NAME AND ARMY SERIAL NUMBER

ÇALIŞKAN, MUSTAFA 45044

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE YEARS
Pvt	T.A.F.C.	22	Turk W		1

LOCATION WHERE TAGGED: Turkish Med. Co.

DATE: 23 Oct. 1957

HOUR: 1830

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED

Death, due to acute haemorrhage and shock

Due to Booby-trap explosion

LINE OF DUTY:

TREATMENT GIVEN:

none

TURKEY

TETANUS TOXOID: OR ANTITETANIC SERUM:	DOSE	TIME:
MORPHINE:	DOSE	TIME:

DISPOSITION: To SP-39

DATE:

HOUR:

SIGNATURE, WITH RANK: Maj ORHAN ARKAN Surgeon

W. D., A. G. O. Form No. 8-26
1 October 1944

16—45484-2 ☆ GPO

ALLIED REPORT OF INTERMENT

DATE OF REPORT: 26 October 1957

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
I.D. Tags
to print
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
CALISKAN, MUSTAFA	45044

GRADE	ORGANIZATION	BRANCH OF SERVICE
Cpl	TAFC	ARMY

RACE	RELIGION	COUNTRY (If not U.S.)
Caucasian		TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
21ST INF. REG. AREA	Hemaragy	23 October 1957

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

WERE SUBSTITUTE TAGS PROVIDED? [X] YES [ ] NO

3 three

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 by Orhan, Arkan, Maj. Bahattin, Siziroglu, 1st Lt., Sukru, Kaya, Sgt., TAFC. Verified by Willie J. Hall, Sgt., RA 33 629 632. 107 QM (GRREG)

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 P.X'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.
26 October 1957	1100	Sheet	Star & Cresent	45	8	4055

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	PERSON CONDUCTING BURIAL RITES
General	ABDULGAFUR, KARAISMAILOGLU Chaplain

IDENTIFICATION TAG BURIED WITH BODY: 2 [X] YES [ ] NO two

IDENTIFICATION TAG ATTACHED TO MARKER: 1 [X] YES [ ] NO one

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.

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
GENEL, MEHMET	PVT.	46 221	TAFC	4054

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: Donald B. Mozeley
DONALD B. MOZELEY, SP-3

SIGNATURE OF GRS OFFICER VERIFYING REPORT: James C. Williamson
JAMES C. WILLIAMSON, CAPTAIN, QMC.

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

37230-Army-AG Admin Cen-FEC-2/53-61M

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)*
5'9"	170		black	

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 P.E'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
				

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
			MISSING	MISSING

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

REMARKS

IDENTIFICATION DENTAL CHART

ALLIED TURKEY

DATE: 24 October 1957

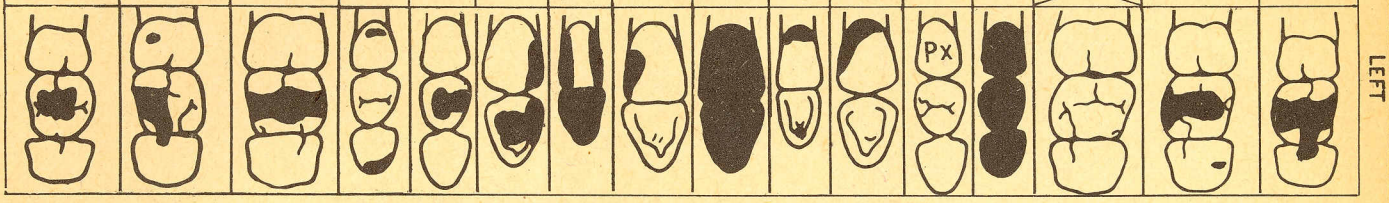
NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
CALISKAN, MUSTAFA	CPL	45044

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
T.A.F.C.	T.A.F.C.	HEMARAGY	23 October 57

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
21st Inf Regt Area	UNMC, TANGGOK, KOREA	45	8	4055

RIGHT — LEFT

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



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.

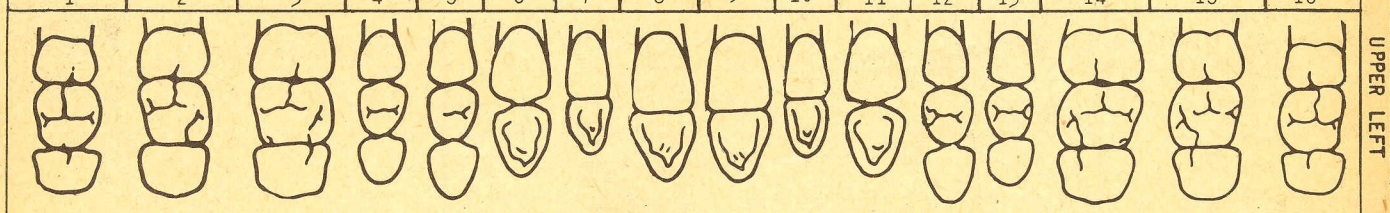
MARKING ABBREVIATIONS:
F - Facial *O - Occlusal* *D - Distal* *Am - Amalgam* *FILL - Filling* *BACK - Backing*
L - Lingual *M - Mesial* *I - Incisal* *CR - Crown* *PORC - Porcelain* *FAC - Facing*

CARIES

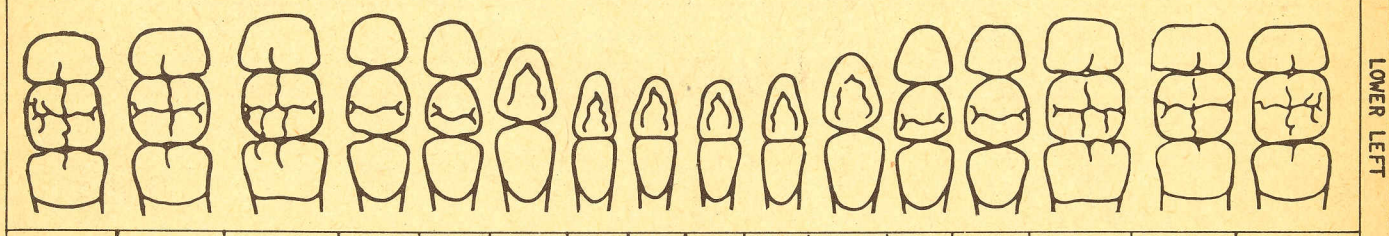
RESTORATIONS

UPPER RIGHT — UPPER LEFT

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



LOWER RIGHT — LOWER LEFT



32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
		CAR-F													

RESTORATIONS

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

DD FORM 1 SEP 51 569

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

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

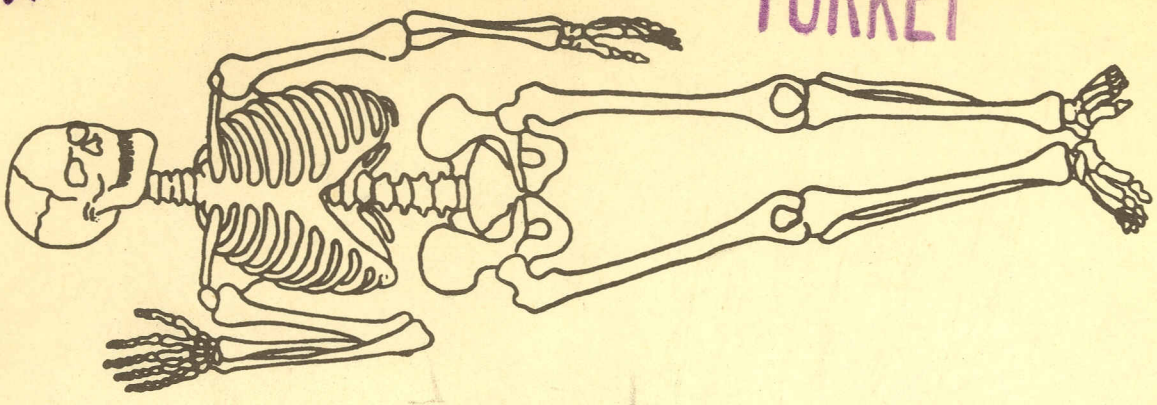
REMARKS *(If no abnormalities are found make notation to that effect)*

☆ U. S. GOVERNMENT PRINTING OFFICE: 1951 O—965556

19. BLACK OUT PARTS OF BODY NOT RECOVERED

ALLIED

TURKEY



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

The right leg has been blown apart, left leg femur zone and the right mandibula has also been blown apart. A piece of metal has entered the chest causing an immediate on set of death.

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
DONALD B. MOSELEY, SP-3 (GRREG) APO 59	Donald B Moseley

QMC FORM 18 MAR 47 1044b

4060—FEC P&PC—7/50—30M

ALLIED TURKEY

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
CALISKAN, MUSTAFA 45 044 CPL.				26 October 1957	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNITED NATIONS MILITARY CEMETERY TANGGOK, KOREA	45	8	4055		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
170	5'9"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Five (5) cert. of identity rec'd with remains reads: CALISKAN, MUSTAFA, CPL. 45 044
2. Five (5) cert. of death rec'd with remains reads: CALISKAN, MUSTAFA, CPL. 45 044

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 ?
[X] YES [ ] NO	Slightly
15. WAS BODY MANGLED ?	**TO WHAT EXTENT ?**
[X] YES [ ] NO	See form 10446

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 clothing or P.E's found on or with remains.

ALLIED

CERTIFICATE OF DEATH

TURKEY

I IDENTIFICATION OF DECEASED

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
CALIKAN, MUSTAFA	4[illegible]4	Cpl.	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
T.A.F.C. (Turkish Armed Forces Command)	5[illegible]1	TURK	Married

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

*I. IF DEPENDENT *(Name and address of individual upon whom dependent)*
SULEYMAN, CALIKAN , IBO KOYU, ZARA-SIVAS, TURKEY

J. BIRTH DATE	K. BIRTH PLACE *(City or Town, State and Country)*	L. IF FOREIGN BORN
1935	IBO KOYU, ZARA-SIVAS, TURKEY	NATURALIZED [ ] YES [X] NO

M. USUAL OCCUPATION *(In homeland and/or prior to military svc)*	N. DESIGNATED RESIDENCE *(Street No, City or Town, County & State)*
Farmer	IBO KOYU, ZARA-SIVAS, TURKEY

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

A. RELATIONSHIP	C. METHOD USED	D. LAST NAME - FIRST NAME - MIDDLE INITIAL
Father	[ ] AG CASUALTY	CALIKAN, SULEYMAN
B. NOTIFIED [ ] YES [X] NO	[ ] OTHER *(Specify)* None	E. ADDRESS *(City or Town, County and State)* Cem KARAKOLU K. eliyle IBO KOYU, ZARA-SIVAS- TURKEY

III IDENTIFICATION OF PARENTS

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER [ ] LIVING [ ] DECEASED	CALIKAN, SULEYMAN	TURKEY
B. MOTHER [ ] LIVING [X] DECEASED		

IV MEDICAL CERTIFICATION

A. PLACE OF DEATH *(City or Town, State or APO)*	B. DATE OF DEATH HOUR	DAY	MONTH	YEAR	C. ATTENDED DECEASED FROM *(Date)*	TO *(Date)*	D. DECEASED LAST SEEN DATE
21st.Inf.Reg.Area	13	25	10	1957	23.10.57	25.10.57	25.10.1957

E. NAME OF HOSPITAL: Turkish Medical Company — INTERVAL BETWEEN ONSET & DEATH:

F. IMMEDIATE CAUSE OF DEATH *(If external cause fill in Item IV L below)*: None

G. DUE TO:

H. DUE TO:

I. ADDITIONAL DIAGNOSIS:
As a result of sudden explosion of an anti-personnel mine, the right leg has blown apart, left leg femur gone, and the right mandibule has also blown apart. A piece of metal has entered the chest causing an immediate onset of death.

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)*
Due to a violent wound and the result of hemorrogy has stopped the beating of heart by shock.

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
25.10.1957	Sp.Surg.Maj.Orhan Arsen	

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 Memorial Cemetery in Korea
C. ROW 8 D. PLOT 45 E. GRAVE 4055

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

FEC FORM 1 APR 54 89 (Rev) *(Edition of 1 Oct 47 obsolete)* 69-174-Army-AG Admin Cen-Japan-6M

HEADQUARTERS

TURKISH ARMED FORCES COMMAND
TAPO : 5401

24 October, 1957

SUBJECT: Request For non-Autopsy

TO : Commanding Officer
121 St.Evac.Hosp.
APO:971

Autopsy is not Requested on Corp.Mustafa ÇALIŞKAN, Eng. Sq. II. Inf. Bn. Turkish Armed.Forces Command, (45044) to determine the cause of death.

ORHAN ARKAN, Maj., MC.
T.A.F.C., Med.Co.
Tapo 5401

HEADQUARTERS
TURKSH ARMED FORCES COMMAND
TAPO : 5401

24 October, 1957

SUBJECT: Request For non-Autopsy

TO : Commanding Officer
121 St.Evac.Hosp.
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ORHAN ARKAN, Maj., MC.
T.A.F.C., Med.Co.
Tapo 5401

TURKEY

293D QUARTERMASTER COMPANY GRAVES REGISTRATION
APO 971

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE 23 Oct. 1957

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

Caliskan, Mustafa, Cpl 54044
Last Name, First Name, MI, Rank, ASN.

Turkish Armed Forces Command, 2nd Inf. Bn. Eng. Sqd. 5401.
Organization APO.

2. My identification is based upon personal acquaintence covering a period of: 1. One Year 2. One Year 3. One Year.
(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 ; ORHAN, ARKAN

Maj 43705
RANK ASN

T.A.F.C. Med. Co.
ORGANIZATION

VERIFIED;

[signature]
(signed)

WILLIE J. HALL
(typed)

Sgt RA 33 629 632
(RANK) (ASN)

107th QM. Co. (Gr Reg)
(organization)

2. signed; [signature]

typed ; BAHATTIN, SIZIROGLU

1st Lt 42590
RANK ASN

T.A.F.C. JA
ORGANIZATION

3. signed; [signature]

typed; SUKRU, KAYA

Sgt 42607
RANK ASN

T.A.F.C. JA
ORGANIZATION

(293 Opns 0.12)

ALLIED

TURKEY

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

CALISKAN, MUSTAFA CPL. 45 044 Date: 24 October 1957

Name and Service No. or Unknown No.

Cemetery UNITED NATIONS MILITARY CEMETERY ((TANGGOK, KOREA) Plot 45 Row 8 Grave 4055

NOTE AMPUTATIONS:

CLASSIFICATION _____

REFERENCE _____

REMARKS:

LEFT HAND

10. Little Finger	MISSING
9. Ring Finger	MISSING
8. Middle Finger	
7. Index Finger	
6. Thumb	

RIGHT HAND

5. Little Finger	
4. Ring Finger	
3. Middle Finger	
2. Index Finger	
1. Thumb	

Impressions taken by:

Signature of Individual
Taking Prints

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

19500

REPORT OF INTERMENT

DATE OF REPORT: 26 Oct 57

TYPE OF REPORT: ☒ INITIAL ☐ SUPPLEMENTAL (Reason)

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
CALISKAN, MUSTAFA	45044

GRADE	ORGANIZATION	BRANCH OF SERVICE
Cpl	TAFC	Army

RACE	RELIGION	COUNTRY (If not U.S.)
Caucasian	Mohammedan	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
21st Inf. Reg. Area	Hemaragy	23 Oct 57

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

WERE SUBSTITUTE TAGS PROVIDED? ☒ YES ☐ NO

3 three

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 by Orhan, Arkan Maj., Bahattin, Sizirog 1st 1/Lt., Sukru, Kaya Sgt., TAFC. Verified by Willie J. Hall Sgt., RA33629632 187 QM (GRAVES).

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 P.E'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 TANGGOR, 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.
26 Oct 57	1100	sheet	Star & Crescent	45	8	1055

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	PERSON CONDUCTING BURIAL RITES
General	ABDULBAKAR, KARATS - MAJ USA Chaplain

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	IDENTIFICATION TAG ATTACHED TO MARKER
2 ☒ YES ☐ NO two	1 ☒ YES ☐ NO one

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
GENEL, MEHMET	Pvt	46221	TAFC	1054

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: Donald B. Moseley

SIGNATURE OF GRS OFFICER VERIFYING REPORT: James C. Williamson Capt. QMC.

CALISKAN, MUSTAFA

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)*
5'9"	170		black	

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 P.E'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
Fingerprint		not	taken	

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
Fingerprint		not	taken	

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

REMARKS

19020

ALLIED

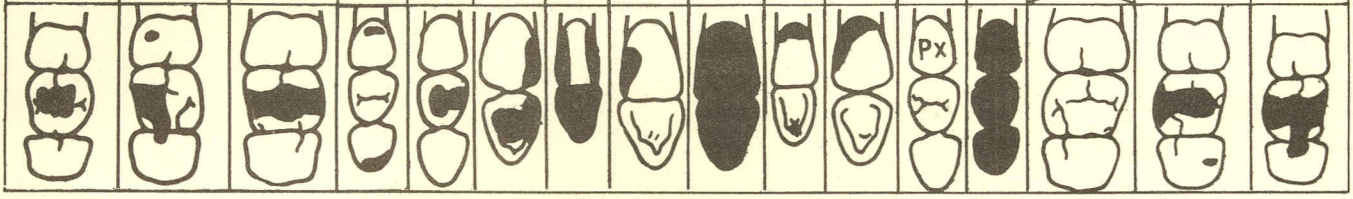
IDENTIFICATION DENTAL CHART

TURKEY

DATE: 24 Oct 57			
NAME (Last, First, Middle Initial): CALISKAN, MUSTAFA	GRADE: Cpl	SERVICE NUMBER: 45044	
UNIT: TAFC	ORGANIZATION: TAFC	CAUSE OF DEATH: HEMARRAGY	DATE OF DEATH: 23 Oct 57
PLACE OF DEATH: 21 Inf. Regt. Area	PLACE OF BURIAL: UNMC TANGGOK, KOREA	PLOT: 45 / ROW: 8 / GRAVE: 1055	

RIGHT — LEFT

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



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.

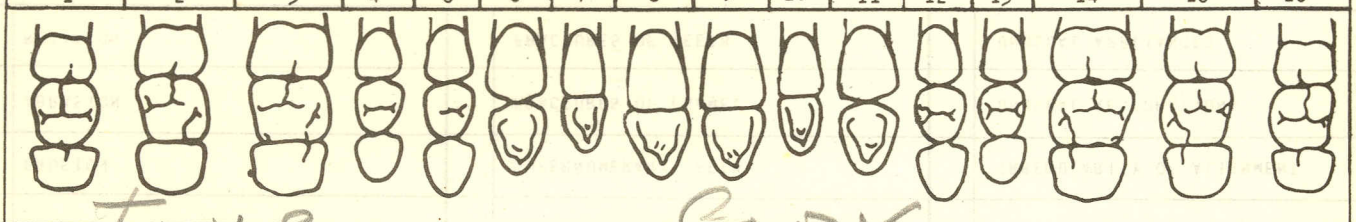
MARKING ABBREVIATIONS:
F - Facial, L - Lingual, O - Occlusal, M - Mesial, D - Distal, I - Incisal, Am - Amalgam, CR - Crown, FILL - Filling, PORC - Porcelain, BACK - Backing, FAC - Facing

CARIES

RESTORATIONS

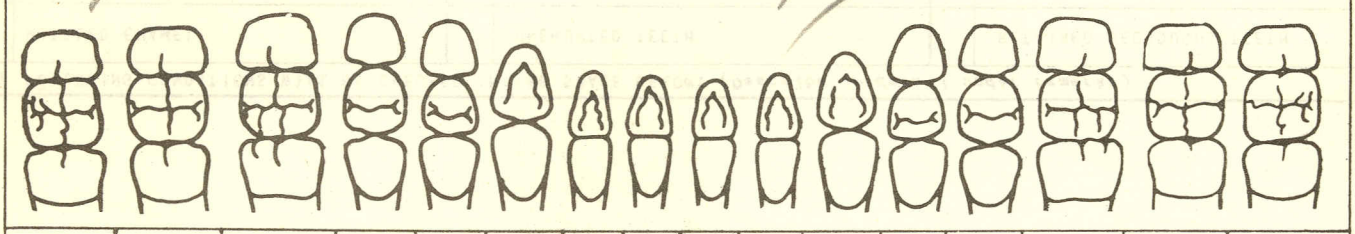
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

UPPER RIGHT — UPPER LEFT



true Copy

LOWER RIGHT — LOWER LEFT



32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

RESTORATIONS

CARIES: CAR-F

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

DD FORM 1 SEP 51 569

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

CALISKAN, MUSTAFA

SEE REVERSE SIDE

22902—FEC P&PC—1/52—50M

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.

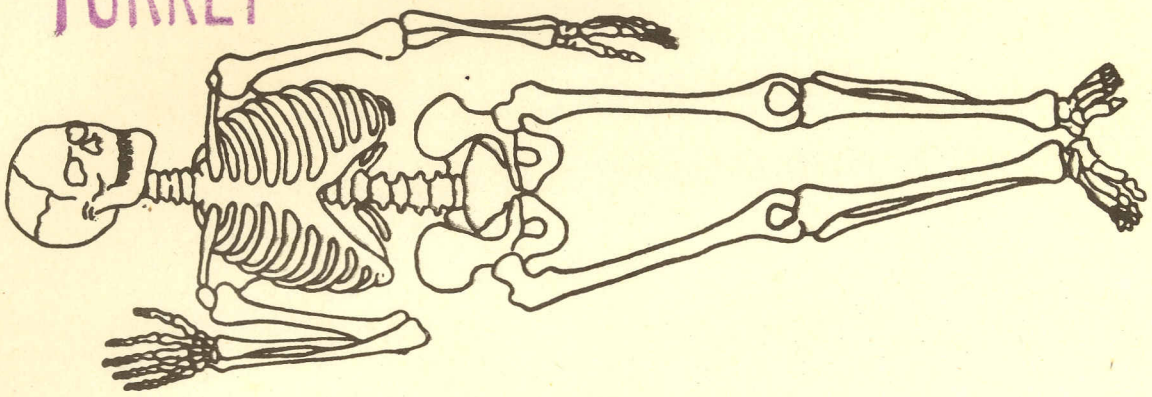
THE FOLLOWING CONDITIONS WILL BE CHECKED IN THE SPACE BELOW: *(Describe in detail under remarks)*

	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)*

19. BLACK OUT PARTS OF BODY NOT RECOVERED

ALLIED TURKEY



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

The right leg has been blown apart, left leg femur zone and the right mandibula has also been blown apart. A piece of medal has entered the chest causing immediate onset of death.

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
Donald B Moseley SP3 (GRREG) APO 59	Donald B Moseley

QMC FORM 18 MAR 47 1044b

CALISKAN, MUSTAFA

5762—FEC P&PC—9 50—250M

ALLIED 19020

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
CALISKAN, MUSTAFA				26 October 1957
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF** DISINTERMENT / REINTERMENT
UNITED NATIONS MILITARY CEMETERY, TANGGOR, KOREA	45	8	4055	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
170	5'9"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Five (5) cert. of identity rec'd with remains reads: CALISKAN, MUSTAFA, Cpl. 45044.

2. Five (5) cert. of death rec'd with remains reads: CALISKAN, MUSTAFA, Cpl. 45044

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	Slightly
15. WAS BODY MANGLED?	**TO WHAT EXTENT?**
☒ YES ☐ NO	See Form 1044B

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 P.E.'s found on or with remains.