NAME AND ARMY SERIAL NUMBER

ALI, OKUTAN TAFC MED CO, APO 5401

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
PVT	ARmy	22	Turk	Turkis	2

LOCATION WHERE TAGGED:	DATE	HOUR
TAFC, MED, CO, APO 5401	3/7/57	1700

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

Basis cranie was broken and lung ruptured

LINE OF DUTY:

TREATMENT GIVEN:

None

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

MORPHINE: DOSE TIME:

DISPOSITION:	DATE	HOUR
43rd Mash Hosp. APO 358	3/7/57	1500

SIGNATURE, WITH RANK:
KARUSH, ERGUN 2/Lt MC

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

16—15434-2 ☆ GPO

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 6 July 1957

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
ALI, OKUTAN	40256

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	3rd Bn.	Turkey Army

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Turkish Brig. 3rd Bn.	Brain and lung ruptured	3 July 1957

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

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

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 2nd Lt. ZINCIR, IZZET. 2nd Lt. ERGUN, KARUSH. PVT OSMAN, GUL. TAFC Med Co, APO 5401. Verified by SGT JOHN CALDWELL JR. RA-14 378 750.

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 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.
6 July 1957	0930	SHEET	star & cresent	45	8	4048

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: Chaplian ZUBEYR, KOC

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY: One (1) copy of this form (DD551) buried in burial bottle eithteen(18) inches below grave marker at head of grave.

IDENTIFICATION TAG BURIED WITH BODY: [X] YES [ ] NO One (1)

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

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
GONDON, HUSEYIN	PVT	40406	TAF	4047

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
DONALD B. MOSELEY PFC

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

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

30395-Army-AG Admin Cen-FEC-8/52-74M

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)*
5'10	153	Brown	Black	Turkish Brig 3rd Bn

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
				

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

REMARKS

ALLIED

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
ALI, OKUTAN	6 July 1957

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNITED NATIONS MILITARY CEMETERY(PUSAN KOREA)	45	8	4048		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
153	5'10	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Seven (7) Cert. of identity rec'd with remains reads. ALI, OKUTAN PVT, 40256

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 P. E's found on or with remains.

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 4 July 1957

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
ALI, OKUTAN	PVT	40 256

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
TAFC	3rd Bn	Brain and Lung rupture d	3 July 1957

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Turkish Brig 3d Bn	UNITED NATIONS MILITARY CEMETERY (PUSAN 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

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

RESTORATIONS

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: 1st Lt Jerold A. Bayley

VERIFIED BY GRS OFFICER: Dane Henderson Major OMC

DD FORM 1 SEP 51 569

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

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

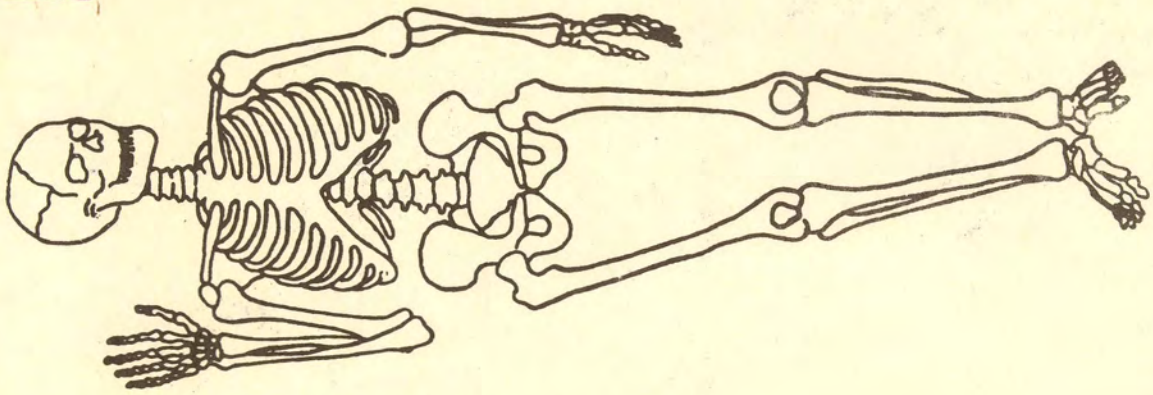
REMARKS *(If no abnormalities are found make notation to that effect)*

Maxilla broken between teeth Nos. 8 and 9.

Mandible broken between teeth Nos. 20 and 21.

19. BLACK OUT PARTS OF BODY N[illegible] RECOVERED

ALLIED



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

No clothing or PE's found on or with remains.

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, PFC, US 55549806 293rd QM (GTRBG)	Donald B Moseley

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

ALLIED

CERTIFICATE OF DEATH

I IDENTIFICATION OF DECEASED

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
ALI, OKTAN	40256	PVT	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
TAFC 3rd BN, APO 5401	5401	TURK	UNK

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

*I. IF DEPENDENT (Name and address of individual upon whom dependent)
UNK

J. BIRTH DATE	K. BIRTH PLACE (City or Town, State and Country)	L. IF FOREIGN BORN
Unk	GAZIANTEP TURKEY	NATURALIZED [X] YES [ ] NO

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

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

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

III IDENTIFICATION OF PARENTS

A. FATHER UNK [ ] LIVING [ ] DECEASED	LAST NAME - FIRST NAME - MIDDLE INITIAL UNK	COUNTRY OF BIRTH TURKEY
B. MOTHER UNK [ ] LIVING [ ] DECEASED	LAST NAME - FIRST NAME - MIDDLE INITIAL UNK	COUNTRY OF BIRTH TURKEY

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
TURKISH HQ. 3rd BN. Area	1100	3	July	57	N/A	N/A	3 July 1957

E. NAME OF HOSPITAL: TAFC MED CO.

F. IMMEDIATE CAUSE OF DEATH (If external cause fill in Item IV L below)	INTERVAL BETWEEN ONSET & DEATH
BASIS CRANIE WAS BROKEN AND LUNGS RUPTURED.	CERTAINLY
G. DUE TO: DOA	
H. DUE TO: DOA	
I. ADDITIONAL DIAGNOSIS: DOA	

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
3 July 1957	KARUSH, MEDICAL 2/Lt MC	

V MORTICIAN REPORT (Final dispositions of remains)

A. (Check applicable box)
- [ ] BURIED LOCALLY
- [ ] CREMATED LOCALLY
- [ ] REMAINS SHIPPED TO HOMELAND
- [ ] ASHES SHIPPED TO HOMELAND

B. NAME OF CEMETERY: United Nations Memorial Cemetery in Korea
C. ROW 8 D. PLOT 45 E. GRAVE 4048

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)

47-728-Army-AG Admin Cen-AFFE-15M

293D QUARTERMASTER COMPANY GRAVES REGISTRATION
APO 971

ALLIED

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE: 3 July 1957

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

ALI, OKUTAN — PVT — 40256

Last Name, First Name, MI, Rank, ASN.

TAFC 3rd Bn, APO 5401

Organization. APO.

2. My identification is based upon personal acquaintence covering a period of: 1. 1 year. 2. 1 week. 3. 1 week.
(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: Izzet Zincir
typed: IZZET, ZINCIR
2/Lt 42594
RANK ASN
TAFC MED CO. APO 5401
ORGANIZATION

VERIFIED:
John Caldwell Jr.
(signed)
JOHN CALDWELL JR.
(typed)
SGT RA 14 378 750
(rank) (ASN)
293rd QM CO (GRREG) APO 358
(organization)

2. signed: [illegible]
typed: KARUSU, ERGUN
2/ Lt 40 637
RANK ASN
TAFC MED CO. APO 5401
ORGANIZATION

3. signed: [illegible]
typed: GUL, OSMAN
PVT 38 287
RANK ASN
TAFC MED CO. APO 5401
ORGANIZATION

(293 Opns 0.12)

ALLIED

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

ALI, OKUTAN PVT 40 256 Date: 4 July 1957
Name and Service No. or Unknown No.

Cemetery UNITED NATIONS MILITARY CEMETERY (PUSAN, KOREA) Plot 45 Row 8 Grave 4048

NOTE AMPUTATIONS:

CLASSIFICATION _____

REFERENCE _____

REMARKS:

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 

Impressions taken by:
Sfc Charles E Crow
RA 19316945
293d QM Co AD 29971
Signature of Individual
Taking Prints

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

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 6 July 1957

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

Imprint Identification Tag If Possible. DO NOT TYPE

Turkey ID Tag unable to imprint

TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
Ali, OKutan	40 256

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt.	3rd Bn.	Army

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Turkish Brig 3D Bn.	Brain and lung ruptured	3 July 1957

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

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

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse): Part of identity record with remains signed by 2nd Lt. ZIROH, 1LT. 2nd Lt. DAGUN, RAMUSH. PVT OSMAN, GUL. TAFC Med Co, APO 5401. Verified by SGT JOHN CALDWELL JR. RA-14 378 750.

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 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.
6 July 1957	0930	SHEET	Star & Crescent	45	8	4048

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: Funeral

PERSON CONDUCTING BURIAL RITES: Chaplain ZUHEYR, KCC

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY: One (1) copy of this form (DD 551) buried in burial bottle eithteen (18) inches below grave marker at head of grave.

IDENTIFICATION TAG BURIED WITH BODY: [X] YES [ ] NO (1)

IDENTIFICATION TAG ATTACHED TO MARKER: [ ] 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.
GUNDAN, HUSEYIN	PVT	40406	TAF	4047
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	--	--	--	--

SIGNATURE OF PERSON PREPARING REPORT: DONALD B. MOSELEY PFC

Donald B Moseley

SIGNATURE OF GRS OFFICER VERIFYING REPORT: JAMES C. WILLIAMSON CAPT, QMC, OIC

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

30395-Army-AG Admin Cen-FEC-8/52-74M

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)*
5'10	153	Brown	Black	Turkish Brig 3rd Bn

BIRTHMARKS, SCARS, OR TATTOOS

None noted

LAUNDRY MARKS

None noted

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

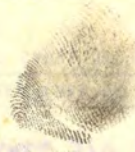
OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

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
				

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

REMARKS

ALLIED

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
ALI, OKUTAN				6 July 1957	
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF**	
				DISINTERMENT	REINTERMENT
UNITED NATIONS MILITARY CEMETERY(PUSAN KOREA)	45	8	4048		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
153	5'10	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Seven (7) Cert. of identity rec'd with remains reads. ALI, OKUTAN PVT, 40256

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 P. E's found on or with remains.

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 4 July 1957

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
ALI, OKUTAN	PVT	40 256

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
TAFC	3rd Bn	Brain and Lung ruptured	3 July 1957

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Turkish Brig 3d Bn	UNITED NATIONS MILITARY CEMETERY (PUSAN KOREA)			

RIGHT

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

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*

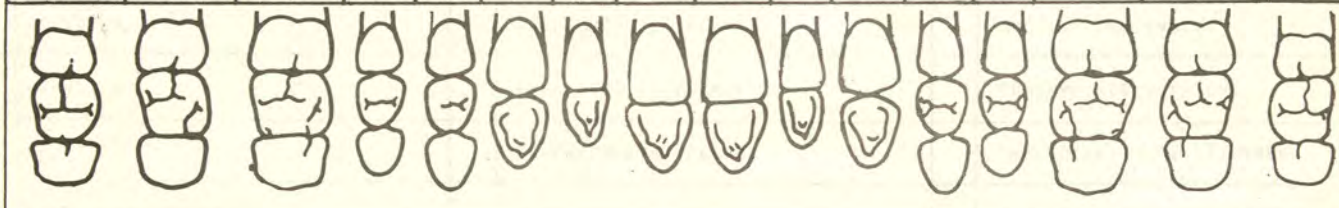
CARIES

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

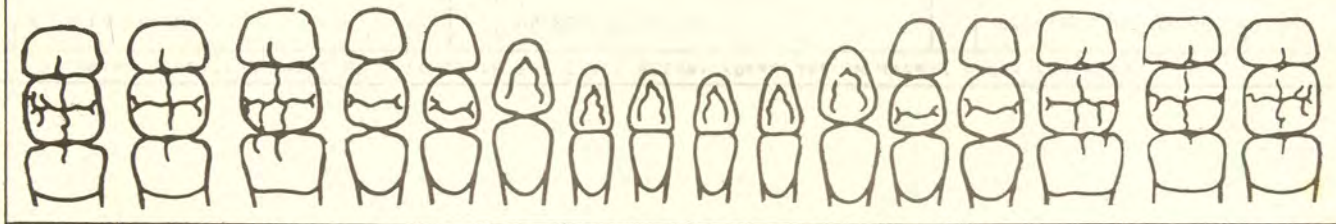
RESTORATIONS

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

RESTORATIONS

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

CARIES

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

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: H C Gerald McCaskey

VERIFIED BY GRS OFFICER: Lane Sanderson Maj USMC

DD FORM 1 SEP 51 569

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

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

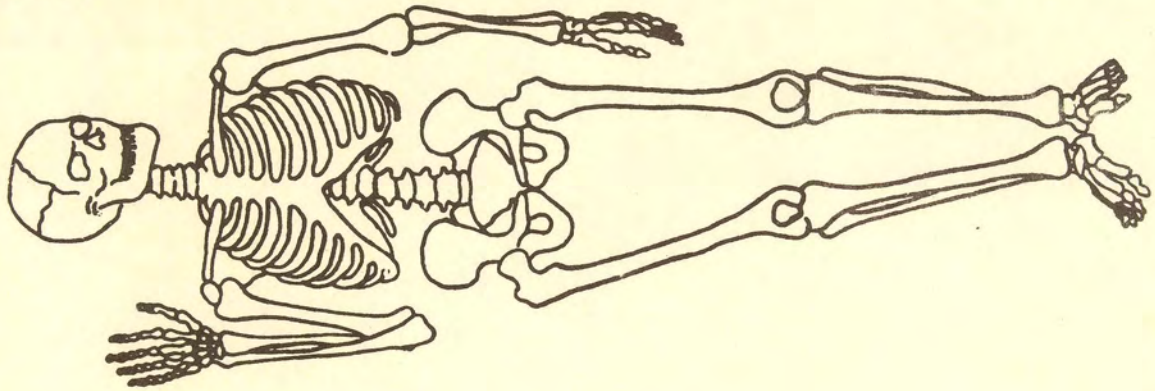
REMARKS *(I. no abnormalities are found make notation to that effect)*

Maxilla broken between teeth Nos. 8 and 9.

Mandible broken between teeth Nos. 20 and 21.

19. BLACK OUT PARTS OF BODY NOT RECOVERED

ALLIED



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

No clothing or PE's found on or with remains.

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, PFC, US 55549806 293nd QM (GRREG)	Donald B Moseley

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

CERTIFICATE OF DEATH

ALLIED

I IDENTIFICATION OF DECEASED

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
ALL, [illegible]	40256	PVT	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
TAFU 3rd BN, APO 51.01	51.01	TURK	UNK

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

*I. IF DEPENDENT (Name and address of individual upon whom dependent)
UNK

J. BIRTH DATE	K. BIRTH PLACE (City or Town, State and Country)	L. IF FOREIGN BORN
Unk	GAZIANTEP TURKEY	NATURALIZED [X] YES [ ] NO

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

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

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

III IDENTIFICATION OF PARENTS

A. FATHER [ ] LIVING [ ] DECEASED	LAST NAME - FIRST NAME - MIDDLE INITIAL: UNK	COUNTRY OF BIRTH: TURKEY
B. MOTHER UNK [ ] LIVING [ ] DECEASED	LAST NAME - FIRST NAME - MIDDLE INITIAL: UNK	COUNTRY OF BIRTH: TURKEY

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
TURKISH MED. 3rd BN. Area	1100	3	July	57	N/A	N/A	3 July 1957

E. NAME OF HOSPITAL: TAFU MED CO.

INTERVAL BETWEEN ONSET & DEATH

F. IMMEDIATE CAUSE OF DEATH (If external cause fill in Item IV L below)
BASIC CHARGE WAS BROKEN AND LUNGS RUPTURED. — CERTAINLY

G. DUE TO: DOA

H. DUE TO: DOA

I. ADDITIONAL DIAGNOSIS: DOA

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
3 July 1957	[illegible] 2/Lt MC	

V MORTICIAN REPORT (Final dispositions of remains)

A. (Check applicable box)
- [ ] BURIED LOCALLY
- [ ] CREMATED LOCALLY
- [ ] REMAINS SHIPPED TO HOMELAND
- [ ] ASHES SHIPPED TO HOMELAND

B. NAME OF CEMETERY: United Nations Memorial Cemetery in Korea
C. ROW 8 — D. PLOT 45 — E. GRAVE 4048

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)

47-728-Army-AG Admin Cen-AFFE-15M

293D QUARTERMASTER COMPANY GRAVES REGISTRATION
APO 971

ALLIED

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE: 3 July 1957

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

ALI, OKUTAN — PVT — 40256
Last Name, First Name, MI, Rank, ASN.

TAFC 3rd Bn, APO 5401
Organization. APO.

2. My identification is based upon personal acquaintence covering a period of: 1. 1 year. 2. 1 week. 3. 1 week.
(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: Izzet Zincir
typed: IZZET, ZINCIR
2/Lt 42594
RANK ASN
TAFC MED CO, APO 5401
ORGANIZATION

2. signed: [illegible]
typed: KARUSU, ERGUN
2/ Lt 40 637
RANK ASN
TAFC MED CO, APO 5401
ORGANIZATION

3. signed: [illegible]
typed: GUL, OSMAN
PVT 38 287
RANK ASN
TAFC MED CO, APO 5401
ORGANIZATION

VERIFIED:
John Caldwell Jr.
(signed)
JOHN CALDWELL JR.
(typed)
SGT RA 14 378 750
(rank) (ASN)
293rd QM CO (GRREG) APO 358
(organization)

(293 Opns 0.12)

ALLIED

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

ALI, OKUTAN PVT 40 256 Date: 4 July 1957
Name and Service No. or Unknown No.

Cemetery UNITED NATIONS MILITARY CEMETERY (PUSAN, KOREA) Plot 45 Row 8 Grave 4048

NOTE AMPUTATIONS:

CLASSIFICATION _____

REFERENCE _____

REMARKS:

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 

Impressions taken by: Sfc Charles E Crow
RA18316945
293d QM CO APO 971

Signature of Individual
Taking Prints

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

~~Ali, Okuten~~ #19011

REPORT OF INTERMENT

DATE OF REPORT

TYPE OF REPORT ☐ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

Turkey ID Tag Unable to imprint

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
Ali, Okuten	40256

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	3rd Bn	Army

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Turkish Brig 3D Bn	Brain and lung ruptured	3 July 1957

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

WERE SUBSTITUTE TAGS PROVIDED? ☒ YES ☐ NO

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse): Cert. of Identity record with remains. Signed By 2/Lt. Izzet, Zincir, 2/Lt Kerush, Ergan & Pvt Gul, Osman Task Med Co, APO 5401. Verified by Sgt John Caldwell Jr. RA14 378 750

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

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER Star and Cresc	PLOT NO.	ROW NO.	GRAVE NO.
6 July 57	0930	Sheet		45	8	4048

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	Chaplain ZUBEYR, ROC

IDENTIFICATION TAG BURIED WITH BODY ☐ YES ☐ NO

IDENTIFICATION TAG ATTACHED TO MARKER ☒ YES ☐ NO

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.

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: Donald B Moseley Pfc AMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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

30395-Army-AG Admin Cen-FEC-8/52-74M

Ali Okuten 40256

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)*
5'10	153	BL	Brown	Turkish Brig 3D Bn

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
	Not	Fingerprinted		

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
	Not	Fingerprinted		

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

REMARKS

ALLIED

#19011

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
Ali Okuton				5 July
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF** DISINTERMENT / REINTERMENT
~~Unk~~ United Nation Military Cemetery (Pusan Korea)				

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
			Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

~~Unk~~ Seven (7) Cert. of Identity recld with remains reads Ali, Okuton Pvt, 4/0a56.

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

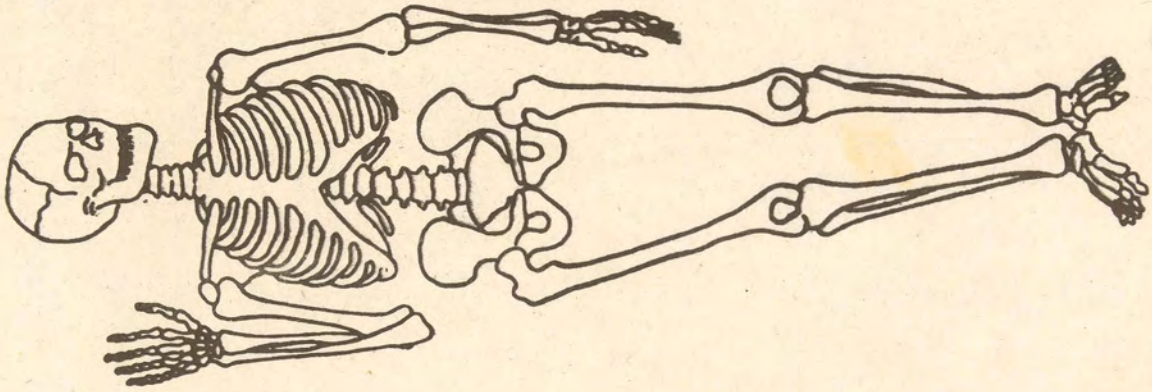
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry merks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

No clothing or P. E.'s found on or with remains.

19011

19. BLACK OUT PARTS OF BODY N[illegible] RECOVERED

ALLIED



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 in tact

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 Pfc QMC 293rd QM Co (GRREG) APO 59	Donald B Moseley

QMC FORM 18 MAR 47 1044b

Ali Okuzan 40256

5762—FEC P&PC—9 50—250M

#19011

ALLIED IDENTIFICATION DENTAL CHART

DATE: 5 July 1957

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
Ali Okuzan	Pvt	40 256

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
T.A FC	3rd - Bn	Brain and lung injured (Pusan Korea)	3 July 1957

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Turkish Brig 30 Bn	United Nations Military Cemetery			

RIGHT

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

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 / RESTORATIONS

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

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

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.

Ali Okuzan

SEE REVERSE SIDE

40256

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)*

Maxilla broken between teeth Nos. 8 and 9

Mandible broken between teeth Nos. 20 and 21