

|  |  |  |   |
|--|--|--|---|
| <div style="display: flex; justify-content: space-between;"> <span style="font-size: 2em; color: purple;">ALLIED</span> <span style="font-size: 2em; color: purple;">RESTRICTED</span> <span style="font-size: 2em; color: purple;">TURKEY</span> </div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">PORT OF INTERMENT</div>   |  | <div style="font-size: 1.5em; font-weight: bold;">16104-1</div> <div style="font-weight: bold;">DATE OF REPORT</div> <div style="font-weight: bold;">4 June 53</div>   |   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>TYPE OF REPORT</b><br/> <input type="checkbox"/> INITIAL    <input type="checkbox"/> SUPPLEMENTAL (Reason)         </div> <div style="width: 70%; border: 1px solid black; padding: 5px;"> <b>Imprint Identification Tag If Possible.</b><br/> <b>DO NOT TYPE</b><br/> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; margin: 10px; text-align: center;"> <p style="font-weight: bold; font-size: 1.2em;">TURKEY</p> <p>in tag</p> <p>unable to imprint.</p> </div> </div> </div>   |  |  |   |
| <b>SECTION 1. - IDENTIFICATION.</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <b>NAME (Last, First, Middle Initial)</b><br/> <p style="font-weight: bold;">ATES, MUSTAFA</p> </div> <div style="width: 30%;"> <b>SERVICE NUMBER</b><br/> <p style="font-weight: bold;">18400</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>GRADE</b><br/> <p style="font-weight: bold;">Pvt.</p> </div> <div style="width: 40%;"> <b>ORGANIZATION</b><br/> <p style="font-weight: bold;">T.A.F.C.</p> </div> <div style="width: 30%;"> <b>BRANCH OF SERVICE</b><br/> <p style="font-weight: bold;">Army</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>RACE</b><br/> <p style="font-weight: bold;">Caucasian</p> </div> <div style="width: 30%;"> <b>RELIGION</b><br/> <p style="font-weight: bold;">Unk.</p> </div> <div style="width: 40%;"> <b>COUNTRY (If not U.S.)</b><br/> <p style="font-weight: bold;">TURKEY</p> </div> </div> |  | <b>PLACE OF DEATH</b><br><p style="font-weight: bold;">CT 083080, Korea</p>  |   |
| <b>CAUSE OF DEATH</b><br><p style="font-weight: bold;">MNT states " w/face &amp; head!"</p>  |  | <b>DATE OF DEATH</b><br><p style="font-weight: bold;">29 May 53</p>  |   |
| <b>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)</b><br><p style="font-weight: bold;">One (1)</p>  |  | <b>IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)</b><br><p style="font-weight: bold;">MNT signed by; " SAPULU NEZINI, Maj. Med. Corp. Co!</p> |   |
| <b>WERE SUBSTITUTE TAGS PROVIDED?</b><br><p>Three (3) <input type="checkbox"/> YES    <input type="checkbox"/> NO    <b>GRS</b></p>  |  | <p style="font-weight: bold;">COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.</p>   |   |
| <p>LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE AND WRITER. GIVE OWNER OF WALLET, ETC.</p> <p style="font-weight: bold; font-size: 1.2em; text-align: center;">No Personal Effects found on or with Remains.</p>   |  |  |   |
| <p><b>SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)</b></p> <p><b>NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY</b></p> <p style="font-weight: bold; font-size: 1.2em;">United Nations Military Cemetery, Tanggok, Korea RP 089868</p>   |  |  |   |
| <b>DATE OF BURIAL</b><br><p style="font-weight: bold;">4 June 53</p>   | <b>HOOR</b><br><p style="font-weight: bold;">1000</p>  | <b>BURIED IN (Shroud, blanket, or name of other)</b><br><p style="font-weight: bold;">Canvas Square</p>  | <b>TYPE OF GRAVE MARKER</b><br><p style="font-weight: bold;">Star &amp; Crescent.</p> |
| <b>PLOT NO.</b><br><p style="font-weight: bold;">26</p>  | <b>ROW NO.</b><br><p style="font-weight: bold;">12</p> | <b>GRAVE NO.</b><br><p style="font-weight: bold;">2116</p>   |   |
| <p><b>WAS THIS A REBURIAL?</b>    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p>   |  |  |   |
| <p><b>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</b></p>  |  |  |   |
| <b>TYPE OF RELIGIOUS CEREMONY</b><br><p style="font-weight: bold;">General</p>   |  | <b>PERSON CONDUCTING BURIAL RITES</b><br><p style="font-weight: bold;">STEPHEN H. STOLZ<br/>Lt. Col.    <b>CHC</b></p>   |   |
| <b>IDENTIFICATION TAG BURIED WITH BODY</b> (9) <input type="checkbox"/> YES <input type="checkbox"/> NO  |  | <b>IDENTIFICATION TAG ATTACHED TO MARKER</b> (1) <input type="checkbox"/> YES <input type="checkbox"/> NO  |   |
| <p><b>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY</b></p> <p style="font-weight: bold;">One (1) copy of this form buried in burial bottle eighteen (18) inches below grave marker at head of grave.</p>   |  |  |   |
| <b>REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)</b><br><p style="font-weight: bold;">ZORBILMEZ, MUSTAFA</p>  |  | <b>GRADE</b><br><p style="font-weight: bold;">Pvt</p>  | <b>SERVICE NUMBER</b><br><p style="font-weight: bold;">18110</p>                      |
| <b>REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)</b><br><p style="font-weight: bold;">OPEN GRAVE</p>   |  | <b>GRADE</b>   | <b>SERVICE NUMBER</b><br><p style="font-weight: bold;">2115</p>                       |
| <b>ORGANIZATION</b><br><p style="font-weight: bold;">T.A.F.C.</p>  |  | <b>GRAVE NO.</b><br><p style="font-weight: bold;">2117</p>   |   |
| <b>SIGNATURE OF PERSON PREPARING REPORT</b><br><p style="font-weight: bold;">CHRISTOPHER J. WASZKILEWICZ PVT QMC</p>   |  | <b>SIGNATURE OF GRS OFFICER VERIFYING REPORT</b><br><p style="font-weight: bold;">THADDEUS M. PATTERSON 1st Lt. QMC</p>  |   |



### SECTION 3. - UNIDENTIFIED REMAINS

INSTRUCTIONS: Great care will be taken to record the most minute clues for the future identification of remains. Fill in anatomical characteristics below, and any other clues under "other" such as shoe size, Social Security number; position of body in airplanes, vehicles, and tanks; and serial number of airplanes, vehicles and tanks.

|  |                           |                                |                               |  |
|--|---------------------------|--------------------------------|-------------------------------|--|
| HEIGHT<br><b>Est. 5'5"</b>                               | WEIGHT<br><b>Est. 140</b> | COLOR OF EYES<br><b>Undet.</b> | COLOR OF HAIR<br><b>Black</b> | WHERE BODY WAS FOUND (Grid Coordinates)<br><b>CT. 083080 Korea</b> |
| BIRTHMARKS, SCARS, OR TATTOOS<br><br><b>None Noted</b>   |                           |                                |                               | LAUNDRY MARKS<br><br><b>None Noted</b>                             |
| WEAPON(S) WITH SERIAL NUMBER(S)<br><br><b>None Noted</b> |                           |                                |                               |  |

OTHER IDENTIFICATION CLUES (Including other remains recovered or associated with this remains).











Following GI type clothing found on Remains. REMARKS:

- One (1) jacket, HBT. No size noted.
- One (1) shirt, wool, OD. No size noted.
- One (1) sweater, wool, OD. No size noted.
- One (1) T-shirt, cotton, wht. No size noted.
- One (1) pr. shorts, cotton, wht. No size noted.
- One (1) pr. trousers, wool, OD. Size "29x31".
- One (1) pr. trousers, HBT. Size "M".
- One (1) pr. socks, wool, OD. No size noted
- One (1) prl boots, combat. Size 10E.

One (1) ID tag found on Remains bearing serial number. Remains rec. from Yong Dung Po Coll. Pt. Korea. Evac. #A9007/299rd Grs. Reg. Co, tagged at Turkish Med. Co. Name, rank, org., cause and date, & place of death taken from HBT.

### SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

IMPRINT ALL FINGERS AND THUMBS (or as many as possible) IN THE PROPER SEQUENCE. Fingers should be clean, dry and not over-inked. Missing fingers should be noted in the proper individual finger blocks. Impressions MUST be recorded in the proper order.

| RIGHT HAND   |   |   |  |   |
|--|---|---|--|---|
| 1 RIGHT THUMB  | 2 RIGHT INDEX FINGER  | 3 RIGHT MIDDLE FINGER   | 4 RIGHT RING FINGER  | 5 RIGHT LITTLE FINGER   |
|  |  |  |  |  |
| LEFT HAND  |   |   |  |   |
| 6 LEFT THUMB   | 7 LEFT INDEX FINGER   | 8 LEFT MIDDLE FINGER  | 9 LEFT RING FINGER   | 10 LEFT LITTLE FINGER   |
|  |  |  |  |  |
| DO NOT WRITE IN THIS SPACE (For FBI use only)                                      |   |   | REMARKS<br><br><b>See Above</b>  |   |



ALLIED

RESTRICTED

TURKEY

16104-1

## PORT OF INTERMENT

DATE OF REPORT

4 June 53

TYPE OF REPORT

☒ INITIAL ☐ SUPPLEMENTAL (Reason)Imprint Identification Tag If Possible.  
DO NOT TYPETURKEY  
ID TAG  
UNABLE TO  
IMPRINT.

## SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)

ATES MUSTAFA

SERVICE NUMBER

18400

GRADE

Pvt.

ORGANIZATION

T.A.F.C.

BRANCH OF SERVICE

ARMY

RACE

CAUCASIAN

RELIGION

UNK.

COUNTRY (If not U.S.)

TURKEY

PLACE OF DEATH

CT 083080, Korea

CAUSE OF DEATH ENT STATES

"W/ FACE &amp; HEAD"

DATE OF DEATH

29 MAY 53

IDENTIFICATION TAGS FOUND ON  
BODY (1, 2, or none)

ONE (1)

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified,  
fill in section 3 on reverse)ENT SIGNED BY: SAPULU NEZIAL.  
MAJ. MED. CORP. CO."

WERE SUBSTITUTE TAGS PROVIDED?

☒ YES ☐ NO

Three (3) GRS.

COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE  
AND WRITER. GIVE OWNER OF WALLET, ETC.

NO PE FOUND ON OR W/ REMAINS

## SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

UNMC TKEP089868

DATE OF BURIAL

4 JUNE 53

HOUR

1000

BURIED IN (Shroud, blanket, or name  
of other)

CANVAS SQUARE

TYPE OF GRAVE  
MARKER STAR

\* CRESCENT

PLOT NO.

26

ROW NO.

12

GRAVE NO.

2116

WAS THIS A REBURIAL?

☐ YES ☒ NO

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE.

PLOT NO.

ROW NO.

GRAVE NO.

TYPE OF RELIGIOUS  
CEREMONY

GENERAL

PERSON CONDUCTING BURIAL RITES

STEPHEN H. STOLZ  
LT. COL. CHCIF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICA-  
TION DATA AND CONTAINER BURIED WITH BODY ONE (1)  
COPY OF THIS FORM BURIED IN  
BURIAL BATTLE EIGHTEEN (18)  
INCHES BELOW GRAVE MARKER AT  
HEAD OF GRAVE.IDENTIFICATION TAG BURIED  
WITH BODY THREE (3)☒ YES ☐ NOIDENTIFICATION TAG ATTACHED  
TO MARKER ONE (1)☒ YES ☐ NOREMAINS BURIED IN GRAVE TO LEFT (When viewed from foot  
of grave), NAME (Last, First, Middle Initial)

ZORRILMEZ, MEHMET

GRADE

Pvt

SERVICE NUMBER

18110

ORGANIZATION

T.A.F.C.

GRAVE NO.

2115

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot  
of grave), NAME (Last, First, Middle Initial)

OPEN GRAVE

GRADE

SERVICE NUMBER

GRAVE NO.

2117

SIGNATURE OF PERSON PREPARING REPORT

ER.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Chester J. Waszkewicz

Edmund A. Ruppel

DD FORM 551

1 JUL 51

REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

ATES, MUSTAFA

18400

31490-Army-AG Admin Cen-FEC-9/52-90M



### SECTION 3. - UNIDENTIFIED REMAINS

INSTRUCTIONS: Great care will be taken to record the most minute clues for the future identification of remains. Fill in anatomical characteristics below, and any other clues under "other" such as shoe size, Social Security number; position of body in airplanes, vehicles, and tanks; and serial number of airplanes, vehicles and tanks.

|   |                           |                        |                        |  |
|---|---------------------------|------------------------|------------------------|--|
| HEIGHT <i>EST.</i><br>5'5"                        | WEIGHT <i>EST.</i><br>140 | COLOR OF EYES<br>UNDET | COLOR OF HAIR<br>BLACK | WHERE BODY WAS FOUND ( <i>Grid Coordinates</i> )<br>CT. 083080 KOREA |
| BIRTHMARKS, SCARS, OR TATTOOS<br><br>NONE NOTED   |                           |                        |                        | LAUNDRY MARKS<br><br>NONE NOTED                                      |
| WEAPON(S) WITH SERIAL NUMBER(S)<br><br>NONE NOTED |                           |                        |                        |  |

OTHER IDENTIFICATION CLUES (Including other remains recovered or associated with this remains).

FOLLOWING GI TYPE CLOTHING FOUND ON REMAINS,

|                                      | NO            | SIZE | NOTED |
|--------------------------------------|---------------|------|-------|
| 1/ ONE JACKET, HBT.                  | "             | "    | "     |
| 2/ ONE (U) SHIRT, WOOL, OD.          | "             | "    | "     |
| 3/ ONE (U) SWEATER, " "              | "             | "    | "     |
| 4/ ONE (U) T-SHIRT, COTTON, WHT.     | "             | "    | "     |
| 5/ ONE (U) PR. SHORTS, " "           | "             | "    | "     |
| 6/ ONE (U) PR. TROUSERS, WOOL, OD,   | SIZE "29x31"  |      |       |
| 7/ " " " " " " , HBT.                | SIZE "M"      |      |       |
| 8/ " " " " SOCKS, WOOL, OD,          | NO SIZE NOTED |      |       |
| 9/ " " " " BOOTS, COMBAT, SIZE 10 E. |               |      |       |

**SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN**

IMPRINT ALL FINGERS AND THUMBS (or as many as possible) IN THE PROPER SEQUENCE. Fingers should be clean, dry and not over-inked. Missing fingers should be noted in the proper individual finger blocks. Impressions MUST be recorded in the proper order.

## RIGHT HAND

| 1 RIGHT THUMB         | 2 RIGHT INDEX FINGER | 3 RIGHT MIDDLE FINGER | 4 RIGHT RING FINGER | 5 RIGHT LITTLE FINGER |
|-----------------------|----------------------|-----------------------|---------------------|-----------------------|
| NO FINGERPRINTS TAKEN |                      |                       |                     |                       |

LEFT HAND

| 6 LEFT THUMB | 7 LEFT INDEX FINGER | 8 LEFT MIDDLE FINGER | 9 LEFT RING FINGER | 10 LEFT LITTLE FINGER |
|--------------|---------------------|----------------------|--------------------|-----------------------|
| CO DE DEVIN  | CO DE DEVIN         | CO DE DEVIN          | CO DE DEVIN        | CO DE DEVIN           |
|              | NO FINGERPRINTS     |                      | TAKEN.             |                       |

DO NOT WRITE IN THIS SPACE (For FBI use only)

REMARKS

1/ ONE (1) ID TAG FOUND ON REMAINS BEARING 8.N.  
2/ Remains Rec. FROM YONG DUNG PO COLL. PT. KORLA. EVAC. # A9007/  
293RD GRS. REG. Co, TAGGED AT TURKISH MED. Co.  
3/ NAME, RANK, ORG., CAUSE, DATE, & POD TAKEN FROM ENT.

DECLASSIFIED

LOOKER



ALLIED

RESTRICTED

16104-1

## IDENTIFICATION DATA

|  |  |  |   |                     |                         |
|--|--|--|---|---------------------|-------------------------|
| 1. REMAINS OF UNKNOWN<br><b>ATES, MUSTAFA</b>      |  |  | 2. DATE OF REPORT<br><b>4 June 53</b>   |                     |                         |
| 3. NAME OF CEMETERY<br><b>UNMC, Tanggok, Korea</b> |  |  | 4. PLOT<br><b>26</b>                    | 5. ROW<br><b>12</b> | 6. GRAVE<br><b>2116</b> |
|  |  |  | 7. DATE OF<br>DISINTERMENT. REINTERMENT |                     |                         |
|  |  |  | <b>N/A N/A</b>                          |                     |                         |

## PHYSICAL DESCRIPTION

|                                   |                                    |                                   |                              |
|-----------------------------------|------------------------------------|-----------------------------------|------------------------------|
| 8. ESTIMATED WEIGHT<br><b>140</b> | 9. ESTIMATED HEIGHT<br><b>5'5"</b> | 10. COLOR OF HAIR<br><b>Black</b> | 11. RACE<br><b>Caucasian</b> |
|-----------------------------------|------------------------------------|-----------------------------------|------------------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
**One (1) ID tag found of Remains reads, "18400!"**  
**One (1) IMT found with Remains reads, "ATES, MUSTAFA, 18400!"**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

**None Noted**

|   |                  |
|---|------------------|
| 14. WAS BODY BURNED ?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  | TO WHAT EXTENT ? |
| 15. WAS BODY MANGLED ?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TO WHAT EXTENT ? |

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**None Noted**

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

**No Personal Effects found on or with Remains:**

**Following GI type clothing found on Remains:**

**One (1) jacket, HBT, No size noted**  
**One (1) shirt, wool, OD. No size noted**  
**One (1) sweater, wool, OD. No size noted**  
**One (1) T-shirt, cotton, wht. No size noted**  
**One (1) Pr. shorts, cotton, wht. No size noted**  
**One (1) pr. trousers, wool, OD. Size "29x31."**  
**One (1) pr. trousers, HBT. Size "M"**  
**One (1) pr. socks, wool, OD. No size noted**  
**One (1) pr. boots, combat, Size 10 E.**

**No markings found.**



RESTRICTED

16104-1

## IDENTIFICATION DENTAL CHART

DATE

NAME (Last, First, Middle Initial)

GRADE

4 June 53

SERVICE NUMBER

UNIT

ORGANIZATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

PLACE OF BURIAL

See DD form 551

PLOT

ROW

GRAVE

CT-083080, Korea

UNMC Tongsok, Korea.

26

12

2116

|       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |      |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|------|
| RIGHT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | LEFT |
|       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |      |

1. O-AM.
2. DOL-AM.; F-AM.
3. MOD. GOLD FILL.
4. F-GOLD FILL.; ML-AM.

5. MO-AM.
6. ML-GOLD FILL.
7. 3/4 GOLD CR.
8. D-PORC. FILL.

9. PORC. CR.
10. F-PORC. FILL.; L-AM.
11. MF-PORC. FILL.
12. Px-POSTHUMOUSLY MISSING

13. GOLD CR.
14. MISSING
15. MO-AM.; L-AM.
16. MODL-AM.

## MARKING ABBREVIATIONS:

F - Facial

L - Lingual

O - Occlusal

M - Mesial

D - Distal

I - Incisal

Am - Amalgam

CR - Crown

FILL - Filling

PORC - Porcelain

BACK - Backing

FAC - Facing

|              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |
|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------|
| CARIES       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | CARIES       |
| RESTORATIONS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | RESTORATIONS |

|             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |            |
|-------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|------------|
| UPPER RIGHT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | UPPER LEFT |
|             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |            |

SEE REMARKS

|             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |            |
|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------------|
| LOWER RIGHT | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | LOWER LEFT |
|             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |            |

|              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |
|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------|
| RESTORATIONS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | RESTORATIONS |
| CARIES       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | CARIES       |

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

DD FORM 569

1 SEP 51

REPLACES QMC FORM 1045, 1 APR 1947, WHICH IS OBSOLETE.

ATES, MUSTAFA

18400

SEE REVERSE SIDE



DENTURES (Plates): DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WHICH HAVE RETAINING CLASPS. (For example: Lower acrylic partial denture with lingual bar, replacing teeth Nos. 17, 18, 19, 30, 31, 32. Clasps on natural teeth Nos. 20 and 29.) SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE.

THE FOLLOWING CONDITIONS WILL BE CHECKED IN THE SPACE BELOW: (Describe in detail under remarks)

|                   |                     |                             |
|-------------------|---------------------|-----------------------------|
| MOTTLED ENAMEL    | UNERUPTED TEETH     | RETAINED DECIDUOUS TEETH    |
| ENAMEL HYPOPLASIA | MALOCCLUSION        | ABNORMAL INTERDENTAL SPACES |
| EROSION           | SUPERNUMERARY TEETH | IRREGULARITY OF ALIGNMENT   |
| ABRASION          | FRACTURES OF ENAMEL | UNUSUAL RESTORATIONS        |
| ROTATION          | FRACTURES OF TEETH  | UNUSUAL APPLIANCES          |

REMARKS (If no abnormalities are found make notation to that effect)

Maxilla is fractured from distal side of tooth #1 to mesial side of tooth #8  
Tooth #3 is decayed



RESTRICTED

16104-1

19. BLACK OUT PARTS OF BODY I RECOVERED

ALLIED

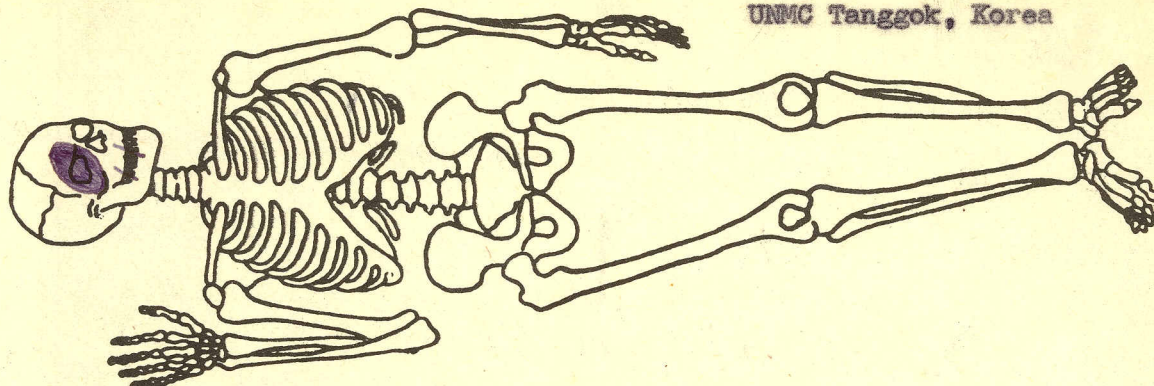
ATES, MUSTAFA

PVT.

18400

Plot:26 Row:12 Grave:2116

UNMC Tanggok, Korea



20.

## MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of \_\_\_\_\_ Decedents Based on the Presence of One or More of the Following Anatomical Parts:

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

EDMUND A RUPPRECHT PFC QMC  
14th QM Gr. Reg. Co.

QMC FORM  
18 MAR 47 1044b

ATES, MUSTAFA 18400

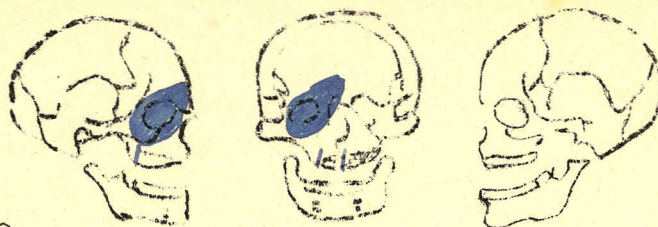
4060—FEC P&amp;PC—7/50—30M



ALLIED

RIGHT

Black out parts of body not needed.



SKULL.....Ins.

HUMERUS \_\_\_\_\_ cm

HUTERUS.....cm

ULNA. cm

ULNA \_\_\_\_\_ cm

RADIUS\_\_\_\_\_cm

RADIUS \_\_\_\_\_ cm

FEMUR \_\_\_\_\_ cm

FEIUR \_\_\_\_\_ Cyn

TIBIA \_\_\_\_\_ cm

TIBIA ..... cm

FIBULA \_\_\_\_\_ cm

FIBULA \_\_\_\_\_ cm

Est Age\_\_\_\_\_yrs

Est. Hight \_\_\_\_\_

Condition of  
Remains: