>5045 Ill.</i>	
31. SIGNATURE OF EMBALMER <i>[Signature]</i>		Date <i>DEC 5 1958</i>	
32. SUBSEQUENT TREATMENT (Remains will be inspected daily prior to shipment and record of treatment entered here) <i>None required. Finished embalming: 1600 hrs, 3 Oct 58</i>			
33. SHIPPING PROCEDURES COMPLETED (Note Items 42a thru 42d)		34. DATE OF DEPARTURE FROM (Or re-lease in) PREPARING COMMAND <i>15 Oct 58</i>	

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a. PREPARING MORTUARY:

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(2) When remains are initially prepared in

central mortuary, same procedure applies as in Item a(2) above.

c. PORT OF ENTRY:

(1) Completes Items 40 thru 49 on original and 3 copies (or 4). Leaves Item 45 blank on copy for receiving Funeral Director.

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COPY TO: Bureau of Medicine and Surgery, Department of the Navy, Washington 25, D. C. (for Navy, Marine and MSTs Personnel)*

*Distribution to be made by installation making last entry on form.

1. REMAINS OF (Last Name - First Name - Middle Initial) X-3 (UNKNOWN)		2. GRADE Unk	3. SERVICE NUMBER Unk
4. BRANCH OF SERVICE (Include civilian employees) <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER (Specify) Unk		5. UNIT DESIGNATION Unk	
6. CAUSE OF DEATH (As stated on Death Certificate) Unk		7. PLACE OF DEATH Turkish Armenian Border	
8. DATE OF DEATH Unk	9. DATE OF RECOVERY 0830 hrs - 3 Oct 58 <i>Rec. at Mort</i>	10. DATE OF EMBALMING 081100 hrs - 3 Oct 58	
11. CONDITION OF REMAINS (Prior to embalming) Disintegrated and in state of decomposition		12. HOW IDENTIFIED (Personal recognition, Finger Prints, Identification Tags, etc.) NA	
13. TYPE OF CASE <input type="checkbox"/> NORMAL <input type="checkbox"/> AUTOPSIED <input checked="" type="checkbox"/> MUTILATED		14. PRE-EMBALMING PROCEDURES COMPLETED (Note Items 42a thru 42i) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain) NA	
15. TOTAL OUNCES CONCENTRATED FLUID USED ARTERIAL: CAVITY: 210		16. NAME POINTS OF INJECTION NA	
17. AMOUNT HARDENING COMPOUND USED (Lbs) 12		18. AREAS HYPODERMICALLY EMBALMED Entire remains hypoed with cavity chemical, treated with hardening compound and shrouded in rubber pack and woolen blanket	
19. POST-EMBALMING PROCEDURES COMPLETED (Note Items 42j thru 42l) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain) NA		20. IF REMAINS PREPARED ON REIMBURSABLE BASIS (Check one) <input type="checkbox"/> CROSS SERVICE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> OTHER (Specify) NA	
21. SPONSOR (Person, Firm or Agency responsible for reimbursement) NA		22. TOTAL AMOUNT OF REIMBURSEMENT NA	
23. DATE REIMBURSEMENT EFFECTED (If not effected, state action being taken to effect collection) NA			
24. DATE SHIPPED FROM PREPARING MORTUARY 15 Oct 58		25. METHOD OF SHIPMENT <input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR	
27. PREPARING MORTUARY Hqs, USA QM Mortuary System, Europe, APO 757		26. INTERIM DESTINATION FRANKFURT, GERMANY	
29. PREPARING EMBALMER (Name) GEORGE R MELCHIN		30. LICENSE NO. AND STATE 5045 Ill	
		31. SIGNATURE OF EMBALMER <i>G. R. Melchin</i> DEC 5 1958 Date	
32. SUBSEQUENT TREATMENT (Remains will be inspected daily prior to shipment and record of treatment entered here) None required. Finished embalming 1200 hrs - 3 Oct 58			
33. SHIPPING PROCEDURES COMPLETED (Note Items 42a thru 42d) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		34. DATE OF DEPARTURE FROM (Or re-lease in) PREPARING COMMAND	

293 Unit in command (Current Status) 2-3