REPORT OF INTERMENT

DATE OF REPORT: 15 May 1959

TYPE OF REPORT: [X] INITIAL [ ] SUPPLEMENTAL (Reason) ALLIED

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
I.D. tags
unable to
print

TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
AKOSTEBEK, MEHMET	T-50234

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	1st Bn, TAFC, TAPO 5401	Army

RACE	RELIGION	COUNTRY (If not U.S.)
Cau	Islam	Turkey

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Co Area TAFC	Skull Fracture	12 May 1959

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

WERE SUBSTITUTE TAGS PROVIDED? [ ] YES [ ] NO
Three X (3)

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) Cert. of identity rec'd with remains signed ERVEN SUIT, KIZIL HASAN, KARACA MAHMUT, TAFC. Verified by JOSEPH ROCK, SFC, RA-31025491, 293rd QM CO(R & D) APO 20.

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 clothing or PE's found on or with remains

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

United Nations Military Cemetery, Tanggok, Korea. EP-089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
15 May '59	1230	SHEET	Star & cresent	45	10	4076

WAS THIS A REBURIAL? [ ] YES [X] 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: AKDEMI R. FARUK, Capt, Chaplain, Turkey

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY: One (1) copy of this form buried in burial bottle eighteen (18) inches below grave marker at head of grave.

IDENTIFICATION TAG BURIED WITH BODY: Two [X] YES [ ] NO (2)

IDENTIFICATION TAG ATTACHED TO MARKER: One [X] YES [ ] NO (1)

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
KUTUKBASI, NUSRET	2/Lt	T-53152	TAFC	4075

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
VACANT GRAVE	- -	- -	- -	- -

SIGNATURE OF PERSON PREPARING REPORT: William L McNelly
WILLIAM L. McNELLY, SGT

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Charles E. Turek
CHARLES E. TUREK, Capt, QMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

45-791-Army-AG Admin Cen-AFFE-5M

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	WEIGHT	COLOR OF EYES	COLOR OF HAIR	WHERE BODY WAS FOUND *(Grid Coordinates)*
EST 5'7	EST 165	UTD	Black	None Noted

BIRTHMARKS, SCARS, OR TATTOOS

None Noted

LAUNDRY MARKS

None Noted

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

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

No clothing or PE's found on or with remains

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
		(SEE FINGERPRINT FORM)		

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
		(SEE FINGERPRINT FORM)		

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

REMARKS

The remains is buried at a 45 degree angle. With the head pointing to the North so that the remains lay in a North-South direction.

IDENTIFICATION DENTAL CHART

TURKEY

DATE: 13 May 1959

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
AKOSTEBEK, MEHMET	Pvt	T-50234

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
1st Battalion, TAFC, TAPO 5401		Skull Fracture	12 May 1959

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Co Area TAFC	United Naation Military Cemetery, Tanggok,	45	10	4076

RIGHT — LEFT

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Px				

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 / RESTORATIONS

XXX	2	3	4	5	6	7	8	9	10	11	12	XX	14	15	XXX

UPPER RIGHT — UPPER LEFT

LOWER RIGHT — LOWER LEFT

XXX	31	30	29	28	27	26	25	24	23	22	21	20	19	18	XXX

RESTORATIONS / CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: Benjamin H. Weimer

VERIFIED BY GRS OFFICER: Howard F. Helms Capt.

DD FORM 1 SEP 51 569

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

SEE REVERSE SIDE

52-816-Army-AG Admin Cen-AFFE-10M

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 *(I. no abnormalities are found make notation to that effect)*

Abnormal interdental spaces between Nrs. 24 and 25

#1, 13, 16, 17, 32 are missing

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
AKOSTEBEK, MEHMET PVT TURKEY				15 May 1959
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF** DISINTERMENT / REINTERMENT
United Nations Military Cemetery Tanggok, Korea	45	10	4076	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 165	EST 5'7	Black	Cau/Turkish

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six(6) cert of identity rec'd with remains reads: AKOSTEBEK, MEHMET, PVT, T-50234

2. Six(6) cert of death with remains reads: AKOSTEBEK, MEHMET, PVT, T-50234

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

None Noted

14. WAS BODY BURNED ?	TO WHAT EXTENT ?
☐ YES ☒ NO	
15. WAS BODY MANGLED ?	**TO WHAT EXTENT ?**
☐ YES ☒ NO	

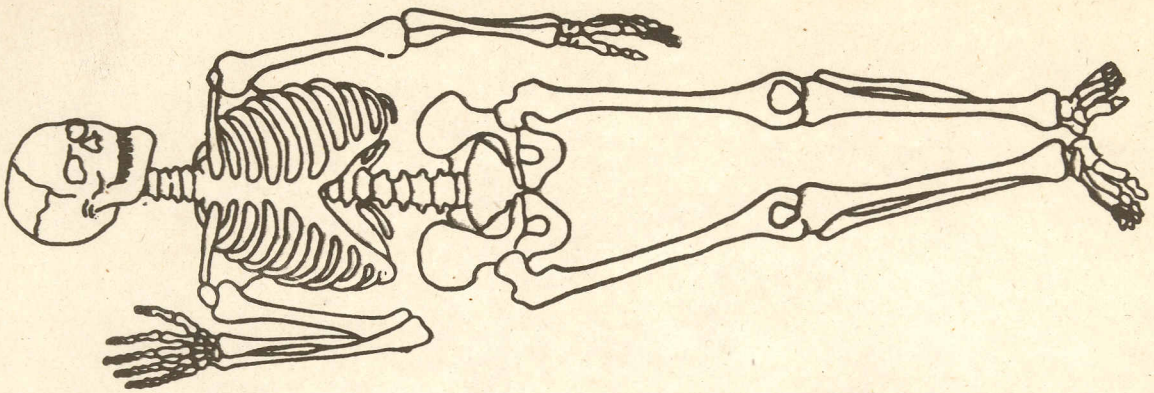
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None Noted

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

No clothing or PE's found on or with remains

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

Remains complete and intact

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
WILLIAM L. McNELLY, SGT, 26th QM DET(R & D)	William L McNelly

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

CERTIFICATE OF DEATH

I IDENTIFICATION OF DECEASED

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
AKOSTEBEK, MEHMET TURKEY	T-50234	Pvt	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
1st Battalion, TAFC	T-5401	Cau/Turkey	Single

H. CATEGORY (SR 600-750-1)
☐ ARMY ☐ DAC ☐ DEPENDENT*
☐ NAVY ☐ DNC ☐ OTHER(Specify)
☐ AIR FORCE ☐ DAFC

*I. IF DEPENDENT (Name and address of individual upon whom dependent)
ABDULLAH, AKOSTEBEK
Manisa Aksehir, Turkey

J. BIRTH DATE	K. BIRTH PLACE (City or Town, State and Country)	L. IF FOREIGN BORN
1934	Aksehir, Turkey	NATURALIZED ☐ YES ☐ NO

M. USUAL OCCUPATION (In homeland and/or prior to military svc)	N. DESIGNATED RESIDENCE (Street No, City or Town, County & State)
Soldier	

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

A. RELATIONSHIP	C. METHOD USED	D. LAST NAME - FIRST NAME - MIDDLE INITIAL
B. NOTIFIED ☐ YES ☐ NO	☐ AG CASUALTY ☐ OTHER (Specify)	E. ADDRESS (City or Town, County and State)

III IDENTIFICATION OF PARENTS

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER ☒ LIVING ☐ DECEASED	ABDULLAH, AKOSTEBEK	Turkey
B. MOTHER ☐ LIVING ☐ DECEASED		

IV MEDICAL CERTIFICATION

A. PLACE OF DEATH (City or Town, State or APO)	B. DATE OF DEATH				C. ATTENDED DECEASED		D. DECEASED LAST SEEN
	HOUR	DAY	MONTH	YEAR	FROM (Date)	TO (Date)	DATE
Company Area TAFC TAPO 5401	1030	12	May	59			

E. NAME OF HOSPITAL — INTERVAL BETWEEN ONSET & DEATH

F. IMMEDIATE CAUSE OF DEATH (If external cause fill in Item IV L below)
Skull Fracture

G. DUE TO
Jeep Accident

H. DUE TO

I. ADDITIONAL DIAGNOSIS

J. DATES OF MAJOR OPERATIONS AND SIGNIFICANT FINDINGS — K. AUTOPSY PERFORMED ☐ YES ☐ NO

L. IF DEATH DUE TO EXTERNAL CAUSE, STATE DETAILS OF WOUND, INJURY OR ACCIDENT (How, when, where)

M. I CERTIFY THAT DEATH OF THE ABOVE NAMED DECEASED OCCURRED AS INDICATED

DATE	TYPED NAME AND RANK OF MEDICAL OFFICER	SIGNATURE OF MEDICAL OFFICER
13 May 1959	Seyin Mahmut, 2/Lt, Med Dr.	

V MORTICIAN REPORT (Final dispositions of remains)

A. (Check applicable box)
☐ BURIED LOCALLY ☐ REMAINS SHIPPED TO HOMELAND
☐ CREMATED LOCALLY ☐ ASHES SHIPPED TO HOMELAND

B. NAME OF CEMETERY: United Nations Military Cemetery, Tanggok
C. ROW 10 D. PLOT 4067 E. GRAVE

F. TYPED NAME OF EMBALMER	G. LICENSE NO. / H. STATE HELD	SIGNATURE OF EMBALMER

USF FORM 1 APR 54 89 REPLACES FEC FORM 89, 1 APR 54, WHICH MAY BE USED.

Army-Admin Cen-Japan

293D QUARTERMASTER COMPANY GRAVES REGISTRATION
APO 20

CERTIFICATE OF IDENTITY

CURRENT DEATH

TURKEY

DATE: 13 May 1959

1. I, the undersigned, do certify that the deceased, which I have (personally viewed) (~~xxxxxxxxxxxxxxxxx~~) are those of:

AKOSTEBEK,	Mehmet	(NMI)	Pvt	T-50234
Last Name,	First Name,	MI,	Rank,	ASN.

1st Battalion, TAFC — TAPO 5401.
Organization. APO.

2. My identification is based upon personal acquaintence covering a period of: 1. 18 months. 2. 18 months. 3. 18 months.
(specified in weeks, months or years)

3. I recognized the deceased because of the following; (X) Facial Features, ( ) Scars, ( ) Birthmarks, or as listed below:

1. Signed: [signature]
typed: ERVEN SUIT
Cpl T-50390
RANK ASN
TAFC, TAPO 5401
ORGANIZATION

VERIFIED:

Joseph J. Rock
(signed)

JOSEPH J. ROCK
(typed)

SFC RA31025491
(rank) (ASN)

293D QM Co (GRREG), APO 20
(organization)

2. signed: [signature]
typed: KIZIL HASAN
PFC T-50263
RANK ASN
TAFC, TAPO 5401
ORGANIZATION

3. signed: [signature]
typed: KARACA MAHMUT
Pvt T-50352
RANK ASN
TAFC, TAPO 5041
ORGANIZATION

(293 Opns 0.12)

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

TURKEY

AKOSTEBEK, MEHMET, T-50234 Date: 13 May 1959
Name and Service No. or Unknown No.

Cemetery United Nations Military Cemetery, Tanggok, Pusan Plot 45 Row 10 Grave 4076

NOTE AMPUTATIONS:

CLASSIFICATION _____

REFERENCE _____

REMARKS:

Impressions taken by:

_____
Signature of Individual
Taking Prints

34712-Army-AG Admin Cen-FEC-12/52-30M

LEFT HAND


10. Little Finger


9. Ring Finger


8. Middle Finger

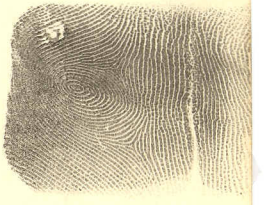

7. Index Finger


6. Thumb

RIGHT HAND


5. Little Finger


4. Ring Finger


3. Middle Finger


2. Index Finger


1. Thumb