No. 4 Act

Clark (SURNAME) William (FIRST NAME) Joseph (SECOND NAME)

DATE OF BIRTH			LEGAL VOTING RESIDENCE		
MONTH	DAY	YEAR	STATE AND CONG. DISTRICT	COUNTY	CITY OR TOWN
March	18	1894	Va. - 2d	Norfolk	Norfolk

SEX M RACE W

RETIREMENT AGE

MILITARY SERVICE YES X NO

MILITARY PENSION OR WAR RISK COMPENSATION YES NO

REFERENCE	NATURE OF ACTION	POSITION AND GRADE	SALARY		EFFECTIVE DATE	DEPARTMENT OR ESTABLISHMENT OFFICIAL STATION	TOTAL SERVICE		
			PAY LESS ALLOWANCES	BASIC* PAY			MOS.	DAYS	YRS.
	Enlisted				9-22-13	US NAVY			
	Discharged				9-21-17	do			
	Enlisted				9-22-17	do			
	Discharged				6-25-20	do			
	Commissioned	Ensign			6-25-20	US N.R.F.			
	Resigned	do			9-30-21	do			
	Appt.	Mechanic			5-11-22	War- Norf. Qtm. Intermediate Depot			
	Term.	do			9-30-22	do			
	Prob. Appt.	2d Asst. Keeper	$1500.pa	$1560.* pa	2-24-36	Com. 5th LHS Dist., Smith Pt. L.S.			
	Trans.& Pro.	1st Asst. Keeper	1500.	1560.*	1-16-38	do , Thimble Shoal L.S.			
	A. Trans. (Reor. Plan II 5/09/39)				7-01-39	Treas.-USCG-Norf.Dist., Thimble Shoal L.S.			
	A.Trans. E.O. 8929 of 11-1-41.		1500	1560*	11- 1-41	Navy-CG-Norfolk-Thimble Shoal, Va.			
	Pro.	Keeper 1a	1560	1620*	4-1-42	do			
1229	Trans.	Keeper (1800-2160)	1800	1860*	6-15-43	do -Old Plant.Flats, Va.			
	Pay Inc (Per)	do	1860	1920 *	4-1-45	do			
	Pay Adj	Keeper (2166-2562)	2172	2232 *	7-1-45	do do			
	Pay Inc (Adm)	Keeper(2166-2562)	2238	2298*	1-1-48 4-7-46	do			
	Pay Adj	Keeper (2469.24-2920.68)	2559.72	2619.72*	7-1-46	do			
	Adm Pay Inc	do (2469.24-2920.68)	2634.96	2694.96*	4-20-47	do			
	Adm Pay Inc	do do	2710.20	2770.20*	5-2-48	do			

EDUCATION: (INDICATE NUMBER OF YEARS) COMMON SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4 DEGREES, IF ANY

SPECIAL QUALIFICATIONS

*Deductions are for quarters.

16—183

FEDERAL EMPLOYMENT RECORD

U. S. GOVERNMENT PRINTING OFFICE 16—54970-1

22. NATURE OF ACTION	23. EFFECTIVE DATE	24. POSITION TITLE AND NO.	25. SERVICE, CLASS NO., AND GRADE	26. SALARY OR PAY RATE	27. ORGANIZATION, HEADQUARTERS, AND LOCATION
		PREVIOUS SERVICE (SEE FORM 2806)			
Pay Adj	7-11-48	Keeper(2799.24-3250.68)		$3100.20 **	5th-OldPlantFlatsVa
Adm Pay Inc	5-15-49	do (2799.24-3250.68)		$3175.44**	do
Int Trans Chg Wgr Range	11-22-49	do (2350.00-2799.24)		$2799.24 *	do OldPointComfort,Va
Int Adj	7-8-51	do (2650.00-3099.24)		$3099.24*	do
Adj Val Qtrs	5-11-52	do (2650.00-3099.24)		$3099.24#	do
Pay Adj	3-13-55	do ($2848.75-3331.67)		$3331.67#	do
Disc Fam Qtrs	11-3-57	do (do)		$3331.67pa	do
Pay Adj	1-12-58	do ($3131.00-3665.00)		$3665.00pa	do
Ret (Disab.)	7-31-58	do ($3131.00-3665.00)		$3665.00pa	do
		RETIRED PAY: $2932.33	TOTAL SERVICE:	29y,7m,1d	

* Incl $240 pa Qtrs # $301.60 pa Qtrs
** " $ 60 " " ## $75.40 " "
*** " $180 " "

CLARK, WILLIAM J.

Clark William Joseph
(SURNAME) (FIRST NAME) (MIDDLE NAME)

DATE OF BIRTH			LEGAL VOTING RESIDENCE		
MONTH	DAY	YEAR	STATE AND CONG. DISTRICT	COUNTY	CITY OR TOWN
March	18	1894	Va. - 2d	Norfolk	Norfolk

SEX M RACE W
RETIREMENT AGE
MILITARY SERVICE YES X NO
MILITARY PENSION OR WAR RISK CONTRACTION YES NO

REFERENCE	NATURE OF ACTION	POSITION AND GRADE	SALARY: PAY LESS ALLOWANCES	SALARY: BASIC PAY	EFFECTIVE DATE	DEPARTMENT OR ESTABLISHMENT OFFICIAL STATION	TOTAL SERVICE: MOS.	DAYS	YRS.
	Enlisted				9-22-13	US NAVY			
	Discharged				9-21-17	do			
	Enlisted				9-22-17	do			
	Discharged				6-25-20	do			
	Commissioned	Ensign			6-25-20	US N.F.F.			
	Resigned	do			9-30-21	do			
	Appt.	Mechanic			8-11-22	Navy Norf. Gtn. Intermediate Depot			
	Term.	do			9-30-23	do			
	Prob. Appt.	3d Asst. Keeper	$1500.ps	$1560.* ps	8-24-36	Com. 5th LHS Dist., Smith Pt. L.S.			
	Trans.& Pro.	1st Asst. Keeper	1500.	1560.*	1-16-38	do , Thimble Shoal L.S.			
	A. Trans. [Reor. Plan II 5/28/39]				7-01-39	Trans.-USCG-Norf.Dist., Thimble Shoal L.S.			
	A.Trans. E.O.	8929 of 11-1-41.	1500	1560.*	11- 1-41	Navy-CG-Norfolk-Thimble Shoal,Va.			
	Pro.	Keeper 1a	1560	1620*	4-1-42	do			
1327	Trans.	Keeper (1200-2160)	1800	1860*	2-1- 3	do -Old Plant, Platts Va.			
	Pay Inc (Per)	do	1860	1920 *	4-1-45	do			
	Pay Adj	Keeper (2166-2562)	2172	2232 *	7-1-45	do do			
	Pay Inc (Adm)	Keeper(2166-2562)	2238	2298*	4-7-46	do			
	Pay Adj	Keeper (2469.24-2920.68)	2559.72	2619.72*	7-1-46	do			
	Adm Pay Inc	do (2469.24-2920.68)	2634.96	2694.96*	4-20-47	do			
	Adm Pay Inc	do do	2710.20	2770.20*	5-2-48	do			

EDUCATION (INDICATE NUMBER OF YEARS): COMMON SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4 DEGREES, IF ANY
SPECIAL QUALIFICATIONS

*Deductions are for quarters, $60
** " " " " $240

G-PC-4
(202) 267-1705

12870.L

18 JUN 1987

Mr. Tom Lipnichan STOP
Chief, Claims Settlement Division
Employee Service and Records Center
Retirement and Insurance Group
U.S. Office of Personnel Management
National Underground Storage Facility
Post Office Box 45
Boyers, PA 16018

Dear Mr. Lipnichan:

This is to provide your office with the additional copies of certain documents regarding Mr. William J. Clark.

Attached is a copy of the claim for Death Benefits, Form FE-6, submitted by Mrs. Shun Shun L. Clark. Mrs. Clark is the designated beneficiary of Mr. William J. Clark. Mr. Clark was a former member of the U.S. Lighthouse Service. Also attached are copies of the Certification of Insured Employee's Retired Status, SF-49, and Mr. Clark's death certificate. In a telephone conversation with Mr. Robert A. Locke of my staff, you indicated that you have a copy of the Mr. Clark's designation of beneficiary on file, therefore, this document is not forwarded.

THOMAS F. FISHER
Chief, Civilian Personnel Division
By direction of the Commandant

Encl: (1) Form FE-6
(2) SF-49
(3) Death certificate

Blind Copy:
~~bcc:~~ The Honorable Owen B. Pickett

RALOCKE:DC:G-PC-4:12JUN87:DOC#2917C

Standard Form 49
REVISED APRIL 1956
U. S. CIVIL SERVICE COMMISSION
CHAPTER 13, F. P. M.

CERTIFICATION OF INSURED EMPLOYEE'S RETIRED STATUS

Federal Employees' Group Life Insurance Act of 1954, as amended

See Instructions to Agencies on Reverse Side

1. NAME OF RETIRED EMPLOYEE (MR. / MRS. / MISS) (Last) (First) (Middle)	2. DATE OF BIRTH (Month, Day, Year)
MR. CLARK, WILLIAM J.	3-18-94
3. MAILING ADDRESS (Number and street, city, zone number, and State)	**4. PLAN OR SYSTEM UNDER WHICH RETIRED**
315 Drum Drive Charlott Harbor Rural Station Punta Gorda, Florida	Lighthouse Service Retirement Act of 20 June 1918 as amende

5. RETIREMENT CLAIM NO. (If any)	6. EFFECTIVE DATE OF ANNUITY (Mo., day, yr.)	7. DID EMPLOYEE RETIRE FOR DISABILITY?	8. DID EMPLOYEE RETIRE ON AN IMMEDIATE ANNUITY?
None	1 August 1958	[X] YES [ ] NO	[X] YES [ ] NO

IF ITEM 7 IS ANSWERED "YES", OMIT ITEMS 9 AND 10.

9. DOES EMPLOYEE HAVE 15 OR MORE YEARS' VERIFIED CREDITABLE SERVICE OF WHICH AT LEAST 5 YEARS ARE CIVILIAN SERVICE? [ ] YES [ ] NO

10. If employee retired on an immediate annuity but has less than 15 years' verified creditable civilian service *and* if there is uncertainty as to the creditability of a period (or periods) of service which is essential to a total of 15 years, list all service of record and any other service alleged by the retired employee. The Civil Service Commission will verify and/or determine whether the service in question is creditable.

PERIOD OF SERVICE FROM—	PERIOD OF SERVICE TO—	DEPARTMENT OR AGENCY	LOCATION OF EMPLOYMENT	TITLE OF POSITION	HAS SERVICE BEEN VERIFIED YES	HAS SERVICE BEEN VERIFIED NO

11. I hereby certify that the above information, excepting period(s) of unverified service alleged by the retired employee, has been obtained from official records and is correct.

(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)

17 February 1959
(DATE)

H. L. MORGAN
(TYPE NAME OF AUTHORIZED AGENCY OFFICIAL)

Chief, Civilian Personnel Division
(TITLE)

U. S. Coast Guard
(NAME OF AGENCY)

1300 E St., N.W., Washington 25, D.C.
(MAILING ADDRESS OF AGENCY)

CERTIFICATION OF CIVIL SERVICE COMMISSION

[X] INDIVIDUAL NAMED ABOVE IS INSURED AS A RETIRED EMPLOYEE UNDER FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT OF 1954.

[ ] INDIVIDUAL NAMED ABOVE IS NOT INSURED BECAUSE:

[ ] LESS THAN 15 YEARS CREDITABLE SERVICE.

[ ] NOT RETIRED ON AN IMMEDIATE ANNUITY.

[ ]

WILLIAM J CLARK 031894
315 DRUM DRIVE CSI-564 159
CHARLOTT HARBOR RURAL STATION
PUNTA GORDA FLA LR 2/27/59

564159 (CSI NUMBER ASSIGNED) CERTIFIED BY: RETIREMENT DIVISION (DATE)

AGENCY REPORT OF TERMINATION OF RETIRED STATUS

DATE ANNUITY TERMINATED	REASON FOR TERMINATION	LAST ADDRESS IF DIFFERENT THAN SHOWN IN ITEM 3
2 May 1985	Death	474 Piping Rock Road
U.S. Lighthouse Service, C/O COMDT (G-PC-1), U.S. Coast Guard, Washington, DC 20593	JUL 12 1985 (DATE)	Norfolk, VA 23502

(SIGNATURE OF AUTHORIZED OFFICIAL)
Acting Chief, Civ Pers Div

16—71110-2

Form FE-6 (4-81) Printed in U.S.A.
OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE
4 East 24th Street
New York, New York 10010

FEGLI

CLAIM FOR DEATH BENEFITS
FEDERAL EMPLOYEE'S GROUP LIFE INSURANCE

READ INSTRUCTIONS BEFORE FILLING OUT THIS FORM.

PART A. GENERAL INFORMATION ABOUT THE DECEASED

1. FULL NAME OF THE DECEASED (Last) (First) (Middle)	2. DATE OF BIRTH Month Day Year	3. DATE OF DEATH Month Day Year
CLARK WILLIAM JOESPH	MAR 18	MAY 2 1985

4. SOCIAL SECURITY NUMBER	5. DEPARTMENT OR AGENCY IN WHICH LAST EMPLOYED, INCLUDING BUREAU OR DIVISION	6. DATE OF FINAL SEPARATION IF DIFFERENT FROM DATE OF DEATH Month Day Year
229-52-3823	U.S. COAST GUARD	

7. LOCATION OF LAST EMPLOYMENT (City, State and Zip Code)	8. DOMICILE—(Legal Residence at Time of Death—City and State)	9. WAS DECEASED ON ACTIVE DUTY IN THE MILITARY FORCES OF THE U. S. AT TIME OF DEATH?
	NORFOLK, VIRGINIA	☐ YES ☒ NO

10. WAS DECEASED EITHER: 1) RETIRED AND RECEIVING ANNUITY UNDER ANY FEDERAL CIVILIAN RETIREMENT SYSTEM INCLUDING SOCIAL SECURITY, OR 2) RECEIVING WORKERS' COMPENSATION AT TIME OF DEATH?

☒ YES ☐ NO IF YES, CLAIM NUMBER _____ EFFECTIVE DATE _____

IF THE DECEASED NAMED YOU AS BENEFICIARY ON STANDARD FORM 2823 (Formerly Standard Form 54) attach a receipted copy of the Designation of Beneficiary (Standard Form 2823 or Standard Form 54) to this claim, give your age and relationship in the box to the right, and complete Part F on the other side. **IF A RECEIPTED COPY OF EITHER STANDARD FORM 2823 OR STANDARD FORM 54 IS NOT ATTACHED, YOU MUST COMPLETE ALL PARTS OF THIS CLAIM FORM, AND PAYMENT WILL BE CONSIDERED UNDER ORDER OF PRECEDENCE.**

Your Date of Birth

Relationship to Deceased: DAUGHTER-IN-LAW

PART B. PERSONAL INFORMATION CONCERNING THE DECEASED

1. HOW MANY TIMES WAS DECEASED MARRIED?	3. GIVE NAME OF EACH SPOUSE (Include all marriages)	4. HOW WAS MARRIAGE TERMINATED? (check one in each case)	5. DATE MARRIAGE WAS TERMINATED
1		☒ DEATH ☐ DIVORCE	
		☐ DEATH ☐ DIVORCE	
2. WAS THE DECEASED SURVIVED BY ANY CHILDREN? ☒ YES ☐ NO		☐ DEATH ☐ DIVORCE	

PART C. INFORMATION CONCERNING THE CLAIMANT

1. YOUR NAME (Last) (First) (Middle)	2. YOUR RELATIONSHIP TO THE DECEASED	3. YOUR DATE OF BIRTH Month Day Year
CLARK SHUN SHUN LIN	DAUGHTER-IN-LAW	

BLANKS 4 THROUGH 13 MUST BE FILLED IN IF YOU ARE THE WIDOW OR WIDOWER OF THE DECEASED.

4. DATE OF MARRIAGE Month Day Year	5. PLACE OF MARRIAGE (City and State)	6. MARRIAGE WAS PERFORMED BY
		☐ CLERGYMAN OR JUSTICE OF PEACE ☐ OTHER (Specify)
7. WERE YOU LIVING WITH DECEASED AT TIME OF DEATH? ☐ YES ☐ NO		

8. IF NOT LIVING WITH DECEASED AT DEATH, WAS THERE A DIVORCE?	9. IF YOU WERE DIVORCED FROM DECEASED, GIVE DATE AND PLACE OF DIVORCE				
☐ YES ☐ NO	MONTH	DAY	YEAR	CITY	STATE

10. HOW MANY TIMES WERE YOU MARRIED?	11 GIVE NAME OF EACH SPOUSE (Include all marriages)	12. HOW WAS MARRIAGE TERMINATED? (Check one in each case)	13. DATE MARRIAGE WAS TERMINATED
		☐ DEATH ☐ DIVORCE	
		☐ DEATH ☐ DIVORCE	
		☐ DEATH ☐ DIVORCE	

(CONTINUED ON OTHER SIDE)

FILL IN PARTS D AND E ONLY IF YOU ARE NOT THE DESIGNATED BENEFICIARY OR THE WIDOW OR WIDOWER OF THE DECEASED.

PART D. INFORMATION CONCERNING NEXT OF KIN OF DECEASED

1. List below the name, age, relationship, and address of:

(a) Widow or widower;

(b) If there is no surviving widow or widower, list the child or children of all the deceased's marriages (including adopted child or illegitimate child, stating relationship) and the descendants of any deceased child or children;

(c) If there are no children, list the parents; if one or both parents are deceased, so state and give the date of death;

(d) If there are no survivors within the degrees indicated in (a) through (c), list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers, sisters, etc.).

NAME	AGE	RELATIONSHIP TO DECEASED	FULL ADDRESS

FILL IN BLANKS 2 AND 3 ONLY IF ANY OF THE PERSONS LISTED ABOVE ARE UNDER AGE 21.

2. IF A GUARDIAN HAS BEEN APPOINTED BY THE COURT FOR THE ESTATE OF ANY MINOR CHILDREN ABOVE, GIVE NAME AND ADDRESS OF GUARDIAN AND ATTACH COPY OF THE APPOINTMENT PAPER ISSUED BY THE COURT. NATURAL PARENTAGE OR CUSTODY AWARDED AS A RESULT OF A DIVORCE DOES NOT CONSTITUTE GUARDIANSHIP.

NAME

ADDRESS

3. IF A GUARDIAN FOR THE ESTATE OF ANY MINOR CHILDREN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED?

☐ YES ☐ NO

PART E. INFORMATION CONCERNING THE ESTATE OF THE DECEASED

1. IF AN EXECUTOR OR ADMINISTRATOR HAS BEEN APPOINTED BY THE COURT TO SETTLE THE ESTATE OF THE DECEASED, GIVE NAME AND ADDRESS.

NAME

ADDRESS

2. IF AN EXECUTOR OR ADMINISTRATOR HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED?

☐ YES ☐ NO

PART F. CERTIFICATION BY CLAIMANT

1. Is claim being made for death benefits by accidental means (injuries solely sustained through violent, external, and accidental means)? **IF "YES" SUBMIT CORONER'S AND POLICE REPORTS, NEWS CLIPPINGS, AND ANY OTHER AVAILABLE REPORTS CONCERNING THE ACCIDENT.** No claim for such benefits can be considered if the date of insured's separation or retirement is prior to the date injuries were sustained which caused the death of the insured. ☐ YES ☐ NO

I hereby certify that all statements made in this claim are true to the best of my knowledge, information, and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld. If this claim is approved:

☒ I request that settlement of Death Benefits be made in a lump sum.

☐ I want to consider payment in installments for all or part of the Death Benefits. Please send me detailed information on the methods of settlement available.

Social Security Number of Claimant

Shun Shun L. Clark
(Signature of Claimant)

SHUN SHUN LIN CLARK
(Name of Claimant—Type or Print)

474 Piping Rock Rd.
(Number and Street)

Phone number including area code

Norfolk, Va 23502
(City, State, and Zip Code)

WARNING.—Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine or not more than $10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

(Date)

COPY

COMMONWEALTH OF VIRGINIA

CERTIFIED COPY OF DEATH RECORD

CC. 1

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH— DIVISION OF VITAL RECORDS AND HEALTH STATISTICS—RICHMOND

COPY A

FOR BUREAU OF VITAL RECORDS

REGISTRATION AREA NUMBER: 211

CERTIFICATE NUMBER:

STATE FILE NUMBER:

DECEDENT

1. FULL NAME OF DECEASED (first) (middle) (last): WILLIAM Joseph CLARK, Sr.
2. SEX: male ☒ female ☐
3. RACE: White
4. DATE OF DEATH (mo.) (day) (year): May 2, 1985
5. AGE: 91 years
   IF UNDER 1 YEAR: months / days
   IF UNDER 1 DAY: hours / minutes
6. DATE OF BIRTH (mo.) (day) (year): Mar. 18, 1894
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes XX no ☐

PLACE OF DEATH

8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If none, so state): Veterans Administration
   DOA ☐ OUT PAT/Emer Rm ☐ Inpatient ☐
9. COUNTY OF DEATH (If independent city, leave blank)
10. CITY OR TOWN OF DEATH: Hampton — inside city or town limits? yes XX no ☐
11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH

USUAL RESIDENCE OF DECEDENT

12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE: Virginia
13. COUNTY OF DECEASED'S RESIDENCE (If independent city, leave blank)
14. CITY OR TOWN OF RESIDENCE: Norfolk — inside city or town limits? yes ☒ no ☐
15. STREET ADDRESS OR RT. NO. OF RESIDENCE: 474 Piping Rock Rd.
    ZIP CODE: 23502

PERSONAL DATA OF DECEDENT

16. NAME OF FATHER OF DECEASED: Unknown
17. MAIDEN NAME OF MOTHER OF DECEASED: Unknown
18. CITIZEN OF WHAT COUNTRY: U.S.A.
19. BIRTHPLACE (state or country): Missouri
20. NEVER MARRIED ☐ DIVORCED ☐ MARRIED ☐ WIDOWED ☒
21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank): Olivia North Clark
22. SOCIAL SECURITY NUMBER: 229 52 3823
23. USUAL OR LAST OCCUPATION: Lighthouse keeper
24. KIND OF BUSINESS OR INDUSTRY: Coast Guard
25. INFORMANT—OR SOURCE OF INFORMATION: Howard L. Clark, Sr.- Son

MEDICAL CERTIFICATION

TO PHYSICIAN: Complete and sign medical certification (item 26) and return both copies to funeral director as soon as possible after determination of cause.

NOTE: If "Pending" must be indicated, so state in part I and notify registrar of final decision as soon as possible.

26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (A): Cardiac arrest
DUE TO (B): Gastrointestinal hemorrhage
DUE TO (C):
Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Renal failure

26a. AUTOPSY? AUTHORIZED BY: yes ☐ no ☐

26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes ☐ no ☐ unknown ☐

26c. IF EXTERNAL CAUSE, IT WAS PRIMARY ☐ or CONTRIBUTING ☐ TO CAUSE OF DEATH. NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER

26d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED

26e. TIME OF INJURY (mo.) (day) (year) A.M. P.M.

26f. INJURY OCCURRED while at work ☐ not while at work ☐

26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)

26h. (city or town) (county) (state)

26i. To the best of my knowledge, death occurred at 4:00 XXX (a.m.) (p.m.) on the date and place and from the cause(s) stated.

ACTUAL SIGNATURE ▶ [signature]

DATE SIGNED: May 10, 1985

NAME OF ATTENDING PHYSICIAN (Type or Print): GEORGE A. GRIGGS, M.D.

ADDRESS OF ATTENDING PHYSICIAN: NAMC Hampton, VA 23667

FUNERAL DIRECTOR

27. BURIAL ☐ REMOVAL ☐ CREMATION ☒

28. PLACE OF BURIAL, REMOVAL, ETC.: Colonial Crematorium, Norfolk, Virginia (name of cemetery or crematory) (city or county) (state)

29. (Signature of funeral director or person legally filing this certificate) ▶ [signature]

NAME OF FUNERAL HOME AND ADDRESS: Smith& Williams Fun. Hom[illegible] Norfolk, Va.

REGISTRAR

30. ▶ (signature of registrar) [signature]

DATE RECORD FILED: MAY 13, 1985

VS 2.5/83

IMPORTANT: Use black ribbon in typewriter or print legibly with ball point pen having black unfading ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

MARGIN RESERVED FOR BINDING

This is to certify that this is a true and correct reproduction of the original record filed with the HAMPTON DEPARTMENT OF HEALTH, HAMPTON, VIRGINIA.

Date Issued MAY 13 1985

[signature]
Registrar or Deputy

(SEAL)

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE.
DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE HAMPTON DEPARTMENT OF HEALTH CLEARLY AFFIXED.
Section 32.1-272, Code of Virginia, as Amended.

Standard Form 49
REVISED APRIL 1956
U. S. CIVIL SERVICE COMMISSION
CHAPTER 13, F. P. M.

CERTIFICATION OF INSURED EMPLOYEE'S RETIRED STATUS

Federal Employees' Group Life Insurance Act of 1954, as amended

See Instructions to Agencies on Reverse Side

1. NAME OF RETIRED EMPLOYEE — MR. / MRS. / MISS — (Last) (First) (Middle): CLARK, WILLIAM J.

2. DATE OF BIRTH (Month, Day, Year): 3-18-94

3. MAILING ADDRESS (Number and street, city, zone number, and State):
315 Drum Drive
Charlott Harbor Rural Station
Punta Gorda, Florida

4. PLAN OR SYSTEM UNDER WHICH RETIRED: Lighthouse Service Retirement Act of 20 June 1918 as amende

5. RETIREMENT CLAIM NO. (If any): None

6. EFFECTIVE DATE OF ANNUITY (Mo., day, yr.): 1 August 1958

7. DID EMPLOYEE RETIRE FOR DISABILITY? [X] YES [ ] NO

8. DID EMPLOYEE RETIRE ON AN IMMEDIATE ANNUITY? [X] YES [ ] NO

IF ITEM 7 IS ANSWERED "YES", OMIT ITEMS 9 AND 10.

9. DOES EMPLOYEE HAVE 15 OR MORE YEARS' VERIFIED CREDITABLE SERVICE OF WHICH AT LEAST 5 YEARS ARE CIVILIAN SERVICE? [ ] YES [ ] NO

10. If employee retired on an immediate annuity but has less than 15 years' verified creditable civilian service *and* if there is uncertainty as to the creditability of a period (or periods) of service which is essential to a total of 15 years, list all service of record and any other service alleged by the retired employee. The Civil Service Commission will verify and/or determine whether the service in question is creditable.

PERIOD OF SERVICE FROM—	PERIOD OF SERVICE TO—	DEPARTMENT OR AGENCY	LOCATION OF EMPLOYMENT	TITLE OF POSITION	HAS SERVICE BEEN VERIFIED YES	HAS SERVICE BEEN VERIFIED NO

11. I hereby certify that the above information, excepting period(s) of unverified service alleged by the retired employee, has been obtained from official records and is correct.

(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)

17 February 1959
(DATE)

H. L. MORGAN
(TYPE NAME OF AUTHORIZED AGENCY OFFICIAL)

Chief, Civilian Personnel Division
(TITLE)

U. S. Coast Guard
(NAME OF AGENCY)

1300 E St., N.W., Washington 25, D.C.
(MAILING ADDRESS OF AGENCY)

CERTIFICATION OF CIVIL SERVICE COMMISSION

[X] INDIVIDUAL NAMED ABOVE IS INSURED AS A RETIRED EMPLOYEE UNDER FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT OF 1954.

[ ] INDIVIDUAL NAMED ABOVE IS NOT INSURED BECAUSE:

[ ] LESS THAN 15 YEARS CREDITABLE SERVICE.

[ ] NOT RETIRED ON AN IMMEDIATE ANNUITY.

[ ]

WILLIAM J CLARK 031894
315 DRUM DRIVE CSI-564 159
CHARLOTT HARBOR RURAL STATION
PUNTA GORDA FLA LR 2/27/59

564159
(CSI NUMBER ASSIGNED)

CERTIFIED BY: RETIREMENT DIVISION
(DATE)

AGENCY REPORT OF TERMINATION OF RETIRED STATUS

DATE ANNUITY TERMINATED	REASON FOR TERMINATION	LAST ADDRESS IF DIFFERENT THAN SHOWN IN ITEM 3
2 May 1985	Death	474 Piping Rock Road
U.S. Lighthouse Service, C/O COMDT (G-PC-1), U.S. Coast Guard, Washington, DC 20593	JUL 12 1985	Norfolk, VA 23502

CATHERINE M. WATSON
(SIGNATURE OF AUTHORIZED OFFICIAL)
Acting Chief, Civ Pers Div

(DATE)

16—71110-2

FILL IN PARTS D AND E ONLY IF YOU ARE NOT THE DESIGNATED BENEFICIARY OR THE WIDOW OR WIDOWER OF THE DECEASED.

PART D. INFORMATION CONCERNING NEXT OF KIN OF DECEASED

1. List below the name, age, relationship, and address of:

(a) Widow or widower;

(b) If there is no surviving widow or widower, list the child or children of all the deceased's marriages (including adopted child or illegitimate child, stating relationship) and the descendants of any deceased child or children;

(c) If there are no children, list the parents; if one or both parents are deceased, so state and give the date of death;

(d) If there are no survivors within the degrees indicated in (a) through (c), list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers, sisters, etc.).

NAME	AGE	RELATIONSHIP TO DECEASED	FULL ADDRESS

FILL IN BLANKS 2 AND 3 ONLY IF ANY OF THE PERSONS LISTED ABOVE ARE UNDER AGE 21.

2. IF A GUARDIAN HAS BEEN APPOINTED BY THE COURT FOR THE ESTATE OF ANY MINOR CHILDREN ABOVE, GIVE NAME AND ADDRESS OF GUARDIAN AND ATTACH COPY OF THE APPOINTMENT PAPER ISSUED BY THE COURT. NATURAL PARENTAGE OR CUSTODY AWARDED AS A RESULT OF A DIVORCE DOES NOT CONSTITUTE GUARDIANSHIP.

NAME | ADDRESS

3. IF A GUARDIAN FOR THE ESTATE OF ANY MINOR CHILDREN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED?

☐ YES ☐ NO

PART E. INFORMATION CONCERNING THE ESTATE OF THE DECEASED

1. IF AN EXECUTOR OR ADMINISTRATOR HAS BEEN APPOINTED BY THE COURT TO SETTLE THE ESTATE OF THE DECEASED, GIVE NAME AND ADDRESS.

NAME | ADDRESS

2. IF AN EXECUTOR OR ADMINISTRATOR HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED?

☐ YES ☐ NO

PART F. CERTIFICATION BY CLAIMANT

1. Is claim being made for death benefits by accidental means (injuries solely sustained through violent, external, and accidental means)? **IF "YES" SUBMIT CORONER'S AND POLICE REPORTS, NEWS CLIPPINGS, AND ANY OTHER AVAILABLE REPORTS CONCERNING THE ACCIDENT.** No claim for such benefits can be considered if the date of insured's separation or retirement is prior to the date injuries were sustained which caused the death of the insured. ☐ YES ☐ NO

I hereby certify that all statements made in this claim are true to the best of my knowledge, information, and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld. If this claim is approved:

☒ I request that settlement of Death Benefits be made in a lump sum.

☐ I want to consider payment in installments for all or part of the Death Benefits. Please send me detailed information on the methods of settlement available.

Social Security Number of Claimant

Shun Shun L. Clark
(Signature of Claimant)

SHUN SHUN LIN CLARK
(Name of Claimant—Type or Print)

474 Piping Rock Rd.
(Number and Street)

Phone number including area code

Norfolk, Va 23502
(City, State, and Zip Code)

WARNING.—Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine or not more than $10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

(Date)

DEPT. OF TRANSP., USCG, CG-3584 (Rev. 2-68) CLEARANCE SHEET

104

(G-CC/[illegible])
(202) 366-4280

5730

MAY 14 1987

The Honorable Owen B. Pickett
Member, United States House
of Representatives
Room 815, Federal Building
Norfolk, VA 23510-1876

Dear Mr. Pickett:

This is in reply to your letter of April 10, 1987, on behalf of Mrs. Shun Shun Clark, one of your constituents. Mrs. Clark is the daughter-in-law of a former member of the U. S. Lighthouse Service, Mr. William J. Clark. Mr. Clark died on May 2, 1985.

Our records indicate that on June 18, 1985, a letter was sent to Mr. Clark's son, Howard L. Clark, Sr., offering the condolences of the Coast Guard. Included in the letter was a Form FE-6, Claim for Death Benefits, for Mr. Clark to complete and return. On June 25, 1985, Mr. Clark's grandson, Howard L. Clark, Jr. wrote this office to inform us that Mrs. Shun Shun Lin Clark was the designated beneficiary. A second letter was sent out on July 12, 1985, to Mrs. Clark, which included another form FE-6 to complete and return with a copy of her father-in-law's death certificate. The forms and the death certificate were received on April 30, 1987, and forwarded to the Office of Federal Employees' Group Life Insurance in New York City on May 4, 1987.

We hope this will resolve Mrs. Clark's problem of receiving her late father-in-law's life insurance proceeds.

Sincerely,

J. C. CARNEY
COMMANDER, U.S. COAST GUARD
DEPUTY CHIEF, CONGRESSIONAL AFFAIRS STAFF

PREVIOUS EDITIONS MAY BE USED

RALOCKE/pc/04MAY87/G-PC-1/x7-1706/Doc #4031C/P#39363/55149/

OFFICE OR DIVISION	G-PC	G-Pd	G-P						G-CC			
INITIALS OF RESPONSIBLE OFFICERS												
INTRA-OFFICE OR DIVISION INITIALS												
DATE OUT		#39363										

GPO 963-835

U.S. Department of Transportation
United States Coast Guard

Commandant
United States Coast Guard

Washington, DC 20593
Staff Symbol: G-PC-1
Phone: (202) 426-0921

12831.L

18 JUN 1985

Mr. Howard L. Clark
474 Piping Rock Road
Norfolk, VA 23502

Dear Mr. Clark:

Please accept our condolences on the death of your father, William J. Clark, on May 2, 1985. At the time of your father's's death, he was covered by the Federal Employees' Group Life Insurance. Enclosed is Form FE-6, Claim for Death Benefits. Please complete it and return to this office with a copy of your mother's death certificate and the birth certificate of you and any siblings.

When I receive the papers from you, I shall certify your father's service and forward your application to the Office of Personnel Management, Washington, DC 20415. The Office of Personnel Management is responsible for administering the life insurance program.

In a separate letter, the Coast Guard's Retired Military Affairs Branch has asked you to return any uncashed checks payable to your father. They also included a copy of SF-1153, Claim for Unpaid Compensation of Deceased Civilian Employee. If you will complete the form, sign it in front of two people who are not members of your family and return it, the Coast Guard will send you a check for the money due your father up to the time of his death. If you should not receive their letter or the forms, please write or call me as soon as possible.

If your father had any employment under the Social Security law, you should call or visit your local Social Security office concerning your rights to any benefits. If he was a veteran of any war, you should also contact your local Veterans Administration office to see if you are eligible for any other benefits.

I hope the above information will help you. If you should have any questions, please call or write me a letter. My address and telephone number are at the top of this letter.

Sincerely,

THOMAS F. FISHER
Chief, Civilian Personnel Division
By direction of the Commandant

Encl: (1) Self-addressed envelope
(2) FE-6

Standard Form No. 54
January 1968
U.S. Civil Service Commission
FPM Supplement 990-1
54-106

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT
Read instructions on back of duplicate before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) CLARK . (First) William (Middle) Joseph

DATE OF BIRTH (Month, day, year) March 18 1894

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:

☐ AN EMPLOYEE ☐ RETIRED OR AN APPLICANT FOR RETIREMENT ☐ RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION GIVE YOUR "CSA," "CSI," "A," or "X" NUMBER # CSI 564 159
(CSA, CSI, A, or X number)

DEPARTMENT OR AGENCY IN WHICH PRESENTLY EMPLOYED (If retired, former department or agency):

(Ret) U.S.Coast Guard. Dept.of Trans.Portsmouth,Va. 23705
(Department or agency) (Bureau) (Division) (Location—City, State, and ZIP Code)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
-Miss Shun Shun LIN	Zip 23513 Azalea Gd.Rd, 3148 -B- Apt.102. Norfolk,Va.	NURSE Companion.	All.

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

March 4 1978
(Date of execution—month, day, year)

W J Clark Sr
(Signature of insured)

WITNESSES TO SIGNATURE (*A witness is ineligible to receive payment as a beneficiary*):

Florida Ann T. Reyes — 5889 Corrora Dr. VA. Beach VA. 23462
(Signature of witness) (Number and street) (City, State, and ZIP Code)

Reynaldo P. Reyes — 5889 Corrora DR. VA. Beach, VA. 23462
(Signature of witness) (Number and street) (City, State, and ZIP Code)

PRINT OR TYPE NAME AND ADDRESS (Including ZIP Code) OF INSURED

W.J.Clark Sr. Apt 102
3148-B-Aza lea Garden Rd.
Norfolk, Virginia. 23513

THIS SPACE RESERVED FOR RECEIVING AGENCY

(Indicate date and by whom received)

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.

DUPLICATE

OWEN B. PICKETT
2ND DISTRICT, VIRGINIA

1429 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4215

DISTRICT OFFICES:
815 FEDERAL BUILDING
200 GRANBY STREET
NORFOLK, VIRGINIA 23510
(804) 624-9124

2710 VIRGINIA BEACH BOULEVARD
VIRGINIA BEACH, VIRGINIA 23452
(804) 486-3710

Congress of the United States
House of Representatives
Washington, DC 20515

COMMITTEES:
ARMED SERVICES

SUBCOMMITTEES:
RESEARCH AND DEVELOPMENT
SEAPOWER AND STRATEGIC AND CRITICAL MATERIALS
MILITARY PERSONNEL AND COMPENSATION

MERCHANT MARINE AND FISHERIES

SUBCOMMITTEES:
MERCHANT MARINE
COAST GUARD AND NAVIGATION
PANAMA CANAL/OUTER CONTINENTAL SHELF

April 10, 1987

CDR Guy Goodwin
House Liaison Officer
U.S. Coast Guard
Room B320, Rayburn HOB
Washington D.C. 20515

87 APR 16 P4 50

Dear Commander Goodwin:

I am writing on behalf of Mrs. Shun Shun Clark, daughter-in-law and former nurse of Mr. William Joseph Clark. Mrs. Clark, formerly Shun Shun Lin, is named as Beneficiary on the Federal Employees Group Life Insurance Program but has never received payment. Mrs. Clark has asked my assistance in this matter.

I would appreciate it if you could review this matter and respond to me at my Norfolk office.

With kindest regards,

Sincerely,

Owen Pickett

Owen B. Pickett
Member of Congress

OBP/mlj

Enclosures

DATE April 7, 1987

NAME(S) Mrs. Shun Shun Clark /William Joseph Clark CSI 564-159

HOME ADDRESS 474 Piping Rock Road, Norfolk, Virginia 23502

HOME TELEPHONE 461-6635 BUSINESS TELEPHONE n/a

SSN 229-52-3823 VA CLAIM NO. _____ COMPENSATION NO. _____

CSA NO. _____ CSF NO. _____ ALIEN NO. _____

MILITARY RANK _____ MILITARY ORGAN/ADDRESS _____

DATE/PLACE OF DISCHARGE _____

DATE/PLACE OF BIRTH _____

OTHER PERTINENT INFO William Clark deceased May 2, 1985, Mrs. Shun Clark is the daughter in-law of the deceased, named as Beneficiary on the Federal Employees Group Life Insurance Program. Mrs. Clark request the Congressman inquire as to the payment of the life insurance.

I, Shun Shun Clark, hereby request and authorize Congressman Owen B. Pickett, Representative of the Second Congressional District of Virginia, and/or Members of his Staff, to make an inquiry on my behalf of the following:

___DEPT/INDEPENDENT AGENCIES OF THE FEDERAL GOVERNMENT (including all subordinate organizations)

Dept/Agency _____
Subordinate Organ. _____

___DEPT OF CITY/STATE GOVERNMENT

City/State Agency _____
Subordinate Organ. _____

___OTHERS _____

NATURE OF INQUIRY REQUESTED _____

SIGNATURE Shun Shun Clark

COMMONWEALTH OF VIRGINIA

CERTIFIED COPY OF DEATH RECORD

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH— DIVISION OF VITAL RECORDS AND HEALTH STATISTICS—RICHMOND

COPY A — FOR BUREAU OF VITAL RECORDS

REGISTRATION AREA NUMBER: 211
CERTIFICATE NUMBER:
STATE FILE NUMBER:

DECEDENT

1. FULL NAME OF DECEASED (first) (middle) (last): WILLIAM Joseph CLARK, Sr.
2. SEX: male ☒ female ☐
3. RACE: White
4. DATE OF DEATH (mo.) (day) (year): May 2, 1985
5. AGE: 91 years
If UNDER 1 YEAR months / days; If UNDER 1 DAY hours / minutes:
6. DATE OF BIRTH (mo.) (day) (year): Mar. 18, 1894
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes ☒ no ☐

PLACE OF DEATH

8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If not in hospital or institution, give street address or location): Veterans Administration
DOA ☐ Dead on Arr. (Emer. Rm.) ☐ Inpatient ☐
9. COUNTY OF DEATH (If independent city, leave blank): Hampton
10. CITY OR TOWN OF DEATH (Inside city or town limits?) yes ☒ no ☐: Hampton
11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH:

USUAL RESIDENCE OF DECEDENT

12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE: Virginia
13. COUNTY OF DECEASED'S RESIDENCE (If independent city, leave blank): Norfolk
14. CITY OR TOWN OF RESIDENCE (Inside city or town limits?) yes ☒ no ☐: Norfolk
15. STREET ADDRESS OR RT. NO. OF RESIDENCE: 474 Piping Rock Rd.
ZIP CODE: 23502

PERSONAL DATA OF DECEDENT

16. NAME OF FATHER OF DECEASED: Unknown
17. MAIDEN NAME OF MOTHER OF DECEASED: Unknown
18. CITIZEN OF WHAT COUNTRY: U.S.A.
19. BIRTHPLACE (State or country): Missouri
20. NEVER MARRIED ☐ DIVORCED ☐ MARRIED ☐ WIDOWED ☒
21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (If divorced leave blank): Olivia North Clark
22. SOCIAL SECURITY NUMBER: 229 52 3823
23. USUAL OR LAST OCCUPATION: Lighthouse keeper
24. KIND OF BUSINESS OR INDUSTRY: Coast Guard
25. INFORMANT - OR SOURCE OF INFORMATION: Howard L. Clark, Sr.- Son

MEDICAL CERTIFICATION

TO PHYSICIAN:

26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (A): Cardiac arrest
DUE TO (B): Gastrointestinal hemorrhage
Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.
DUE TO (C):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Renal failure
26a. AUTOPSY AUTHORIZED BY? yes ☐ no ☐
26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes ☐ no ☐ unknown ☐
26c. IF EXTERNAL CAUSE, IT WAS PRIMARY ☐ or CONTRIBUTING ☐ TO CAUSE OF DEATH. NOTE: IF EXTERNAL CAUSE NOTIFY MED. EXAMINER
26d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED:
26e. TIME OF INJURY (mo.) (day) (year): A.M. / P.M.
26f. INJURY OCCURRED: while at work ☐ not while at work ☐
26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)
26h. (city or town) (county) (state)

NOTE: If Pending, must be explained, so state in Part I and notify registrar of final decision as soon as possible.

26i. To the best of my knowledge, death occurred at 4:00 XXX (a.m.) (p.m.) on the date and place and from the cause(s) stated.

ACTUAL SIGNATURE ▶ Geo A Griggs
DATE SIGNED: May 10, 1985
NAME OF ATTENDING PHYSICIAN (Type or Print): GEORGE A. GRIGGS, M.D.
ADDRESS OF ATTENDING PHYSICIAN: VAMC Hampton, VA 23667

FUNERAL DIRECTOR

27. BURIAL ☐ REMOVAL ☐ CREMATION ☒
28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state): Colonial Crematorium, Norfolk, Virginia
29. (Signature of funeral director or person legally filing this certificate) ▶ Herman P. Williams
NAME OF FUNERAL HOME AND ADDRESS: Smith & Williams Fun. Home Norfolk, Va.

REGISTRAR

30. (Signature of registrar) ▶ Ruth P. Wrightsman
DATE RECORD FILED: MAY 13, 1985

VS 2/5/83

IMPORTANT: Use black ribbon on typewriter or print legibly with ball point pen having black writing ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

MARGIN RESERVED FOR BINDING

This is to certify that this is a true and correct reproduction of the original record filed with the HAMPTON DEPARTMENT OF HEALTH, HAMPTON, VIRGINIA.

Date Issued MAY 13 1985

Ruth P. Wrightsman
Registrar or Deputy

(SEAL)

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE.
DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE HAMPTON DEPARTMENT OF HEALTH CLEARLY AFFIXED.
Section 32.1-272, Code of Virginia, as Amended.

Encl-(4)

Standard Form No. 54
January 1968
U.S. Civil Service Commission
FPM Supplement 990-1
54-106

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT
Read instructions on back of duplicate before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last)	(First)	(Middle)	DATE OF BIRTH (Month, day, year)
CLARK	WILLIAM	JOSEPH	March 18 1894

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:

☐ AN EMPLOYEE ☒ RETIRED OR AN APPLICANT FOR RETIREMENT ☐ RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION GIVE YOUR "CSA," "CSI," "A," or "X" NUMBER

C S I 564-159
(CSA, CSI, A, or X number)

DEPARTMENT OR AGENCY IN WHICH PRESENTLY EMPLOYED (If retired, former department or agency):

U.S.Coast Guard, Retired,Former Lighthouse Keeper,Norfolk,Va.
(Department or agency) (Bureau) (Division) (Location—City, State, and ZIP Code)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Shun Shun Lin	In care of,H.L.CLARK,Sr.747 Piping Rock,Rd.Norfolk,Va.	Nurse	All

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

No Oct. 1st. 1977 W.J.Clark Sr.
(Date of execution—month, day, year) (Signature of insured)

WITNESSES TO SIGNATURE (*A witness is ineligible to receive payment as a beneficiary*):

10/14/77 Elizabeth Girling 1608 Dendron Drive, Va.Beach Va. 23451
(Signature of witness) (Number and street) (City, State, and ZIP Code)

Elizabeth Girling 1608 Dendron Dr. VaBeach Va. 23451
(Signature of witness) (Number and street) (City, State, and ZIP Code)

PRINT OR TYPE NAME AND ADDRESS (Including ZIP Code) OF INSURED

William J. Clark
3148 B Azalea Garden Rd
Apt 102
Norfolk, VA 23513

THIS SPACE RESERVED FOR RECEIVING AGENCY

(Indicate date and by whom received)

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.

DUPLICATE

This Designation of Beneficiary Form is to be used solely for the disposition of proceeds of insurance under the Federal Employees Group Life Insurance Program and is not to be confused with Standard Form 2808, Designation of Beneficiary, Civil Service Retirement System, or Standard Form 1152, Designation of Beneficiary, Unpaid Compensation of Deceased Civilian Employee.

ORDER OF PRECEDENCE

If, at the death of the insured, there is no designated beneficiary entitled to all or any part of the insurance, the amount of insurance for which there is no designated beneficiary shall be payable to the person or persons listed below surviving at the date of the insured's death, in the following order of precedence:

1. To the widow or widower.
2. If neither of the above, to the child or children, with the share of any deceased child distributed among the descendants of that child.
3. If none of the above, to the parents or the survivor of them.
4. If none of the above, to the executor or administrator of the estate.
5. If none of the above, to the other next of kin who are entitled under the laws of the domicile of the insured at the date of his death.

IT IS NOT NECESSARY FOR THE INSURED TO DESIGNATE A BENEFICIARY UNLESS HE WISHES PAYMENT TO BE MADE IN A WAY OTHER THAN THE ORDER OF PRECEDENCE SHOWN ABOVE.

REGULATIONS

(*a*) The Designation of Beneficiary shall be in writing, signed and witnessed, and received in the employing office (or in the case of (1) a retired employee and (2) an employee whose insurance is continued while he is receiving benefits under the Federal Employees' Compensation Law because of disease or injury to himself and who is held by the Department of Labor to be unable to return to duty, in the Civil Service Commission) prior to the death of the designator.

(*b*) No change or cancellation of beneficiary in a last will or testament, or in any other document not witnessed and filed as required by these regulations, shall have any force or effect.

(*c*) A witness to a Designation of Beneficiary is ineligible to receive payment as a beneficiary.

(*d*) Any person, firm, corporation, or legal entity (except an agency of the Federal or District of Columbia Governments) may be named as beneficiary.

(*e*) A change of beneficiary may be made at any time and without the knowledge or consent of the previous beneficiary and this right cannot be waived or restricted.

(*f*) A Designation of Beneficiary is automatically canceled (1) on the day the employee transfers (except by mass transfer to another agency, or (2) 31 days after the employee ceases to be insured.

INSTRUCTIONS

1. The examples printed on the back of the first page of this form may be helpful to you in filling out this form to name a beneficiary or to cancel a prior Designation of Beneficiary. More than one beneficiary can be designated. Unless you direct otherwise in the Designation, the person(s) named will be considered as beneficiary (or beneficiaries) for *both* regular and optional insurance. The total insurance can be divided by showing what share is to be paid to each beneficiary (example 2), or different beneficiaries may be designated for regular and optional insurance (example 4).

2. Complete this form in duplicate. All entries on the form except signatures should be typed or printed in ink (typewriting preferred).

3. It is not necessary to file a new Designation of Beneficiary when the name or address of the insured or the beneficiary is changed.

4. This form must be free of erasures or alterations.

WHERE TO FILE COMPLETED FORM

If insured as an employee, file the form with the agency in which employed. If insured as a retired employee or while receiving Federal employees' compensation, file the form with the U.S. Civil Service Commission, Washington, D.C. 20415. If an application for retirement or compensation is pending, file the form with the agency in which employed if still an insured employee, or with the U.S. Civil Service Commission if no longer an insured employee. The duplicate will be noted and returned as evidence that the original has been received and filed. It is suggested that the duplicate be kept with the Certificate of Insurance under the Federal Employees Group Life Insurance Program.

Designations should be kept current. Changes in family status (marriage, divorce, death, births, etc.) may require corresponding changes in the designation.

U.S. GOVERNMENT PRINTING OFFICE : 1968—O-279-520

Standard Form No. 54
January 1968
U.S. Civil Service Commission
FPM Supplement 990-1
54-106

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT
Read instructions on back of duplicate before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) CLARK . (First) William (Middle) Joseph

DATE OF BIRTH (Month, day, year) March 18 1894

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:

☐ AN EMPLOYEE ☒ RETIRED OR AN APPLICANT FOR RETIREMENT ☐ RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION GIVE YOUR "CSA," "CSI," "A," or "X" NUMBER # CSI 564 159
(CSA, CSI, A, or X number)

DEPARTMENT OR AGENCY IN WHICH PRESENTLY EMPLOYED (If retired, former department or agency):

(Ret) U.S.Coast Guard. Dept.of Trans.Portsmouth,Va. 23705
(Department or agency) (Bureau) (Division) (Location—City, State, and ZIP Code)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
-Miss Shun Shun LIN	Zip 23513 Azalea Gd.Rd, 3148 -B- Apt.102. Norfolk,Va.	NURSE Companion.All.	

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

March 4 1978 W.J.Clark Sr
(Date of execution—month, day, year) (Signature of insured)

WITNESSES TO SIGNATURE (*A witness is ineligible to receive payment as a beneficiary*):

Meridawn J. Reyes 5889 Connors DR. VA. BEACH, VA. 23462
(Signature of witness) (Number and street) (City, State, and ZIP Code)

Reyes J. Reyes 5889 Connors DR. VA. Beach, VA. 23462
(Signature of witness) (Number and street) (City, State, and ZIP Code)

PRINT OR TYPE NAME AND ADDRESS (including ZIP Code) OF INSURED

W.J.Clark Sr. Apt 102
3148-B-Aza lea Garden Rd.
Norfolk, Virginia. 23513

THIS SPACE RESERVED FOR RECEIVING AGENCY

(Indicate date and by whom received)

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.

DUPLICATE

This Designation of Beneficiary Form is to be used solely for the disposition of proceeds of insurance under the Federal Employees Group Life Insurance Program and is not to be confused with Standard Form 2808, Designation of Beneficiary, Civil Service Retirement System, or Standard Form 1152, Designation of Beneficiary, Unpaid Compensation of Deceased Civilian Employee.

ORDER OF PRECEDENCE

If, at the death of the insured, there is no designated beneficiary entitled to all or any part of the insurance, the amount of insurance for which there is no designated beneficiary shall be payable to the person or persons listed below surviving at the date of the insured's death, in the following order of precedence:

1. To the widow or widower.

2. If neither of the above, to the child or children, with the share of any deceased child distributed among the descendants of that child.

3. If none of the above, to the parents or the survivor of them.

4. If none of the above, to the executor or administrator of the estate.

5. If none of the above, to the other next of kin who are entitled under the laws of the domicile of the insured at the date of his death.

IT IS NOT NECESSARY FOR THE INSURED TO DESIGNATE A BENEFICIARY UNLESS HE WISHES PAYMENT TO BE MADE IN A WAY OTHER THAN THE ORDER OF PRECEDENCE SHOWN ABOVE.

REGULATIONS

(*a*) The Designation of Beneficiary shall be in writing, signed and witnessed, and received in the employing office (or, in the case of (1) a retired employee and (2) an employee whose insurance is continued while he is receiving benefits under the Federal Employees' Compensation Law because of disease or injury to himself and who is held by the Department of Labor to be unable to return to duty, in the Civil Service Commission) prior to the death of the designator.

(*b*) No change or cancellation of beneficiary in a last will or testament, or in any other document not witnessed and filed as required by these regulations, shall have any force or effect.

(*c*) A witness to a Designation of Beneficiary is ineligible to receive payment as a beneficiary.

(*d*) Any person, firm, corporation, or legal entity (except an agency of the Federal or District of Columbia Governments) may be named as beneficiary.

(*e*) A change of beneficiary may be made at any time and without the knowledge or consent of the previous beneficiary, and this right cannot be waived or restricted.

(*f*) A Designation of Beneficiary is automatically canceled (1) on the day the employee transfers (except by mass transfer) to another agency, or (2) 31 days after the employee ceases to be insured.

INSTRUCTIONS

1. The examples printed on the back of the first page of this form may be helpful to you in filling out this form to name a beneficiary or to cancel a prior Designation of Beneficiary. More than one beneficiary can be designated. Unless you direct otherwise in the Designation, the person(s) named will be considered as beneficiary (or beneficiaries) for *both* regular and optional insurance. The total insurance can be divided by showing what share is to be paid to each beneficiary (example 2), or different beneficiaries may be designated for regular and optional insurance (example 4).

2. Complete this form in duplicate. All entries on the form except signatures should be typed or printed in ink (typewriting preferred).

3. It is not necessary to file a new Designation of Beneficiary when the name or address of the insured or the beneficiary is changed.

4. This form must be free of erasures or alterations.

WHERE TO FILE COMPLETED FORM

If insured as an employee, file the form with the agency in which employed. If insured as a retired employee or while receiving Federal employees' compensation, file the form with the U.S. Civil Service Commission, Washington, D.C. 20415. If an application for retirement or compensation is pending, file the form with the agency in which employed if still an insured employee, or with the U.S. Civil Service Commission if no longer an insured employee. The duplicate will be noted and returned as evidence that the original has been received and filed. It is suggested that the duplicate be kept with the Certificate of Insurance under the Federal Employees Group Life Insurance Program.

Designations should be kept current. Changes in family status (marriage, divorce, death, births, etc.) may require corresponding changes in the designation.

☆ U.S. GOVERNMENT PRINTING OFFICE : 1968—O-279-520

WHO RECEIVES YOUR DEATH BENEFITS?

You do not need to name a beneficiary if you are satisfied to have the death benefits of your insurance paid in the order of precedence noted below. If you are survived by a designated beneficiary, the benefits will be paid to the beneficiary. If there is no designated beneficiary surviving, the benefits will be paid to your widow or widower under category (1); and if you have no survivor falling in category (1), the benefits will be paid to the survivors falling in category (2); and so on, as necessary, to the other categories.

(1) Your widow or widower.

(2) Your child or children in equal shares, with the share of any deceased child distributed among the descendants of that child.

(3) Your parents in equal shares or the entire amount to the surviving parent.

(4) The duly appointed executor or administrator of your estate.

(5) Your next of kin under the laws of your State of domicile at the time of your death.

If you want to name a beneficiary or change the designation, you can do so by filing a written notice, signed and witnessed, with your employing office which can supply appropriate forms for this purpose. A witness to the designation may not receive payment as a beneficiary. You do not need the consent of anyone to change your beneficiary. To be valid, your designation or change of beneficiary must be received by your employing office before your death. If you move to another agency, or if you retire and are eligible for life insurance during retirement, or if you reacquire insurance after it has ceased for any reason, any designation of beneficiary you may have previously made is void, and you must file a new form if you want your insurance benefits paid to a designated beneficiary.

If you name more than one beneficiary be sure to specify their respective interests in your insurance benefits, otherwise they will share equally. If a designated beneficiary dies before you do, his rights and interests in your insurance benefits end automatically.

If any person otherwise entitled to payment as explained above fails to make claim within one year after your death, or if payment to such person within that period is prohibited by Federal statute or regulation, payment will be made in the order of precedence shown above as if such person had died before you.

When your beneficiary or other survivor becomes entitled to receive death benefits on account of your insurance, he may make arrangements with the Office of Federal Employees' Group Life Insurance for the benefits to be paid in instalments rather than in a lump sum, if he so desires. You may not make advance arrangements for instalment payments to your beneficiary or other survivor.

orm G. 3385—Aug. 1954—PRINTED IN U.S.A.

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

CLARK, William J.

EMPLOYEE'S NAME

THIS CERTIFICATE explains in general terms the rights and benefits available to Federal and District of Columbia civilian employees who are insured under the provisions of a Group Insurance Policy purchased by the U. S. Civil Service Commission in accordance with the Federal Employees' Group Life Insurance Act of 1954.

This Certificate summarizes the important provisions of the Group Policy for your information. It is *NOT* a contract of insurance. Your rights and benefits under the Act and the Group Policy at any time are dependent upon the facts in your individual case. If you have any question regarding your insurance, your employing office can furnish any needed information for you.

While insured, you pay your share of the cost of insurance through payroll withholdings at rates fixed by regulations. However, there is no cost to you:

for any pay period ending on or after your 65th birthday.

for any pay period for which you receive no pay.

or

after you retire on an immediate annuity, either for disability or after 15 years of creditable civilian service.

The group insurance provided by this plan is underwritten by a large number of private insurance companies which write group insurance. As provided in the Act, the Office of Federal Employees' Group Life Insurance has been established to administer the insurance on behalf of these companies.

The insurance issued under the Group Policy is term insurance. You cannot assign it to anyone. It builds no cash, loan, paid-up or extended insurance values. Therefore, you should not look upon it as a substitute for any permanent insurance you own or contemplate purchasing.

Acquaint yourself and your family with the information in this Certificate. Keep it in a safe place known to you and your family so that in the event of your death your survivors will not overlook any insurance benefits which may then be payable.

The Group Policy which provides the insurance referred to in this Certificate may be modified or terminated as may be required by any change in the Federal Employees' Group Life Insurance Act of 1954 or for other reasons. Any such modification or termination, however, will not affect adversely any claim arising from death or injury occurring before the modification or termination.

OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

330 Fourth Avenue, New York 10, N. Y.

Form FE-6 (4-81) Printed in U.S.A.
OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE
4 East 24th Street
New York, New York 10010

FEGLI

CLAIM FOR DEATH BENEFITS
FEDERAL EMPLOYEE'S GROUP LIFE INSURANCE

READ INSTRUCTIONS BEFORE FILLING OUT THIS FORM.

PART A. GENERAL INFORMATION ABOUT THE DECEASED

1. FULL NAME OF THE DECEASED (Last)	(First)	(Middle)	2. DATE OF BIRTH Month	Day	Year	3. DATE OF DEATH Month	Day	Year
CLARK	WILLIAM	J	MAR	18	1894	MAY	2	1986

4. SOCIAL SECURITY NUMBER	5. DEPARTMENT OR AGENCY IN WHICH LAST EMPLOYED, INCLUDING BUREAU OR DIVISION	6. DATE OF FINAL SEPARATION IF DIFFERENT FROM DATE OF DEATH Month Day Year
229-52-3523	U.S. COAST GUARD	

7. LOCATION OF LAST EMPLOYMENT (City, State and Zip Code)	8. DOMICILE—(Legal Residence at Time of Death—City and State)	9. WAS DECEASED ON ACTIVE DUTY IN THE MILITARY FORCES OF THE U. S. AT TIME OF DEATH? ☐ YES ☐ NO

10. WAS DECEASED EITHER: 1) RETIRED AND RECEIVING ANNUITY UNDER ANY FEDERAL CIVILIAN RETIREMENT SYSTEM INCLUDING SOCIAL SECURITY, OR 2) RECEIVING WORKERS' COMPENSATION AT TIME OF DEATH?

☒ YES ☐ NO IF YES, CLAIM NUMBER C51 564-159 EFFECTIVE DATE

IF THE DECEASED NAMED YOU AS BENEFICIARY ON STANDARD FORM 2823 (Formerly Standard Form 54) attach a receipted copy of the Designation of Beneficiary (Standard Form 2823 or Standard Form 54) to this claim, give your age and relationship in the box to the right, and complete Part F on the other side. **IF A RECEIPTED COPY OF EITHER STANDARD FORM 2823 OR STANDARD FORM 54 IS NOT ATTACHED, YOU MUST COMPLETE ALL PARTS OF THIS CLAIM FORM, AND PAYMENT WILL BE CONSIDERED UNDER ORDER OF PRECEDENCE.**

Your Date of Birth: JAN 3 1945

Relationship to Deceased: NURSE

PART B. PERSONAL INFORMATION CONCERNING THE DECEASED

1. HOW MANY TIMES WAS DECEASED MARRIED?	3. GIVE NAME OF EACH SPOUSE (Include all marriages)	4. HOW WAS MARRIAGE TERMINATED? (check one in each case)	5. DATE MARRIAGE WAS TERMINATED
1	OLIVIA M CLARK	☒ DEATH ☐ DIVORCE	1995
2. WAS THE DECEASED SURVIVED BY ANY CHILDREN? ☒ YES ☐ NO	—	☐ DEATH ☐ DIVORCE	
		☐ DEATH ☐ DIVORCE	

PART C. INFORMATION CONCERNING THE CLAIMANT

1. YOUR NAME (Last)	(First)	(Middle)	2. YOUR RELATIONSHIP TO THE DECEASED	3. YOUR DATE OF BIRTH Month Day Year
CLARK	SHUN SHUN		NURSE	

BLANKS 4 THROUGH 13 MUST BE FILLED IN IF YOU ARE THE WIDOW OR WIDOWER OF THE DECEASED.

4. DATE OF MARRIAGE Month Day Year	5. PLACE OF MARRIAGE (City and State)	6. MARRIAGE WAS PERFORMED BY ☐ CLERGYMAN OR JUSTICE OF PEACE ☐ OTHER (Specify)
7. WERE YOU LIVING WITH DECEASED AT TIME OF DEATH? ☐ YES ☐ NO		

8. IF NOT LIVING WITH DECEASED AT DEATH, WAS THERE A DIVORCE? ☐ YES ☐ NO	9. IF YOU WERE DIVORCED FROM DECEASED, GIVE DATE AND PLACE OF DIVORCE MONTH DAY YEAR CITY STATE

10. HOW MANY TIMES WERE YOU MARRIED?	11. GIVE NAME OF EACH SPOUSE (Include all marriages)	12. HOW WAS MARRIAGE TERMINATED? (Check one in each case)	13. DATE MARRIAGE WAS TERMINATED
		☐ DEATH ☐ DIVORCE	
		☐ DEATH ☐ DIVORCE	
		☐ DEATH ☐ DIVORCE	

(CONTINUED ON OTHER SIDE)

Howard Clark 3657 NOTTAWAY ST., NORFOLK, VA. 23513

JUNE 25, 1985

COMMMANDANT (G-PC-1)
U. S. COAST GUARD
2100 2ND STREET, S. W.
WASHINGTON, DC 20593

ATTN: THOMAS F. FISHER

DEAR MR. FISHER:

I AM WRITING ON BEHALF OF MY FATHER AND HIS WIFE. THEY RECEIVED YOUR LETTER OF 18 JUNE CONCERNING THE DEATH OF MY GRANDFATHER, WILLIAM J. CLARK. I AM ENCLOSING A COPY OF THE DEATH CERTIFICATE AND A COPY OF THE LAST BENEFICIARY CHANGE FORM SIGNED BY W. J. CLARK.

THE BENEFICIARY IS LISTED AS MISS SHUN SHUN LIN WITH AN ADDRESS ON AZALEA GARDEN RD. MY FATHER AND MISS LIN WERE MARRIED SEVERAL YEARS AGO.

ALL PROCEEDS FROM THIS POLICY SHOULD BE SENT TO SHUN SHUN CLARK AT 474 PIPING ROCK RD. NORFOLK, VA. 23502.

IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL INFORMATION CONCERNING THIS DEATH BENEFIT CLAIM, PLEASE GIVE ME A CALL DURING NORMAL BUSINESS HOURS AT 804/461-8151.

THANK YOU,

H. L. CLARK

COPY

U.S. Department of Transportation
United States Coast Guard

Commanding Officer (RET)
United States Coast Guard
Pay and Personnel Center

444 S.E. Quincy Street
Topeka, Kansas 66683-3591
Phone: (913) 295-2657

7200
AR #771546

108 M.M 1/29/87

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Howard L. Clark
474 Piping Rock Road
Norfolk, VA 23502

Dear Mr. Clark:

We wish to extend our deepest sympathy on the passing of your father, Lighthousekeeper William J. Clark, Sr., 229 52 3823.

Our records indicate a direct deposit payment in the amount of $963.17 was made to your father's account at the Virginia National Bank for the month of May 1985. The amount of retired pay due your father through the date of his death was $67.92. The difference of $895.25 must be refunded to the Government.

Please send a check or money order in the amount of $895.25. Make your check or money order payable to the U. S. Coast Guard. Enclose a copy of this letter with your payment and mail to:

Commanding Officer (f)
Coast Guard Pay and Personnel Center
Attn: Collection Clerk
444 SE Quincy Street
Topeka, Kansas 66683-3591

Under the Federal Claims Collection Act of 1966, as amended by the Debt Collection Act of 1982, the Coast Guard is required to collect valid debts owed the Government.

Please call me collect at (913) 295-2657 if you have any questions concerning this matter.

Sincerely,

JACK G. EAGLES, JR.
Chief, Pay Entitlements Section (Acting)
By direction of the Commanding Officer

Howard Clark 3657 NOTTAWAY ST., NORFOLK, VA. 23513

Ineligible widow
delete requirement for
death certificate, but
ask for marriage
certificate FEB
Life Insurance

JUNE 25, 1985

COMMMANDANT (G-PC-1)
U. S. COAST GUARD
2100 2ND STREET, S. W.
WASHINGTON, DC 20593

ATTN: THOMAS F. FISHER

DEAR MR. FISHER:

I AM WRITING ON BEHALF OF MY FATHER AND HIS WIFE. THEY RECEIVED YOUR LETTER OF 18 JUNE CONCERNING THE DEATH OF MY GRANDFATHER, WILLIAM J. CLARK. I AM ENCLOSING A COPY OF THE DEATH CERTIFICATE AND A COPY OF THE LAST BENEFICIARY CHANGE FORM SIGNED BY W. J. CLARK.

THE BENEFICIARY IS LISTED AS MISS SHUN SHUN LIN WITH AN ADDRESS ON AZALEA GARDEN RD. MY FATHER AND MISS LIN WERE MARRIED SEVERAL YEARS AGO.

ALL PROCEEDS FROM THIS POLICY SHOULD BE SENT TO SHUN SHUN CLARK AT 474 PIPING ROCK RD. NORFOLK, VA. 23502.

IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL INFORMATION CONCERNING THIS DEATH BENEFIT CLAIM, PLEASE GIVE ME A CALL DURING NORMAL BUSINESS HOURS AT 804/461-8151.

THANK YOU,

H. L. CLARK

JUN 27

G-PC-1
(202) 426-0921

JUL 12 1985

12831.L

Mrs. Shun Shun Clark
474 Piping Rock Road
Norfolk, VA 23502

Dear Mrs. Clark:

Please accept our condolences on the death of your husband, William J. Clark, on May 2, 1985.

Public Law 719, 81st Congress, as amended [33 USC 771], was enacted to provide benefits to widows of employees who were retired under the provisions of the Lighthouse Service Retirement Act of June 20, 1918, as amended [33 USC 763 et seq.]. To be eligible for such benefits, the law requires that you must have married your husband before his retirement on August 1, 1958. Unfortunately, our records indicate that you married your husband after this date. Thus you are ineligible for a widow's annuity.

At the time of your husband's death, he was covered by the Federal Employees' Group Life Insurance. Enclosed is Form FE-6, Claim for Death Benefits. Please complete it and return to this office along with a certified copy of your marriage certificate.

When I receive the papers from you, I shall certify your husband's service and forward your application with supporting papers to the Office of Personnel Management, Washington, DC 20415. The Office of Personnel Management is responsible for administering your widow's benefits.

In a separate letter, the Coast Guard's Retired Military Affairs Branch has asked you to return any uncashed checks payable to your husband. They also included a copy of SF-1153, Claim for Unpaid Compensation of Deceased Civilian Employee. If you will complete the form, sign it in front of two people who are not members of your family and return it, the Coast Guard will send you a check for the money due your husband up to the time of his death. If you should not receive their letter or the forms, please write or call me as soon as possible.

If your husband had any employment under the Social Security law, you should call or visit your local Social Security office concerning your rights to any survivor's benefits. If he was a veteran of any war, you should also contact your local Veterans Administration office to see if you are eligible for any benefits.

I hope the above information will help you. If you should have any questions, please call or write me a letter. My address and telephone number are at the top of this letter.

Sincerely,

CATHERINE M. WALDAL
Acting Chief, Civilian Personnel Division
By direction of the Commandant

Encl: (1) FE-6
(2) Self-addressed envelope

LOCKE:gjc:11JUL85:G-PC-1:X60921:Wang #0251C

G-PC-1
(202) 426-0921

12831.L

18 JUN 1985

Mr. Howard L. Clark
474 Piping Rock Road
Norfolk, VA 23502

Dear Mr. Clark:

Please accept our condolences on the death of your father, William J. Clark, on May 2, 1985. At the time of your father's's death, he was covered by the Federal Employees' Group Life Insurance. Enclosed is Form FE-6, Claim for Death Benefits. Please complete it and return to this office with a copy of your ~~parents~~ mother's' death certificates and ~~your~~ the birth certificate of you and any siblings.

When I receive the papers from you, I shall certify your father's service and forward your application to the Office of Personnel Management, Washington, DC 20415. The Office of Personnel Management is responsible for administering the life insurance program.

In a separate letter, the Coast Guard's Retired Military Affairs Branch has asked you to return any uncashed checks payable to your father. They also included a copy of SF-1153, Claim for Unpaid Compensation of Deceased Civilian Employee. If you will complete the form, sign it in front of two people who are not members of your family and return it, the Coast Guard will send you a check for the money due your father up to the time of his death. If you should not receive their letter or the forms, please write or call me as soon as possible.

If your father had any employment under the Social Security law, you should call or visit your local Social Security office concerning your rights to any benefits. If he was a veteran of any war, you should also contact your local Veterans Administration office to see if you are eligible for any other benefits.

I hope the above information will help you. If you should have any questions, please call or write me a letter. My address and telephone number are at the top of this letter.

Sincerely,

THOMAS F. FISHER
Chief, Civilian Personnel Division
By direction of the Commandant

Encl: (1) Self-addressed envelope
(2) FE-6

R. LOCKE/ai/12 Jun 85/G-PC-1/X60921/Doc #0251C

Speed Letter. 44-902 GrayLine NAP-A-WAY FORM

Speed Letter.

To COMMANDANT (G-PC-1)
U.S. COAST GUARD
WASHINGTON, D.C. 20593
ATTN: MR. BOB LOCKE

From HOWARD L. CLARK
474 Piping Rock Road
Norfolk, Virginia 23502

Subject NOTIFICATION OF DEATH

MESSAGE

(1) THIS MEMO CONSTITUTES OFFICIAL NOTIFICATION OF THE DEATH OF MY FATHER, WILLIAM JOSEPH CLARK, SR, ON 2 MAY 1985. (COPY OF DEATH CERTIFICATE ATTACHED). IN CONNECTION WITH THE ABOVE, THE FOLLOWING INFORMATION IS SUBMITTED:

NAME: WILLIAM J. CLARK, SR. (USLHS - RETIRED)

SSN: 229-52-3823

ADDRESS: AT TIME OF DEATH, VETERANS ADMR HOSPITAL, HAMPTON, VA;
HOME ADDRESS: 474 PIPING ROCK ROAD, NORFOLK, VIRGINIA 23502

(2) RETIRED PAY SHOULD BE TERMINATED EFFECTIVE 2 MAY 1985.

(3) PLEASE ADVISE IF ANY OTHER ACTION IS REQUIRED

Date 20 MAY 85 Signed [signature] EXECUTOR

REPLY

RECEIVED
MAY 8

Date Signed

Wilson Jones Company
GRAYLINE FORM 44-902 3-PART
© 1976 • PRINTED IN U.S.A.

RECIPIENT—RETAIN WHITE COPY, RETURN PINK COPY

COMMONWEALTH OF VIRGINIA

CERTIFIED COPY OF DEATH RECORD

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH— DIVISION OF VITAL RECORDS AND HEALTH STATISTICS—RICHMOND

COPY A

FOR BUREAU OF VITAL RECORDS

REGISTRATION AREA NUMBER: 211

CERTIFICATE NUMBER:

STATE FILE NUMBER:

DECEDENT

1. FULL NAME OF DECEASED (first) (middle) (last): WILLIAM Joseph CLARK, Sr.

2. SEX: male [X] female [ ]

3. RACE: White

4. DATE OF DEATH (mo.) (day) (year): May 2, 1985

5. AGE: 91 years

IF UNDER 1 YEAR: months / days

IF UNDER 1 DAY: hours / minutes

6. DATE OF BIRTH (mo.) (day) (year): Mar. 18, 1894

7. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes XX

PLACE OF DEATH

8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state): Veterans Administration — DOA [ ] OUT PAT Emer Rm [ ] Inpatient [ ]

9. COUNTY OF DEATH (if independent city, leave blank):

10. CITY OR TOWN OF DEATH: Hampton — inside city or town limits? yes XX no [ ]

11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH:

USUAL RESIDENCE OF DECEDENT

12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE: Virginia

13. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank):

14. CITY OR TOWN OF RESIDENCE: Norfolk — inside city or town limits? yes [X] no [ ]

15. STREET ADDRESS OR RT. NO. OF RESIDENCE: 474 Piping Rock Rd.

ZIP CODE: 23502

PERSONAL DATA OF DECEDENT

16. NAME OF FATHER OF DECEASED: Unknown

17. MAIDEN NAME OF MOTHER OF DECEASED: Unknown

18. CITIZEN OF WHAT COUNTRY: U.S.A.

19. BIRTHPLACE (state or country): Missouri

20. NEVER MARRIED [ ] DIVORCED [ ] MARRIED [ ] WIDOWED [X]

21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank): Olivia North Clark

22. SOCIAL SECURITY NUMBER: 229 52 3823

23. USUAL OR LAST OCCUPATION: Lighthouse keeper

24. KIND OF BUSINESS OR INDUSTRY: Coast Guard

25. INFORMANT—OR SOURCE OF INFORMATION: Howard L. Clark, Sr.- Son

MEDICAL CERTIFICATION

TO PHYSICIAN:

Complete and sign medical certification (item 26) and return both copies to funeral director as soon as possible after determination of cause

NOTE II Pending must be indicated so state in part I and notify registrar of final decision as soon as possible

26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (A): Cardiac arrest

DUE TO (B): Gastrointestinal hemorrhage

Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.

DUE TO (C):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Renal failure

26a. AUTOPSY? AUTHORIZED BY: yes [ ] no [ ]

26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes [ ] no [ ] unknown [ ]

26c. IF EXTERNAL CAUSE, IT WAS PRIMARY [ ] or CONTRIBUTING [ ] TO CAUSE OF DEATH. NOTE: IF EXTERNAL CAUSE NOTIFY MED. EXAMINER

26d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED:

26e. TIME OF INJURY (mo.) (day) (year) A.M. / P.M.

26f. INJURY OCCURRED while at work [ ] not while at work [ ]

26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)

26h. (city or town) (county) (state)

26i. To the best of my knowledge, death occurred at 4:00 XXX (a.m.) (p.m.) on the date and place and from the cause(s) stated.

ACTUAL SIGNATURE ▶ [signature]

DATE SIGNED: May 10, 1985

NAME OF ATTENDING PHYSICIAN (Type or Print): GEORGE A. GRIGGS, M.D.

ADDRESS OF ATTENDING PHYSICIAN: VAMC Hampton, VA 23667

FUNERAL DIRECTOR

27. BURIAL [ ] REMOVAL [ ] CREMATION [X]

28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (sta): Colonial Crematorium, Norfolk, Virginia

29. (Signature of funeral director or person legally filing this certificate) ▶ [signature]

NAME OF FUNERAL HOME AND ADDRESS: Smith& Williams Fun. Hom Norfolk, Va.

REGISTRAR

30. (signature of registrar) ▶ [signature]

DATE RECORD FILED: MAY 13, 1985

VS 2.5/83

IMPORTANT: Use black ribbon in typewriter or print legibly with ball point pen having black unfading ink. This is a permanent record and subject to reproduction by microfilm and other photographic process

MARGIN RESERVED FOR BINDING

This is to certify that this is a true and correct reproduction of the original record filed with the HAMPTON DEPARTMENT OF HEALTH, HAMPTON, VIRGINIA.

Date Issued MAY 13 1985

[signature]
Registrar or Deputy

(SEAL)

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Section 32.1-272, Code of Virginia, as Amended.

CG 712, 002

CG 711, 900

CG 522, 224

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

DATA REQUIRED BY THE PRIVACY ACT OF 1974

...33 Executive Order 9397, 22 November 1943 (Social Security Number).

...applicant to apply for a DD Form 1173, "Uniformed Services Identification and Privilege Card."

...appropriate authority to evaluate an applicant's eligibility to be issued a DD Form 1173, "Uniformed Services Identification ...e Card." The DOD Enrollment/Eligibility System will be a routine user of information provided on this application.

DISCLOSURE: Mandatory for Active Duty military personnel. Failure to complete the form may result in disciplinary or administrative action. Voluntary for all other persons. However, failure to furnish all information, including SSN, could delay or prevent the issuance of an ID Card to persons otherwise eligible.

SECTION I – IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. NAME (Last - First - Middle Initial)	2. SSN	3. GRADE	4. HOME PHONE	5. OFFICE PHONE
CLARK, William Joseph	229-52-3823	Light House Keeper		

6. ADDRESS (Include ZIP Code)	7. BRANCH OF SVC	8. STATUS			
474 Piping Rock Road Norfolk, VA 23502	USCG-FHLS	☐ ACTIVE DUTY	☒ RETIRED	☐ 100% DAV	
		☐ DECEASED AD	☐ DECEASED RETIRED	☐ OTHER (Specify, Item 60)	

9. DATE OF EXPIRATION OF SERVICE OR CONTRACT (or death)	10. REASON FOR APPLICATION	
7-31-58	☐ ORIGINAL CARD(S)	Exp of Card
	☒ OTHER (Specify, Item 59)	

SECTION II – PERSONS FOR WHOM IDENTIFICATION CARDS ARE REQUESTED (INCLUDE YOURSELF WHEN APPLICABLE)

(List dependents claimed who will not be issued ID Cards in Section V, Item 60.)

11. NAME (Last - First - Middle Initial) - SSN (If applicable)	12. RELATIONSHIP	13. DATE OF BIRTH (Yr., Mo., Day)	FOR USE OF VERIFYING OFFICER 14. PRIVILEGE AUTH 1/	FOR USE OF ISSUING OFFICER 15. [illegible]
CLARK, William Joseph	Himself		...,EU,T	CG712,003
16. ADDRESS (Include ZIP Code)	17. EYES	18. HAIR	19. MC EFFECTIVE DATE (Yr., Mo., Day)	20. DATE ISSUED (Yr., Mo., Da
474 Piping Rock Road Norfolk, VA 23502	Blue	Grey	CPC Only*	84-4-16
	21. HEIGHT	22. WEIGHT	23. EXPIRATION DATE (Yr., Mo., Day)	
	66"	156	87MAR18	
24. NAME (Last - First - Middle Initial) - SSN (If applicable)	25. RELATIONSHIP	26. DATE OF BIRTH (Yr., Mo., Day)	27. PRIVILEGE AUTH 1/	28. CARD NO. ISSUED
-and-no-others-	*ineligible for DEERS		Medical.	
29. ADDRESS (Include ZIP Code)	30. EYES	31. HAIR	32. MC EFFECTIVE DATE (Yr., Mo., Day)	33. DATE ISSUED (Yr., Mo., Day)
	34. HEIGHT	35. WEIGHT	36. EXPIRATION DATE (Yr., Mo., Day)	
37. NAME (Last - First - Middle Initial) - SSN (If applicable)	38. RELATIONSHIP	39. DATE OF BIRTH (Yr., Mo., Day)	40. PRIVILEGE AUTH 1/	41. CARD NO. ISSUED
42. ADDRESS (Include ZIP Code)	43. EYES	44. HAIR	45. MC EFFECTIVE DATE (Yr., Mo., Day)	46. DATE ISSUED (Yr., Mo., Day)
	47. HEIGHT	48. WEIGHT	49. EXPIRATION DATE (Yr., Mo., Day)	

1/ *Abbreviated Privileges, i.e.: C—Commissary; Exchange, EL—Limited, EU—Unlimited, T—Theater; MC—Medical Care in Civilian Facilities; MS—Medical Care in Uniformed Services Facilities.*

SECTION III – VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL OF SPONSOR'S SERVICE

The status of the persons named in Section II has been verified, issue of DD Form 1173 by any U.S. Uniformed Service Activity is authorized, benefits and privileges to which entitled, effective and expiration date of eligibility for each named person are verified, issuing agency is requested to (A) issue DD Form 1173 upon presentation of this application, (B) enter in the appropriate column of Section II the card number issued with the date issued, (C) if dependents are claimed who will not be issued ID Cards in Section V, Item 60, send a copy of this application to DOD Enrollment/Eligibility Processing Center, OSD/HA, Rm. 3E173, Pentagon, Washington, D.C. 20301, (D) complete Section IV of this application form and return it to the organization designated in Item 50.

50. ORGANIZATION AND MAILING ADDRESS OF VERIFYING OFFICER	51. TYPED NAME, GRADE, AND TITLE	52. SIGNATURE
U.S. Lighthouse Service Retirement Sym c/o COMDT COGARD (G-PC) WASHDC 20593	ROBERT A. LOCKE, Pers. Mgt. Specialist, GS-13	Robert A Locke

SECTION IV – AUTHENTICATION BY ISSUING AGENCY

53. ISSUING OFFICE – Ensure Items 61 and 62 are completed and signed. A notation of the receipt and destruction or complete accounting of the previously issued card must be made in Item 59. Upon issue, forward one copy to the activity holding the service record of the sponsor or to the verifying activity.

54. ORGANIZATION OF ISSUING OFFICER (Include UIC)	55. TYPED NAME, GRADE, AND TITLE	56. SIGNATURE
Commander, Fifth Coast Guard District 431 Crawford Street, Portsmouth, Va. 23704	C. DEENS, LTJG., USCG	C. Deens

57.	a. DATE ACKNOWLEDGED	b. SIGNATURE OF CARD RECIPIENT
☐ RECEIPT OF CARD(S) IS ACKNOWLEDGED		

DD FORM 1 JAN 79 1172 S/N 0102-LF-001-1721 PREVIOUS EDITION IS OBSOLETE

SECTION V – STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

58. STATE MARITAL STATUS *(Check appropriate box(es) and complete entries as applicable.)*

☐ MARRIED ☐ SEPARATED ☐ DIVORCED/ ANNULLED ☐ ANNULLED AB INITIO ☐ UNMARRIED *(surviving)* SPOUSE ☐ UNREMARRIED *(surviving)* SPOUSE

DEFINITION

UNMARRIED *(surviving)* SPOUSE – A spouse who has married subsequent to the death of the sponsor and has had that marriage terminated by death, decree of divorce or decree of annulment.

UNREMARRIED *(surviving)* SPOUSE – A spouse who has never remarried or never legally remarried as in the case of an "AB INITIO" annulment. Spouses in this category would not lose their benefits.

a. ☐ Lawful marriage to the spouse named took place at _____ on _____
(Place) *(Date: Yr., Mo., Day)*

b. ☐ I am the unmarried *(surviving)* spouse of the sponsor named in Section I, whose subsequent marriage terminated in divorce, annulment or death. I understand that I may not be entitled to medical care as administered by the Department of Defense. In the event of annulment, a special finding authorizing medical care must be made by the Parent service of the sponsor.

c. ☐ Child(ren) listed in Section II is (are) unmarried and legitimate child(ren), illegitimate child(ren) of a male sponsor whose paternity has been judicially determined, illegitimate child(ren) of record of a female sponsor who has been judicially directed to support the child(ren), adopted child(ren), or stepchild(ren), who is (are) legitimate child(ren) of the spouse of the active duty, retired, or deceased member listed in Section I; and (1) the child(ren) named is (are) less than 21 years of age; or (2) 21 years of age and over and (a) is incapable of self-support because of a mental or physical incapacity that existed prior to his or her reaching the age of 21, the incapacity has been continuous and the child(ren) is (are), in fact, dependent upon the sponsor for over fifty (50) percentum of his or her support *(or who was so dependent on sponsor at the time of death)*, or (b) has not passed his or her twenty-third birthday, is pursuing a fulltime course of education in an institution of higher learning approved by the Secretary of Defense or the Secretary of Health, Education and Welfare *(as appropriate)* or by a state agency under Title 38, U.S.C., Chapter 34, Veteran's Educational Assistance, and Chapter 35, War Orphans' and Widows' Educational Assistance, of Title 38 U.S.C., is carrying a course load of a minimum of twelve (12) semester credit hours or equivalent hours and is *(or was at the time of the member's death)* dependent upon the member for over fifty (50) percentum of his or her support.

d. ☐ Child(ren) listed in Section II is (are) unmarried and illegitimate child(ren) of a male sponsor whose paternity has not been judicially determined, illegitimate child(ren) of record of a female sponsor or illegitimate child(ren) of the spouse of a sponsor *(i.e., the sponsor's stepchild(ren), or stepchild(ren) of a deceased member or retiree at time of death)* who resides with or in a home provided by the sponsor, or which was being provided by the deceased member or retiree at the time of death, and who is and continues to be dependent upon the sponsor for over fifty (50) percentum of his or her support or who was dependent on the deceased member or retiree at the time of death, that the child(ren) named is (are) less than 21 years of age or is (are) 21 years of age and over and is (1) incapable of self-support because of a mental or physical incapacity that existed prior to his or her reaching the age of 21, and the incapacity has been continuous and who continues to be dependent upon the sponsor or (2) has not passed his or her twenty-third birthday, is pursuing a full-time course of education in an institution of higher learning approved by the Secretary of Defense or the Secretary of Health, Education and Welfare *(as appropriate)* or by a state agency under Title 38, U.S.C., Chapter 34, Veteran's Educational Assistance, and Chapter 35, War Orphans' and Widows' Educational Assistance, of Title 38, U.S.C., is carrying a course load of a minimum of twelve (12) semester hours or equivalent hours and is *(or was at the time of the member's death)* dependent upon the member for over fifty (50) percentum of his or her support.

NOTE: Section II – In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth, (INCT) for a temporarily incapacitated child, (INCP) for a permanently incapacitated child or (SCH) for attendance at approved school. Enter under Item 60, REMARKS, the name of the institution of higher learning and expected date of graduation.

e. ☐ I am the parent, adoptive parent, parent-in-law, or adoptive parent-in-law of the sponsor named in Section I and at the time of his or her death, I, and all other parents, adoptive parents, parents-in-law, or adoptive parents-in-law named herein resided in the household of *(or, for medical care purposes, in a dwelling place provided or maintained by)* said sponsor, and were in fact dependent upon him or her for over one-half of our support. I understand that I am not entitled to CHAMPUS.

f. ☐ I am the legal guardian of the dependent or dependents of the sponsor named in Section I, and further certify that the named dependents meet the criteria for eligibility as indicated by blocks checked above.

g. ☐ All parents, adoptive parents, parents-in-law, or adoptive parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household or in a dwelling provided or maintained by me and, therefore, are eligible for benefits such as commissary stores, exchange and medical care. I understand my parents, adoptive parents, parents-in-law, or adoptive parents-in-law are not entitled to CHAMPUS.

h. ☐ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service.

59. DISPOSITION OF PREVIOUSLY ISSUED CARDS

☐ CARD NO. _____ RETURNED AND DESTROYED ☐ PREVIOUSLY ISSUED CARD LOST *(Cite circumstances in Item 60, REMARKS.)*

☐ PREVIOUSLY ISSUED CARD STOLEN *(Cite circumstances in Item 60, REMARKS.)*

60. REMARKS *(List dependents claimed who will not be issued an ID Card. For each dependent provide name, date of birth, relationship to sponsor, SSN if applicable, and address if different from sponsor or applicant.)*

SECTION VI – CONDITIONS APPLICABLE TO SPONSOR

I understand that the actions of the recipient(s) of DD Form 1173, Uniformed Services Identification and Privilege Card, issued as a result of this application are my responsibility insofar as proper use of the card for the benefits and privileges, i.e., medical care, exchange, commissary and theater, authorized. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations and will notify an agency designated to grant authorizations for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

I am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to availability of space, facilities and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense. PENALTY FOR PRESENTING FALSE CLAIMS OR MAKING FALSE STATEMENTS IN CONNECTION WITH CLAIMS: FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH. *(Act 25, June 1948, 18 U.S.C. 287, 1001.)*

61. DATE OF APPLICATION	62. SIGNATURE OF SERVICE SPONSOR OR APPLICANT

☆ U.S. GOVERNMENT PRINTING OFFICE: 1979 0 – 603-189/8525

FROM (See return mailing address on reverse)	DATE
Asst. Chief, Retired Affairs Br ch	6 DEC 1979

REFERENCE YOUR COMMUNICATION (File number, date, subject or other identification)

Your letter dated in August 1979 concerning address and disability consideration

ACTION TAKEN

[ ] REPLY WILL BE FURNISHED ON OR ABOUT

[X] WE HAVE SENT YOUR COMMUNICATION TO (See below)

Civilian Personnel Division

[ ] FOR DIRECT REPLY

[ ] TO OBTAIN INFORMATION

[X] FOR COMPLIANCE WITH YOUR REQUEST

REMARKS **As per our phone conversation of 4 December 1979, I have taken the above action.**

NAME, GRADE, TITLE	SIGNATURE (By direction)
R. D. MAY, CWO4, USCG	

DEPT. OF TRANSP., USCG, CG-4217 (Rev. 8-76) ACKNOWLEDGMENT/REFERRAL

PREVIOUS EDITION IS OBSOLETE

W.J.Clark,Ret.LHSK.
Route 2 Box A 6
Tappahannock,Va.22560

R.D.May,CWO
Retired Affairs
U.S.Coast Guard

Dear CWO. R.D.May:

Action completed by 6-15-8

Refering to your letter,5000,of 20 July 1979,Thanks very much, My mail address has been changed and I am receiving checks OK, so far I have not been able to have them sent to The Bank of Essex,at Tappahannock,just why I dont know.

6-12 #1 letter

I know that you are busyand I hesitate to ask so small a question,but it bothers Me that after some twenty nine years with The Services,U.S.Navy ,U.S.Lighthouse Service and U.S. Coast Guard from whieh I was retired because of total disibilaty and now receive an annuity,why I am recorded as non service connected disabled.

Thanking you again for helping Me,it is nice to know that one is not forgetten.

Sincerely,

W.J.Clark

Spoke to Mr. Clark
Gave address of
DVB of the VA
in Washington

To Nat. Bank,

Home phone 703 443-3758

824-4435758

21 Aug 79

have tried to reach this number 5 Times (including evening) — Indicated new number, but not in service. Say say they have received no request for change of bank to date.

CWR

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved
Budget Bureau No. 22-R174

SECTION I - IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME - FIRST NAME - MIDDLE INITIAL OF SPONSOR (Uniformed services or civilian sponsor, if applicable)	2. ADDRESS (Omit if sponsor is deceased)	3. TELEPHONE NUMBER
SSN 229-52-3823 CLARK, William J.	3148-B Azalea Garden Road Apt 102 Norfolk, Virginia 23513	HOME (804) 855-9033 OFFICE
4. STATUS ☐ ACTIVE DUTY ☒ RETIRED ☐ DECEASED AD ☐ DECEASED RETIRED ☐ OTHER (Specify)	5. GRADE - RATE - RANK: Lighthouse Keeper 6. BRANCH OF SERVICE: Civilian	7. AFSN 7a. SSAN
8. DATE OF (expiration of service or contract) OR (death)(if applicable): 4-26-78	9. REASON FOR APPLICATION (Check applicable box) ☐ ORIGINAL CARD(S) ☒ EXPIRATION OF CARD(S) ☐ REPLACE LOST CARD(S) DAMAGED CARD(S) CORRECT AN ERROR, ETC. (explain circumstances surrounding loss or damage in Item 18 Remarks)	

SECTION II - PERSONS FOR WHOM AUTHORIZATION IS REQUESTED
(Include yourself when applicable)

10a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSAN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	FOR USE OF VERIFYING OFFICER: e. PRIVILEGE AUTHORIZED[1]	FOR USE OF ISSUING OFFICER: l. CARD NO. ISSUED
CLARK, William J.	Self	Blue	Grey	T, C, EU	522,224
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE: PHS ONLY	m. DATE ISSUED
Same as above	3-18-94	66"	156	l. EXPIRATION DATE: 6 years from issue date.	4-4-78
11a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSAN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	l. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
12a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSAN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	l. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
13a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSAN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	l. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
14a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSAN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	l. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
15a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSAN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	l. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED

16. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT

SECTION III - STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

17. I STATE: (Check appropriate box or boxes and complete entries as applicable)

a. ☐ Lawful marriage to the spouse named took place at _____ (PLACE) on _____ (DATE).

b. ☐ The lawful husband named is in fact dependent upon me for over one-half of his support.

c. ☐ I am the widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE).

[1] Abbreviated Privileges, i.e.: C - Commissary; T - Theater; EU - Exchange Unlimited; EL - Exchange Limited; MC(C) - Medical Care in Civilian Facilities; MC(US) - Medical Care in Uniformed Services Facilities

DD FORM 1 NOV 70 1172 S/N: 0102-011-7202 REPLACES EDITION OF 1 MAR 67, WHICH MAY BE USED.

d. ☐ I am the widower of the deceased member or retired member named in Section I, that I am not now married and have not remarried since date of death of said member or retired member and that at the time of said member's or retired member's death I was dependent upon such member or retired member for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE).

e. ☐ All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are 21 years of age and over are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.

f. ☐ All children named are the legitimate, legally adopted or step-children of the deceased member or retired member named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the deceased member or retired member at the time of the member's or retired member's death for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the deceased member or retired member at the time of member's or retired member's death, for over one-half of their support.

NOTE: Section II - In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

g. ☐ I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I , and all other parents or parents-in-law named herein resided in the household of *(or, for medical care purposes, in a dwelling place provided or maintained by)* said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.

h. ☐ I am the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and further certify that the named dependents meet the criteria for eligibility as indicated by blocks checked above.

i. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household or, for medical care purposes, in a dwelling place provided or maintained by me.

j. ☐ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service.

18. REMARKS

5-2-78
DATE
RECEIVED I. D. CARD CG 347,755
AND DESTROYED THIS DATE
TYPE: ACTIVE, RETIRED, (DEPENDENTS,) RESERVE

19. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

I understand that the actions of the recipient(s) of DD Form 1173, uniformed services identification and privilege card, issued as a result of this application are my responsibility insofar as proper use of the card for the benefits and privileges, i.e., medical care, exchange, commissary and theater, authorized. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations and will notify an agency designated to grant authorizations for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

I am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to availability of space, facilities and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at government expense. Penalty for presenting false claims or making false statements in connection with claims: fine of not more than $10,000 or imprisonment for not more than five years or both. Act 25 June 1948, 18 U.S.C. 287, 1001.

20. DATE OF APPLICATION	21. SIGNATURE OF APPLICANT
28 March 1978	W. F. Hetrick

SECTION IV - VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL OF SPONSOR'S SERVICE

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED, ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED, BENEFITS AND PRIVILEGES TO WHICH ENTITLED, EFFECTIVE AND EXPIRATION DATES OF ELIGIBILITY FOR EACH NAMED PERSON ARE VERIFIED, ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION, (B) ENTER IN THE APPROPRIATE COLUMN OF SECTION II THE CARD NUMBER ISSUED WITH THE DATE ISSUED, (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 22.

22. ORGANIZATION AND MAILING ADDRESS OF VERIFYING OFFICER	23. TYPED NAME, GRADE AND TITLE	24. SIGNATURE
U. S. Coast Guard Washington, D. C. 20590	ROY L. BARTON Chief, Civilian Personnel Division	Roy L. Barton

SECTION V - AUTHENTICATION BY ISSUING AGENCY

25. ORGANIZATION OF ISSUING OFFICER	26. TYPED NAME, GRADE AND TITLE	27. SIGNATURE
USCG HQ., WASH., D. C. 20590	R. P. VAN CAMP, CWO4, USCG CHMILPERSACTBR (ACTING) BY	R. P. Van Camp

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved
Budget Bureau No. 22-R174

SECTION I - IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME - FIRST NAME - MIDDLE INITIAL OF SPONSOR (Uniformed services or civilian sponsor, if applicable)	2. ADDRESS (Omit if sponsor is deceased)	3. TELEPHONE NUMBER
CLARK, William J.	406 Piping Rock Road Norfolk, Virginia 23502	HOME: OFFICE:

4. STATUS	5. GRADE - RATE - RANK	6. BRANCH OF SERVICE	7. AFSN / 7a. SSAN
☐ ACTIVE DUTY ☒ RETIRED ☐ DECEASED AD ☐ DECEASED RETIRED ☐ OTHER (Specify)	LIGHTHOUSE KEEPER	CIV/USCG	7. AFSN NONE 7a. SSAN 229 52 3823

8. DATE OF (expiration of service or contract) OR (death) (if applicable)	9. REASON FOR APPLICATION (Check applicable box)
7-31-58	☐ ORIGINAL CARD(S) ☒ EXPIRATION OF CARD(S) ☐ REPLACE LOST CARD(S) DAMAGED CARD(S) CORRECT AN ERROR, ETC. (explain circumstances surrounding loss or damage in Item 18 Remarks)

SECTION II - PERSONS FOR WHOM AUTHORIZATION IS REQUESTED
(Include yourself when applicable)

10a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSAN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED [1]	f. CARD NO. ISSUED
CLARK, William J. - 229 52 3823	SELF	BLUE	GREY	T, C, EU	347755
g. ADDRESS	**h. DATE OF BIRTH**	**i. HEIGHT**	**j. WEIGHT**	**k. MC(C) EFFECTIVE DATE**	**m. DATE ISSUED**
Same as 2	3-18-94	66"	168	PHS ONLY l. EXPIRATION DATE: 6 years from issue date	4-27-7.

11a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSAN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED [1]	f. CARD NO. ISSUED
CLARK, Olivia N. -	WIFE	brown	GREY	T, C, EU	347756
g. ADDRESS	**h. DATE OF BIRTH**	**i. HEIGHT**	**j. WEIGHT**	**k. MC(C) EFFECTIVE DATE**	**m. DATE ISSUED**
Same as 2		65"	99	NOT ELIGIBLE l. EXPIRATION DATE: 6 years from issue date	4-27-72

12a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSAN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED [1]	f. CARD NO. ISSUED
----------AND NO OTHERS----------				T, C, EU	
g. ADDRESS	**h. DATE OF BIRTH**	**i. HEIGHT**	**j. WEIGHT**	**k. MC(C) EFFECTIVE DATE**	**m. DATE ISSUED**
				l. EXPIRATION DATE	

13a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSAN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED [1]	f. CARD NO. ISSUED
g. ADDRESS	**h. DATE OF BIRTH**	**i. HEIGHT**	**j. WEIGHT**	**k. MC(C) EFFECTIVE DATE**	**m. DATE ISSUED**
				l. EXPIRATION DATE	

14a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSAN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED [1]	f. CARD NO. ISSUED
g. ADDRESS	**h. DATE OF BIRTH**	**i. HEIGHT**	**j. WEIGHT**	**k. MC(C) EFFECTIVE DATE**	**m. DATE ISSUED**
				l. EXPIRATION DATE	

15a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSAN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED [1]	f. CARD NO. ISSUED
g. ADDRESS	**h. DATE OF BIRTH**	**i. HEIGHT**	**j. WEIGHT**	**k. MC(C) EFFECTIVE DATE**	**m. DATE ISSUED**
				l. EXPIRATION DATE	

16. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT

SECTION III - STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

17. I STATE: (Check appropriate box or boxes and complete entries as applicable)

a. ☒ Lawful marriage to the spouse named took place at Portsmouth, Virginia (PLACE) on 9-18-16 (DATE).

b. ☐ The lawful husband named is in fact dependent upon me for over one-half of his support.

c. ☐ I am the widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE).

[1] Abbreviated Privileges, i.e.: C - Commissary; T - Theater; EU - Exchange Unlimited; EL - Exchange Limited; MC(C) - Medical Care in Civilian Facilities; MC(US) - Medical Care in Uniformed Services Facilities

DD FORM 1 NOV 70 1172 S/N: 0102-011-7202 REPLACES EDITION OF 1 MAR 67, WHICH MAY BE USED.

d. ☐ I am the widower of the deceased member or retired member named in Section I, that I am not now married and have not remarried since date of death of said member or retired member and that at the time of said member's or retired member's death I was dependent upon such member or retired member for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE).

e. ☐ All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are 21 years of age and over are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.

f. ☐ All children named are the legitimate, legally adopted or step-children of the deceased member or retired member named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the deceased member or retired member at the time of the member's or retired member's death for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the deceased member or retired member at the time of member's or retired member's death, for over one-half of their support.

NOTE: Section II - In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

g. ☐ I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I , and all other parents or parents-in-law named herein resided in the household of *(or, for medical care purposes, in a dwelling place provided or maintained by)* said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.

h. ☐ I am the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and further certify that the named dependents meet the criteria for eligibility as indicated by blocks checked above.

i. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household or, for medical care purposes, in a dwelling place provided or maintained by me.

j. ☐ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service.

18. REMARKS

19. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

I understand that the actions of the recipient(s) of DD Form 1173, uniformed services identification and privilege card, issued as a result of this application are my responsibility insofar as proper use of the card for the benefits and privileges, i.e., medical care, exchange, commissary and theater, authorized. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations and will notify an agency designated to grant authorizations for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

I am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to availability of space, facilities and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at government expense. Penalty for presenting false claims or making false statements in connection with claims: fine of not more than $10,000 or imprisonment for not more than five years or both. Act 25 June 1948, 18 U.S.C. 287, 1001.

20. DATE OF APPLICATION	21. SIGNATURE OF APPLICANT
18 February 1972	William J. Clark Olivia N. Clark

SECTION IV - VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL OF SPONSOR'S SERVICE

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED, ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED, BENEFITS AND PRIVILEGES TO WHICH ENTITLED, EFFECTIVE AND EXPIRATION DATES OF ELIGIBILITY FOR EACH NAMED PERSON ARE VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION, (B) ENTER IN THE APPROPRIATE COLUMN OF SECTION II THE CARD NUMBER ISSUED WITH THE DATE ISSUED, (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 22.

22. ORGANIZATION AND MAILING ADDRESS OF VERIFYING OFFICER	23. TYPED NAME, GRADE AND TITLE	24. SIGNATURE
U. S. Coast Guard Washington, D. C. 20590	H.L. GRIFFIN Chief, Compensation and Personnel SERVICES BRANCH	

SECTION V - AUTHENTICATION BY ISSUING AGENCY

25. ORGANIZATION OF ISSUING OFFICER	26. TYPED NAME, GRADE AND TITLE	27. SIGNATURE
U.S. COAST GUARD (CAS-3/74) 400 7th ST., S.W. WASHINGTON, D.C. 20590	R. S. FLOOD, CWO, USCG Chief, Security & Logistics Branch USCG Headquarters, Washington, D. C. 591	R S Flood

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved
Budget Bureau No. 22-R174

SECTION I - IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME - FIRST NAME - MIDDLE INITIAL OF SPONSOR (uniformed services or civilian sponsor, if applicable)	2. ADDRESS (Omit if sponsor is deceased)	3. TELEPHONE NUMBER
CLARK, William J.	3661 Nottaway Street Norfolk, Virginia 23513	HOME: OFFICE:

4. STATUS	5. GRADE-RATE-RANK	6. BRANCH OF SERVICE	7. SERVICE NUMBER
☐ ACTIVE DUTY ☒ RETIRED ☐ DECEASED AD ☐ DECEASED RETIRED ☐ OTHER (Specify)	LIGHTHOUSE KEEPER	CIVILIAN (USCG)	N. A.

8. DATE OF (expiration of service or contract) OR (death) (if applicable)	9. REASON FOR APPLICATION (Check applicable box.)
XXX 7-31-58	☐ ORIGINAL CARD(S) ☐ EXPIRATION OF CARD(S) ☐ REPLACE LOST CARD(S) DAMAGED CARD(S) CORRECT AN ERROR, ETC. (Explain circumstances surrounding loss or damage in item 18 Remarks)

SECTION II - PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (Include yourself when applicable.)

	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
10a. LAST NAME - FIRST NAME - MIDDLE INITIAL CLARK, William J.		BLUE	GREY	T, C, EU USPHS Hosp. only	CG242,897
g. ADDRESS 3661 Nottaway Street Norfolk, Virginia 23513	h. DATE OF BIRTH 3-18-94	i. HEIGHT 66"	j. WEIGHT 168	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE Six years from date of issue	m. DATE ISSUED 6-1-67
11a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
12a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
13a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
14a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
15a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED

16. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT
	6-1-67	[signature]

SECTION III - STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

17. I STATE: (Check appropriate box or boxes and complete entries as applicable.)

a. ☐ Lawful marriage to the spouse named took place at _____ (PLACE) on _____ (DATE)

b. ☐ The lawful husband named is in fact dependent upon me for over one-half of his support.

c. ☐ I am the widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

[1] Abbreviated Privileges, i.e., C - Commissary; T - Theater; EU - Exchange Unlimited; EL - Exchange Limited; MC(C) - Medical care in Civilian Facilities; MC(US) - Medical Care in Uniformed Services Facilities

DD FORM 1 MAR 61 1172

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

d. ☐ I am the widower of the deceased member or retired member named in Section I, that I am not now married and have not remarried since date of death of said member or retired member and that at the time of said member's or retired member's death I was dependent upon such member or retired member for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

e. ☐ All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.

f. ☐ All children named are the legitmate, legally adopted or step-children of the deceased member or retired member named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the deceased member or retired member at the time of the member's or retired member's death for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the deceased member or retired member at the time of member's or retired member's death, for over one-half of their support.

NOTE - Section II.- In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

g. ☐ I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I, and all other parents or parents-in-law named herein resided in the household of said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.[2]

h. ☐ I am the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and further certify that the named dependents meet the criteria for eligibility prescribed by Public Law 569, 84th Congress, as indicated by blocks checked above.

i. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household.[2]

j. ☐ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other than by retirement under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948.

k. ☐ I am entitled to retired or retirement pay under Title 10, U.S.C. Section 1331 - 1337 *(formerly Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948)* and I have completed eight or more years of active duty as defined in sub-section 101(E) of the Armed Forces Reserve Act of 1952, 66 Stat. 481, 50 U.S.C. 901, periods of active duty were as follows:

[2] *For the purposes of medical care, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides, or was residing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.*

18. REMARKS

19. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

Recipients of the Uniformed Services Identification and Privilege Card(s) authorized on the basis of this application will be responsible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do so or when appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges and facilities in event of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities is subject to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to availability of space, facilities, and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense. Penalty for presenting false claims or making false statements in connection with claims; fine of not more than $10,000 or imprisonment for not more than five years or both. Act 25 June 1948, 18 U.S.C. 287, 1001.

20. DATE OF APPLICATION	21. SIGNATURE OF APPLICANT
1 June 1967	William J. Clark

SECTION IV - VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL OF SPONSOR'S SERVICE

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED. ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED. BENEFITS & PRIVILEGES TO WHICH ENTITLED, EFFECTIVE & EXPIRATION DATES OF ELIGIBILITY FOR EACH NAMED PERSON ARE VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION (B) ENTER IN THE APPROPRIATE COLUMN OF SEC II THE CARD NUMBER ISSUED WITH THE DATE ISSUED (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 22.

22. ORGANIZATION AND MAILING ADDRESS OF VERIFYING OFFICER	23. TYPED NAME, GRADE AND TITLE	24. SIGNATURE
Fifth Coast Guard District Civilian Personnel Branch Federal Bldg., Portsmouth, Va.	N. LESTER BRAUN Chief, Civilian Personnel Br.	N. Lester Braun

SECTION V - AUTHENTICATION BY ISSUING AGENCY

25. ORGANIZATION OF ISSUING OFFICER	26. TYPED NAME, GRADE AND TITLE	27. SIGNATURE
COMMANDER, FIFTH COAST GUARD DISTRICT 431 CRAWFORD ST., PORTSMOUTH, VA.	GORDON K. SWAIN, LTJG USCGR	Gordon K. Swain

8-80781

1 / LL 9

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved
Budget Bureau No. 22-R174

SECTION I - IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME - FIRST NAME - MIDDLE INITIAL OF SPONSOR (uniformed services or civilian sponsor, if applicable)	2. ADDRESS (Omit if sponsor is deceased)	3. TELEPHONE NUMBER: HOME / OFFICE
CLARK, William J.	3661 Nottoway Street Norfolk, Virginia 23513	HOME 853 3046 / OFFICE

4. STATUS	5. GRADE-RATE-RANK	6. BRANCH OF SERVICE	7. SERVICE NUMBER
☐ ACTIVE DUTY ☒ RETIRED ☐ DECEASED AD ☐ DECEASED RETIRED ☐ OTHER (Specify)	LIGHTHOUSE KEEPER	USCG	

8. DATE OF (expiration of service or contract) OR (death) (if applicable)	9. REASON FOR APPLICATION (Check applicable box.)
31 July 1958	☐ ORIGINAL CARD(S) ☒ EXPIRATION OF CARD(S) ☐ REPLACE LOST CARD(S) DAMAGED CARD(S) CORRECT AN ERROR, ETC. (Explain circumstances surrounding la or damage in item 18 Remarks)

SECTION II - PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (Include yourself when applicable.)

10a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1] (FOR USE OF VERIFYING OFFICER)	f. CARD NO. ISSUED (FOR USE OF ISSUING OFFICI)
CLARK, Olivia N.	Wife	Brown	Grey	T,C,EU	CG 216,8
g. ADDRESS	**h. DATE OF BIRTH**	**i. HEIGHT**	**j. WEIGHT**	**k. MC(C) EFFECTIVE DATE**	**m. DATE ISSUED**
SAME AS ITEM #2		65"	115	N/A	4-1-66
				l. EXPIRATION DATE 6 yrs fm date of issue	

11a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
NO ENTRY BELOW THIS LINE					
g. ADDRESS	**h. DATE OF BIRTH**	**i. HEIGHT**	**j. WEIGHT**	**k. MC(C) EFFECTIVE DATE**	**m. DATE ISSUED**
				l. EXPIRATION DATE	

12a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	**h. DATE OF BIRTH**	**i. HEIGHT**	**j. WEIGHT**	**k. MC(C) EFFECTIVE DATE**	**m. DATE ISSUED**
				l. EXPIRATION DATE	

13a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR H	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	**h. DATE OF BIRTH**	**i. HEIGHT**	**j. WEIGHT**	**k. MC(C) EFFECTIVE DATE**	**m. DATE ISSUED**
				l. EXPIRATION DATE	

14a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	**h. DATE OF BIRTH**	**i. HEIGHT**	**j. WEIGHT**	**k. MC(C) EFFECTIVE DATE**	**m. DATE ISSUED**
				l. EXPIRATION DATE	

15a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	**h. DATE OF BIRTH**	**i. HEIGHT**	**j. WEIGHT**	**k. MC(C) EFFECTIVE DATE**	**m. DATE ISSUED**
				l. EXPIRATION DATE	

16. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT
	1 April 1966	Olivia N. Clark OLIVIA N. CLARK

SECTION III - STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

17. I STATE: (Check appropriate box or boxes and complete entries as applicable.)

a. ☒ Lawful marriage to the spouse named took place at Portsmouth, Virginia (PLACE) on 18 September 1916 (DATE)

b. ☐ The lawful husband named is in fact dependent upon me for over one-half of his support.

c. ☐ I am the widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

[1] Abbreviated Privileges, i.e., C - Commissary; T - Theater; EU - Exchange Unlimited; EL - Exchange Limited; MC(C) - Medical care in Civilian Facilities; MC(US) - Medical Care in Uniformed Services Facilities

DD FORM 1 MAR 61 1172

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

d. ☐ I am the widower of the deceased member or retired member named in Section I, that I am not now married and have not remarried since date of death of said member or retired member and that at the time of said member's or retired member's death I was dependent upon such member or retired member for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

e. ☐ All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.

1966 APR 5 AM 10 04

f. ☐ All children named are the legitmate, legally adopted or step-children of the deceased member or retired member named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the deceased member or retired member at the time of the member's or retired member's death for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the deceased member or retired member at the time of member's or retired member's death, for over one-half of their support.

NOTE - Section II.- In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

g. ☐ I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I, and all other parents or parents-in-law named herein resided in the household of said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.[2]

h. ☐ I am the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and further certify that the named dependents meet the criteria for eligibility prescribed by Public Law 569, 84th Congress, as indicated by blocks checked above.

i. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household.[2]

j. ☐ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other than by retirement under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948.

k. ☐ I am entitled to retired or retirement pay under Title 10, U.S.C. Section 1331 - 1337 *(formerly Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948)* and I have completed eight or more years of active duty as defined in sub-section 101(E) of the Armed Forces Reserve Act of 1952, 66 Stat. 481, 50 U.S.C. 901, periods of active duty were as follows:

[2] *For the purposes of medical care, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides, or was residing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.*

18. REMARKS

19. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

Recipients of the Uniformed Services Identification and Privilege Card(s) authorized on the basis of this application will be responsible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do so or when appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges and facilities in event of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities is subject to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to availability of space, facilities, and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense. Penalty for presenting false claims or making false statements in connection with claims; fine of not more than $10,000 or imprisonment for not more than five years or both. Act 25 June 1948, 18 U.S.C. 287, 1001.

20. DATE OF APPLICATION	21. SIGNATURE OF APPLICANT
1 April 1966	W. J. Clark WILLIAM J. CLARK

SECTION IV - VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL OF SPONSOR'S SERVICE

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED. ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED. BENEFITS & PRIVILEGES TO WHICH ENTITLED, EFFECTIVE & EXPIRATION DATES OF ELIGIBILITY FOR EACH NAMED PERSON ARE VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION (B) ENTER IN THE APPROPRIATE COLUMN OF SEC II THE CARD NUMBER ISSUED WITH THE DATE ISSUED (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 22.

22. ORGANIZATION AND MAILING ADDRESS OF VERIFYING OFFICER	23. TYPED NAME, GRADE AND TITLE	24. SIGNATURE
COMMANDER FIFTH COAST GUARD DISTRICT FEDERAL BUILDING 831 CRAWFORD STREET PORTSMOUTH, VIRGINIA 23705		N. Lester Brown

SECTION V - AUTHENTICATION BY ISSUING AGENCY

25. ORGANIZATION OF ISSUING OFFICE	26. TYPED NAME, GRADE AND TITLE	27. SIGNATURE
	[redacted], ET1, USCG [redacted]	William Brown III

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved. Budget Bureau No. 22-R174

SECTION I—IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME—FIRST NAME—MIDDLE INITIAL OF APPLICANT (uniformed services or civilian sponsor, if applicable)	2. MAILING ADDRESS (No., Street, City and State) (Omit if sponsor is deceased)	3. TELEPHONE NUMBER
CLARK, William J.	315 Dunn Drive Port Charlotte	HOME: OFFICE:

4. STATUS	5. GRADE—RATE—RANK	6. BRANCH OF SERVICE	7. SERVICE NUMBER
☐ ACTIVE DUTY ☐ RETIRED ☐ DECEASED AD ☐ DECEASED RETIRED ☐ OTHER (Specify) Lightkeeper	LIGHTKEEPER	NA	NA

8. DATE OF (expiration of service or contract) OR (death) (if applicable)	9. REASON FOR APPLICATION (Check applicable box)
~~28 December 1964~~	☒ ORIGINAL CARD(S) ☐ EXPIRATION OF CARD(S) ☐ REPLACE LOST CARD(S) DAMAGED CARD(S) CORRECT AN ERROR, ETC. (Explain circumstances surrounding loss or damage in item 19 Remarks)

SECTION II—PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (include yourself when applicable)

				FOR USE OF VERIFYING OFFICER	FOR USE OF ISSUING OFFICER
10a. LAST NAME—FIRST NAME—MIDDLE INITIAL CLARK, William J.	b. RELATIONSHIP Myself	c. COLOR EYES blue	d. COLOR HAIR grey	e. PRIVILEGE AUTHORIZED[1] T,C,EU,MC(C) MC(US)	f. CARD NO. ISSUED 776 CG 050,~~686~~
g. ADDRESS Same as item #2.	h. DATE OF BIRTH 18 March 94	i. HEIGHT 66"	j. WEIGHT 168	k. EXPIRATION DATE ~~12-23-64~~ INDEFINITE	l. DATE ISSUED ~~12-23-58~~ 1-13-59
11a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
12a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
13a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
14a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
15a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
16a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED

17. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT
		W. H. Clark

SECTION III—STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

18. I STATE: (Check appropriate box or boxes and complete entries as applicable)

a. ☐ Lawful marriage to the spouse named took place at _____ (PLACE) on _____ (DATE)

b. ☐ The lawful husband named is in fact dependent upon me for over one-half of his support.

c. ☐ I am the unremarried widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

[1] *Abbreviated Privileges, i. e.: C—Commissary; T—Theater; EU—Exchange Unlimited; EL—Exchange Limited; MC(C)—Medical Care in Civilian Facilities; MC(US)—Medical Care in Uniformed Services Facilities*

d. ☐ I am the unremarried widower of the deceased member or retired member named in Section I, that I am not now married and have not remarried since date of death of said member or retired member and that at the time of said member's or retired member's death I was dependent upon such member or retired member for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE).

e. ☐ All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.

f. ☐ All children named are the legitimate, legally adopted or step-children of the deceased member or retired member named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the deceased member or retired member at the time of the member's or retired member's death for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the deceased member or retired member at the time of member's or retired member's death, for over one-half of their support.

NOTE—Section II—In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

g. ☐ I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I, and all other parents or parents-in-law named herein resided in the household of said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.[2]

h. ☐ I am the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and further certify that the named dependents meet the criteria for eligibility prescribed by Public Law 569, 84th Congress, as indicated by blocks checked above.

i. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household.[2]

j. ☐ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other than by retirement under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948.

k. ☐ I am entitled to retired or retirement pay under Title 10, U.S.C. Section 1331–1337 *(formerly Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948)* and I have completed eight or more years of active duty as defined in subsection 101 (E) of the Armed Forces Reserve Act of 1952, 66 Stat. 481, 50 U.S.C. 901, periods of active duty were as follows:

[2] *For the purposes of medical care, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides, or was residing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.*

19. REMARKS

Surrender old AFID CARD NO. AB44,763., this date 12-23-58.

20. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

Recipients of the Uniformed Services Identification and Privilege Card(s) authorized on the basis of this application will be responsible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do so or when appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges and facilities in event of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities is subject to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to the availability of space, facilities, and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense.

21. DATE OF APPLICATION	22. SIGNATURE OF APPLICANT
23 December 1958	W. H. Clark

NOTE. Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than $10,000 or imprisonment for not more than five years or both, Act 25 June 1948, 18 U.S.C. 287, 1001.

SECTION IV—VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED. ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED, BENEFITS AND PRIVILEGES TO WHICH ENTITLED, AND EXPIRATION DATE OF ELIGIBILITY FOR EACH NAMED PERSON IS VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION (B) ENTER IN THE APPROPRIATE COLUMN OF SECTION II THE CARD NUMBER ISSUED WITH THE DATE ISSUED (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 23.

23. MAILING ADDRESS OF VERIFYING OFFICER	24. TYPED NAME, GRADE AND TITLE	25. SIGNATURE
Office, Comdr, 5th. CG District P.O. Box 540, Norfolk, Va.	M.M.MIDGETTE, SCLK, W-1, USCG	M M Midgette

SECTION V—AUTHENTICATION BY ISSUING AGENCY

26. ORGANIZATION OF ISSUING OFFICER	27. TYPED NAME, GRADE AND TITLE	28. SIGNATURE
Office, Comdr, 5th., CG District P. O. Box 540, Norfolk, Va	M.M.MIDGETTE, SCLK, W-1, USCG	M M Midgette

U S GOVERNMENT PRINTING OFFICE : 1957 O-F—443165

DEPARTMENT OF TRANSPORTATION
UNITED STATES COAST GUARD

MAILING ADDRESS:
COMMANDER (pc)
FIFTH COAST GUARD DISTRICT
FEDERAL BUILDING
431 CRAWFORD STREET
PORTSMOUTH, VIRGINIA 23705
PHONE: (804) 393-9511

1805 Apt A4
Colonial Arms Circle
Virginia Beach, Virginia 23454

Commandant (G-PC-2/62)
U. S. Coast Guard Headquarters
Washington, D. C. 20590

Gentlemen:

I am a retired Keeper of the U. S. Coast Guard under the former Lighthouse Service. Since my retirement on 31 July 1958 due to disability, my health has become impaired so that I am now confined to a wheelchair. My ID Card (DD Form 1173) authorizes Commissary privileges. On a recent visit to the Navy Commissary I requested assistance from the manager in that my nurse be allowed to enter and make purchases for me. However, I was told that this could not be done unless a letter was issued to her designating her as my agent. I further learned from the management at the Commissary that the Navy has a form whereby a person is given this authorization. I then made personal contact with my former personnel office, in particular, Mr. Arthur P. Veith, Chief, Civilian Personnel Branch, Fifth Coast Guard District, and his personnel clerk, Mr. Tom Edwards. Mr. Veith has been in contact with the office of LCDR J. P. Sutherland, Chief of Retired Affairs Branch, Coast Guard Headquarters. Mr. Gregg Dunnell of that office in telecon with Mr. Veith, suggested that I write you this letter explaining the circumstances.

In view of the above I am, therefore, requesting that you grant my nurse, Miss Shun Shun Lin, a letter of authorization permitting her to enter the Commissary as my agent and make purchases for me. Her address is the same as appears above. Her Social Security No. is 575-88-3715.

I appreciate any prompt consideration you may be able to give in this matter.

Respectfully yours,

W. J. Clark

WILLIAM J. CLARK
Retired Keeper, USCG

L-19

PC
2 March 1960

Mr. Fred Z. H. Gerdes
Adjudication Officer
Veterans Administration Regional Office
211 West Campbell Avenue
Roanoke, Virginia

Dear Sir:

Reference is made to your letter of 29 February 1960 requesting certain information relating to the retired pay of Mr. William J. Clark, Jr.

The record shows that Mr. Clark retired under the provisions of the Lighthouse Service Retirement Act of 20 June 1918 (40 Stat. 608), as amended, on account of disability, from his civil position as Keeper effective 31 July 1958. Contributions to a retirement fund were not required of him since the Lighthouse Service Retirement Law is a non-contributory one.

Mr. Clark's monthly gross retired pay is $244.36.

Sincerely yours,

H. L. MORGAN
Chief, Civilian Personnel Division
By direction of the Commandant

JSRountree:ck

Return to 3-2

Date Mailed: MAR 2 1960

VETERANS ADMINISTRATION
REGIONAL OFFICE
211 WEST CAMPBELL AVENUE
ROANOKE, VIRGINIA

February 29, 1960

YOUR FILE REFERENCE:

IN REPLY REFER TO:
3014/212H/2
C 20 937 932
CLARK, William J., Jr.

Commandant
United States Coast Guard Headquarters
Washington 25, D. C.

Attention: Chief, Civilian Personnel Division

Dear Sir:

Mr. Clark served as civilian employee at various stations in the former lighthouse service and United States Coast Guard from February 24, 1936 to July 31, 1958, when he retired due to disability.

Please furnish the amount Mr. Clark contributed to retirement fund and monthly payments.

Your cooperation in furnishing this information in the veteran's behalf will be appreciated.

Very truly yours,

Fred Z H Gerdes

FRED Z. H. GERDES
Adjudication Officer

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, V, H, RH, RS, or loan number. If such number is unknown, service or serial number should be given.

February 29, 1960

Commandant
United States Coast Guard Headquarters
Washington 25, D. C.

3011/212H/2
C 20 937 932
CLARK, William J., Jr.

Attention: Chief, Civilian Personnel Division

Dear Sir:

Mr. Clark served as civilian employee at various stations in the former lighthouse service and United States Coast Guard from February 24, 1936 to July 31, 1958, when he retired due to disability.

Please furnish the amount Mr. Clark contributed to retirement fund and monthly payments.

Your cooperation in furnishing this information in the veteran's behalf will be appreciated.

Very truly yours,

FRED Z. H. GERDES
Adjudication Officer

Keep file.
ret
2932.33
31 July 1954
DOB 3-[illegible]-44
age 6 mo
29 y 7 m 1 day

White file

(PC-2)

12831.2
9 May 1967

From: Commandant
To : Commander, Fifth Coast Guard District (p)

Subj : Card issued to Mr. William J. Clark

1. The enclosed DD Form 1172 indicates that Mr. Clark has been issued DD Form 1173 with an expiration date of "INDEFINITE".

2. Your attention is invited to Civilian Personnel Manual, CG-327, Chapter 79, Section 795, page 4, which specifies the Expiration Date that is to be used in preparing DD Form 1173. Your attention is also invited to the Personnel Manual, CG-207, Chapter 18, page 11, Item 3.

GEORGE E. STORY
By direction

Encl: (1) DD Form 1172

DTCONNER:bsh

MAILED:

PC
22 December 1958

Adjudication Officer
U. S. Veterans Administration
St. Petersburg, Florida

Dear Sir:

Reference is made to VA Form 3101, dated 14 November 1958 in which you requested certain information concerning Mr. William J. Clark, Jr., Claim No. C-20 937 932.

The record of this office shows that Mr. Clark received a probational appointment on 24 February 1936 and served at various stations in the former Lighthouse Service and U. S. Coast Guard until 31 July 1958 when he retired due to disability. Mr. Clark's entire service was in a civilian capacity. The record further shows, however, that Mr. Clark served in the U. S. Navy from 22 September 1913 to 25 June 1920.

Sincerely yours,

H. L. MORGAN
Chief, Civilian Personnel Division
By direction of the Commandant

DTConner

Return to 3-2

DATE MAILED: DEC 22 1958

CPO

VETERANS ADMINISTRATION
REQUEST FOR INFORMATION

1. TYPE OF CLAIM: DISABILITY

2. SEPARATION FORMS ON FILE: ☐ YES ☒ NO

3. DATA REQUESTED: ☒ SERVICE ☒ MEDICAL ☐ DENTAL ☐ OTHER

4. TO: ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD ☐ NATIONAL GUARD (Army) ☐ NATIONAL GUARD (Air) ☐ OTHER (Specify)

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE: 3017-21 St. Petersburg, Fla

5B. ORIGINATING UNIT: ADJ

6. CLAIM NO.: C-20 937 932

7. INSURANCE NO.:

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): CLARK, William Joseph, Jr.

9. ALL SERVICE NOS.: 121 54 42 & 53002

10. DATE OF BIRTH	11. PLACE OF BIRTH	12. DATE OF DEATH

13. DATE ENTERED ACTIVE DUTY	14. DATE SEPARATED FROM ACTIVE DUTY	15. CHARACTER OF SEPARATION OR DISCHARGE	16. LAST GRADE, RATE OR RANK, AND ORGANIZATION
A. 9-22-13	6-25-20		
B.			
C.			

17. ALLEGED DISEASE OR INJURY	18. DATES OF TREATMENT	19. PLACES OF TREATMENT	20. ORGANIZATION AT TIME DISEASE OR INJURY WAS INCURRED
A.			
B.* SERIES FOR ALL PERIODS OF SERVICE.			
C.			

21. ADDITIONAL INFORMATION REQUESTED: Vet served in USN, 9-22-13 to 6-25-20, SN's 121 5442 & 53002. Veteran states: "RETIRED 30 JULY 1958 as a LIGH HOUSE KEEPER UNDER THE LIGHT HOUSE SERVICE RETIREMENT LAW (Act of 20 JUNE 1918). VET SUBMITTED: Notification of Personnel Action, Treasury Dept-US Coast Guard showing: Disability Retirement (7-31-58), as Keeper, Light Station, Old Point Comfort Light Station Virginia. (FIELD). PLEASE INFORM: WAS VETS SERVICE WITH LIGHTHOUSE SERVED AS CIVILIAN OR MILITARY. IF HE SERVED AS MILITARY, FURNISH ENTIRE MEDICAL RECORD *

22. DATE: 11-14-58

23. SIGNATURE AND TITLE OF VA OFFICIAL: Guy R. Nichols GUY R. NICHOLS, Adj. Off.

ENDORSEMENT - VERIFICATION BY SERVICE DEPARTMENT (Check applicable box(es))

☐ AVAILABLE REQUESTED RECORDS FORWARDED ☐ ITEMS 8 & 9, AND 12 THROUGH 18 VERIFIED CORRECT ☐ ITEMS 8 & 9, AND 12 THROUGH 18 VERIFIED CORRECT, EXCEPT:

NO. OF ENCLOSURES	ORIG	COPY	NO. ENCLS. (Cont.)	ORIG	COPY		DATE	SIGNATURE AND TITLE
HEALTH RECORDS			CLINICAL RECORDS			SERVICE INFORMATION		
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS					
			DENTAL RECORDS			MEDICAL RECORDS	DATE	SIGNATURE AND TITLE
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL CARDS					
			OTHER RECORDS					

V A FORM JUL 1957 3101

SUPERSEDES VA FORM 3101, NOV 1945; VA FORM 3101-1, NOV 1945; AND VA FORM 3102, JAN 1946; WHICH WILL NOT BE USED.

30 Mar - called (804) 441-4893

Virginia National Bank
P. O. Box 600
Norfolk, Virginia 23501

Mr. Clark's check is being sent directly there -

Rec'd this current address:

474 Piping Rock Road
Norfolk, Virginia 23502

12 Jul - Ltr sent to Widow w/ FE-6