DEATH TAG

1. LAST NAME, FIRST NAME, MIDDLE INITIAL	2. ASN
DENIZ, YUSUF (later)	UNKNOWN
3. ORGANIZATION	**4. GRADE**
TURKISH ARMED FORCES TAPO 540	PVT.
5. DIED (Hour, Month, Day, Year)	**6. WARD NUMBER**
0115 hrs. 15 Aug. '56	22
7. PLACE	**8. SIGNATURE (Medical Officer in Attendance)**
121 EVAC. HOSP.	A N MacKinnon Maj.

WD AGO FORM 8-219
1 OCT 1945

Certified true
Thomas C. Perkins
1/C †
QMC

18998-1

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 18 August 1956

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
No I.D. Tags
Rec'd w/remains
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)		SERVICE NUMBER
DENIZ, Yusuf		41215
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
Pvt	Turkish Armed Forces	ARMY
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
Caucasian	Mohamaden	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Korea	Much destruction right half of brain	15 Aug 56

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

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

Three (3)

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) (1) Cert. of Identity rec'd w/remains reads, DENIZ Pvt. 41215. (2) Cert. of Death rec'd w/remains reads, DENIZ, Yusuf Pvt. signed by, William R. Thomas, Capt. MSC

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 Clothings or P.E's 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 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.
18 Aug 1956	1030	Canvas Square	Star & Cresent	45	8	4046

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	ZUBEYR KOC Chaplian

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.
NO REMAINS PRESENT MEMORIAL	-----	-----	-----	-----
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: Thomas F. Shine
THOMAS F. SHINE PVT QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: James G. Dillehay
JAMES G. DILLEHAY CAPT QMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

DENIZ, Y. 41215

46-1042-Army-AG Admin Cen-AFFE-25M

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' 7"	136	Brn	Black	121st Evac. Hosp. Korea

BIRTHMARKS, SCARS, OR TATTOOS

NONE FOUND

LAUNDRY MARKS

NONE FOUND

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

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

REMARKS: (3) Death tag rec'd w/remains reads, DENIZ, Yusuf, Pvt. Signed by H.N. Mackinnon, Maj.

No clothing or P.E's. found on or w/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
				

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

1. Remains rec'd from Ascom City 293rd (GRREG) APO 971.
2. Name, Rank, Org., COD, DOD, POD, taken from Cert. of Death.
3. Cert. of Identity attached.

REMARKS

18998-1

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 18 August 1956

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
TURKEY
No I.D. Tags
Rec'd w/remains

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
DENIZ, Yusuf	41215

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	Turkish Armed Forces	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Korea	Much destruction right half of brain	15 Aug 56

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

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

Three (3)

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse): (1) Cert. of Identity rec'd w/remains reads, DENIZ Pvt. 41215. (2) Cert. of Death rec'd w/remains reads, DENIZ, Yusuf Pvt. signed by, William R. Thomas, Capt. MSC

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

UNMC 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.
18 Aug 1956	1030	Canvas Square	Star & Cresent	45	8	4046

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	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY
General	ZUBEYR KOC Chaplian	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
Two [X] YES [ ] NO (2)	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.
NO REMAINS PRESENT MEMORIAL	-----	-----	-----	-----

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: Thomas F. Shine
THOMAS F. SHINE PVT QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: James G. Dillehay
JAMES G. DILLEHAY CAPT QMC

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

DENIZ, Y. 41215

46-1042-Army-AG Admin Cen-AFFE-25M

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' 7"	136	Brn	Black	121st Evac. Hosp. Korea

BIRTHMARKS, SCARS, OR TATTOOS

NONE FOUND

LAUNDRY MARKS

NONE FOUND

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

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

REMARKS: (3) Death tag rec'd w/remains reads, DENIZ, Yusuf, Pvt. Signed by H.N. Mackinnon, Maj.

No clothing or P.E's. found on or w/remains.

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

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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)*

1. Remains rec'd from Ascom City 293rd (GRREG) APO 971.
2. Name, Rank, Org., COD, DOD, POD, taken from Cert. of Death.
3. Cert. of Identity attached.

REMARKS

18998-1

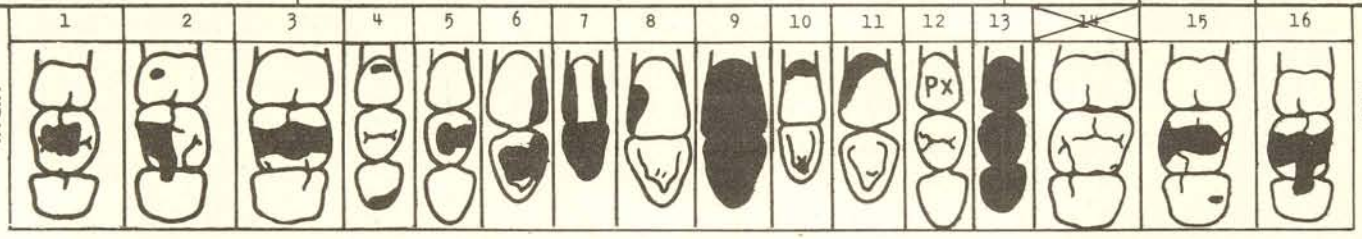
IDENTIFICATION DENTAL CHART

DATE: 18 August 1956

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
DENIZ, YUSUF	PVT	41215

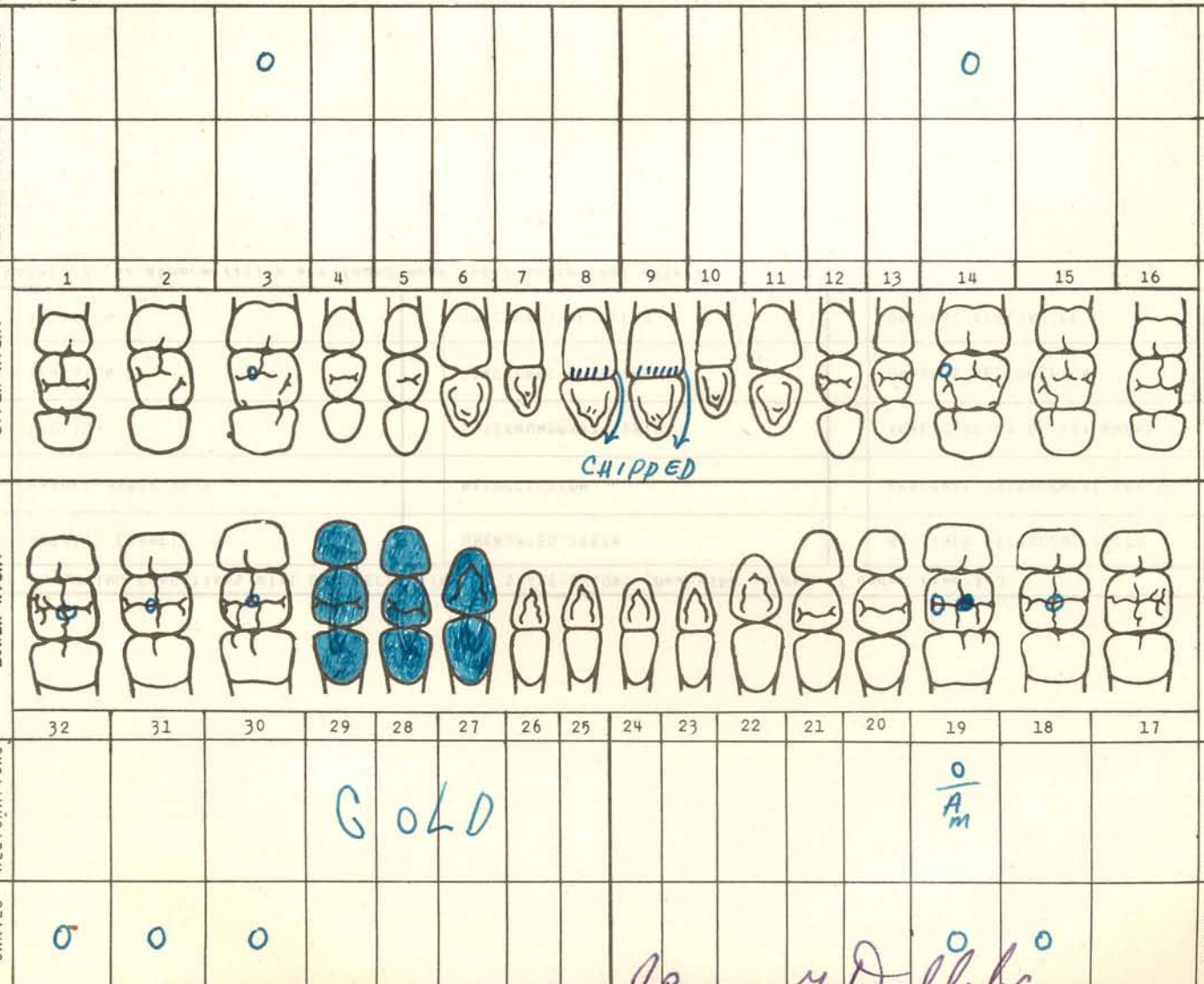
UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
Turkish Armed Forces		Much destruction right half of Brains	15 Aug. '56

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Korea	U.N.M.C. TANGGOK, KOREA	45	8	4046



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



SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: THOMAS F. SHINE PVT QMC — Thomas F. Shine

VERIFICATION BY GRS OFFICER: JAMES G. DILLEHAY CAPT QMC — James G. Dillehay

DD FORM 1 SEP 51 569

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

DENIZ, Y. 41215

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)*

18998-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
DENIZ, YUSUF 41215 PVT				18 August 1956
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF** DISINTERMENT / REINTERMENT
U.N.M.C. Tanggok, Korea	45	8	4046	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
150	5'7	Black	Cau

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS (1) Cert. of Ident rec'd w/remains reads: DENIZ, YUSUF. PVT 41215. (2) Cert of death rec'd w/remains reads: DENIZ, YUSUF signed by WILLIAM R. THOMAS Capt. MSC. (3) Death tag rec'd w/remains reads, DENIZ, YUSUF, signed by H. N. MACKINNON

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

NONE FOUND

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 clothings or P.Es, found on or W/remains.

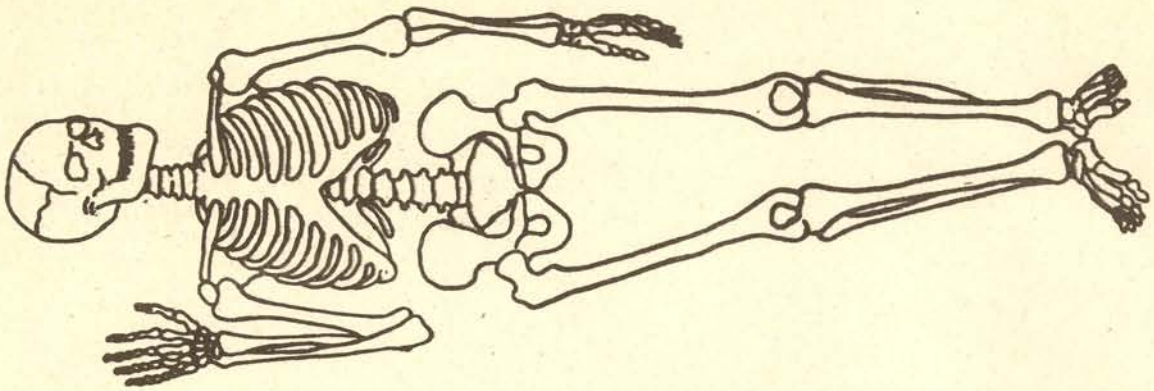
DENIZ, Y. 41215

QMC FORM REV 18 MAR 47 1044 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

4060—FEC P&PC—7/50—30M

18998-1

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Remains complete and Intact

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
THOMAS F. SHINE QMC PVT 293rd CO (GRREG)	Thomas F. Shine

OMC FORM 18 MAR 47 1044b

OENIZ, Y. 41215

5762—FEC P&PC—9 50—250M

CERTIFICATE OF DEATH

1. FULL NAME:

a. DENIZ (LAST) YUSUF (FIRST) NMN (MIDDLE)

b. Military ( ): Dept of the Army, Navy, or Air Force Civilian ( ):

Other ( ).

[redacted] (Rank or Rating) [redacted] (Svc Number)

[redacted] (Organization) [redacted] (APO)

2. Date of death: Day 15 Month August Year 1956

Hour 0100 Minute 15

3. I hereby certify that I attended the deceased from [redacted]
19 56 to 0100 hrs 15 August 19 56 and that death occurred on the date and hour stated above.

Immediate cause of death C.C.V. Hemorrhage

Due to [redacted]

Due to [redacted]

Additional diagnoses Much destruction right half of brain.

Major findings of operation [redacted]

Of autopsy [redacted]

4. If death was due to external causes, fill in the following:

a. Accident, suicide or homicide (specify): [redacted]

b. Date of occurrence: [redacted]

c. Where did injury occur: [redacted]

d. While at work: [redacted] Means of Injury: [redacted]

e. Place of death: 121st Evacuation Hospital (MASH), APO 972

5. Signature and Rank: /s/ [redacted], Major, MC

Unit 360 Med Det, APO 972 Date Signed 15 August 1956

A TRUE COPY:

William R. Thomas

WILLIAM R. THOMAS
Captain, MSC
Registrar

293D QUARTERMASTER COMPANY GRAVES REGISTRATION
APO 971

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE: 16 August 1956

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

DFNIZ	YUSUF		PVT	41215
Last Name,	First Name,	MI,	Rank,	ASN.

TAFC 5401
Organization. APO.

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

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

and also from his gold plated teeth.

1. signed: Kurban Memis
typed: KURBAN MEMIS
CPL 41212
RANK ASN
TAFC
ORGANIZATION

2. signed: Cemil Bilici
typed: CEMIL BILICI
CPL 41208
RANK ASN
TAFC
ORGANIZATION

3. signed: a - kaymak
typed: ABDULLAH KAYMAK
PVT 41076
RANK ASN
TAFC
ORGANIZATION

VERIFIED:
Karl Jirasek
(signed)
KARL JIRASEK
(typed)
M/Sgt RA 32 183 974
(rank) (ASN)
293rd QM CO MRT (ORMD)
(organization)

(293 Opns 0.12)

18998-1

REPORT OF INTERMENT

DATE OF REPORT: 18 AUG 56

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
NO I.D. TAGS
REC'D W/REMAINS

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)		SERVICE NUMBER
DENIZ, YUSUF		41215
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
PVT	TURKISH ARMED FORCES	ARMY
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
CAU	MOHAMADEN	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
KOREA	MUCH DESTRUTION RIGHT VALVE OF BRAINS	15 AUG 56

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

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

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse): (1) CERT OF IDENTITY REC'D W/REMAINS READS, DENIZ PVT 41215. (2) CERT OF DEATH REC'D W/REMAINS READS, DENIZ YUSUF PVT, SIGNED BY, WILLIAM R. THOMAS, CAPT MSC

COMPLETED TOOTH CHART WILL BE ATTACHED HERETO. SEE REMARKS

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 CLOTHINGS OR P. Es. 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

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
		CANVAS SQUARE	STAR+CRESCENT			

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	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
TWO [X] YES [ ] NO (2)	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.
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE. DENIZ, Y. 41215

37-1396-Army-AG Admin Cen-AFFE-20M

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)*
5'7"	150	U+D	BLACK	121 EVAC HOSP. KOREA

BIRTHMARKS, SCARS, OR TATTOOS

NONE FOUND

LAUNDRY MARKS

NONE FOUND

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

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

REMARKS. (3) DEATH TAG REC'D W/REMAINS REPOS, DENT, YUSUF PUT. SIGNED BY W. N. MACKUWON MAJ.

NO CLOTHING OR P.E.S. FOUND ON OR W/ 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
	FINGERPRINTS TAKEN			

LEFT HAND

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

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

1. REMAINS REC'D FROM ASCOM CITY 293d (GRREG) APO 971.
2. NAME, RANK, ORG, Co D, DOD, POR, TAKEN FROM CERT OF DEATH.
3. CERT OF IDENTITY ATTACHED.

REMARKS

18998-1

IDENTIFICATION DENTAL CHART

DATE: 18 AUG 56

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
OENIZ, YUSUF	PVT	41215

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
TURKISH	ARMED FORCES	MASS DESTRUCTION OF RIGHT HALF OF BRAINS	15 AUG 56

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
KOREA	U.N.M.C. TANGGOK, KOREA.			

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

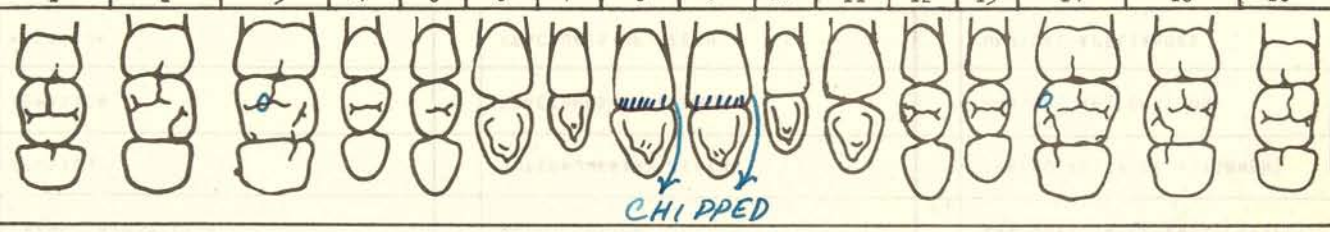
CARIES

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

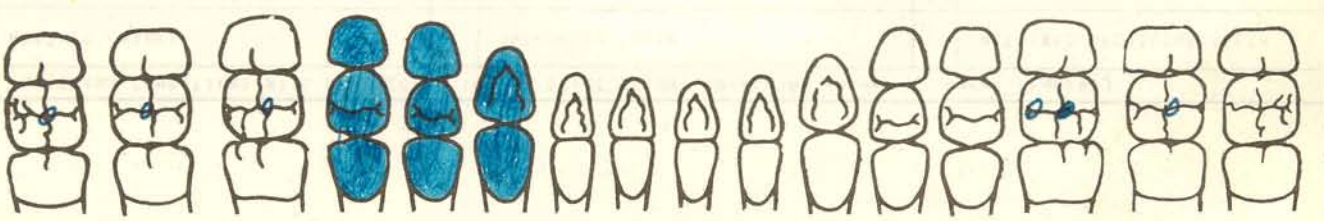
RESTORATIONS

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

UPPER RIGHT — UPPER LEFT



LOWER RIGHT — LOWER LEFT



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

RESTORATIONS

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

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: Thomas J. Shine

VERIFIED BY GRS OFFICER

DD FORM 1 SEP 51 569

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

DENIZ, Y. 41215

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

18998-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN: DENIZ, YUSUF 41215 PVT

2. DATE OF REPORT: 18 AUG 56

3. NAME OF CEMETERY: U.N.M.C. TANGGOK, KOREA

4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
150	5'7"	BLACK	CAU

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS (1) CERT OF IDENT REC'D W/REMAINS READS DENIZ, YUSUF. PVT 41215.
2) CERT OF DEATH REC'D W/REMAINS READS DENIZ, YUSUF SIGNED BY WILLIAM R. THOMAS CAPT, MSC.
3) DEATH TAG REC'D W/REMAINS READS, DENIZ, YUSUF, SIGNED BY WM. MACKNIGHT.

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

NONE FOUND

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 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. EFS. FOUND ON OR W/REMAINS.

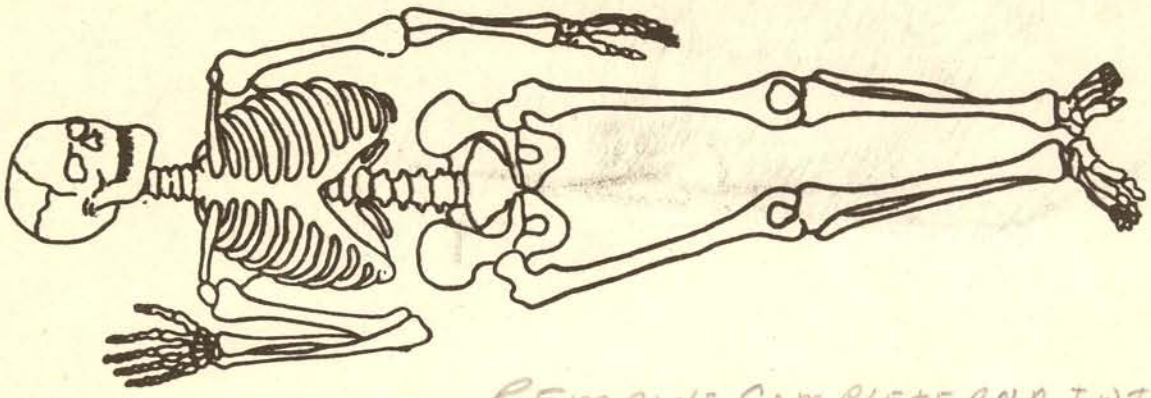
DENIZ, Y. 41215

QMC FORM REV 18 MAR 47 1044 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

4060—FEC P&PC—7/50—30M

1899 Pvt

19. BLACK OUT PARTS OF BODY NOT RECOVERED



REMAINS COMPLETE AND INTACT

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

QMC FORM 18 MAR 47 1044b

DENIZ, Y. 41215

5762—FEC P&PC—9 50—250M

293D QUARTERMASTER COMPANY GRAVES REGISTRATION
APO 971

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE: 16 August 1956

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

DFNIZ	YUSUF		PVT	41215
Last Name,	First Name,	MI,	Rank,	ASN.

TAFC 5401.
Organization. APO.

2. My identification is based upon personal acquaintence covering a period of: 1. 5 Months. 2. 5 Months. 3. 5 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:

and also from his gold plated teeth.

1. signed: [signature]
typed: KURBAN NEMIS
CPL 41212
RANK ASN
TAFC
ORGANIZATION

2. signed: [signature]
typed: CEMIL BILICI
CPL 41308
RANK ASN
TAFC
ORGANIZATION

3. signed: [signature]
typed: ABDULLAH KAYMAK
PVT 41076
RANK ASN
TAFC
ORGANIZATION

VERIFIED:

Karl Jirasek
(signed)

KARL JIRASEK
(typed)

M/Sgt RA 32 183 974
(rank) (ASN)

293rd QM CO MRT (GRREG)
(organization)

(293 Opns 0.12)

CERTIFICATE OF DEATH

1. FULL NAME:

a. DENIZ (LAST) YUSUF (FIRST) (MIDDLE)

b. Military ( ): Dept of the Army, Navy, or Air Force Civilian ( ):

Other ( ).

[redacted] (Rank or Rating) [redacted] (Svc Number)

[redacted] (Organization) [redacted] (APO)

2. Date of death: Day 15 Month August Year 1956

Hour 0100 Minute 15

3. I hereby certify that I attended the deceased from [redacted] 19 56 to 0100 hrs 15 August 19 56 and that death occurred on the date and hour stated above.

Immediate cause of death G.S.W. Head

Due to

Due to

Additional diagnoses Much destruction right half of brain.

Major findings of operation

Of autopsy

4. If death was due to external causes, fill in the following:

a. Accident, suicide or homicide (specify):

b. Date of occurrence:

c. Where did injury occur:

d. While at work: Means of Injury:

e. Place of death: 121st Evacuation Hospital (MASH), APO 971

5. Signature and Rank: /s/ R. P. [redacted], Major, MC

Unit 160 Med Det, APO 971 Date Signed 15 August 1956

A TRUE COPY:

William R. Thomas

WILLIAM R. THOMAS
Captain, MSC
Registrar