'26 OCT 23 AM 7:52

REFERENCE SERVICE SLIP
Archival Research Room Record Request
National Archives at St. Louis

Date: 10/23/2026

REQUESTER INFORMATION

Name (Please Print – Last, First, Middle)	Researcher ID Card Number
Burns, Andrew	4563213
E-Mail Address:	**Phone Number:**
afbfg4@umsl.edu	636-415-7353

INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Reed, Frank, Oscar	342-193	1941 OH

MILITARY SERVICE

Branch of Service:
- ☐ Air Force
- ☐ Army Air Corps
- ☐ Army Air Force
- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☑ Coast Guard
- ☐ Unknown

Type of Rank:
- ☐ Enlisted
- ☐ Officer
- ☐ Unknown

Service Period (Check all that apply):
- ☐ 1939 & Prior
- ☐ 1940 - 1950
- ☑ 1950 & After

Date & Place of Death: March 27, 1964

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.)

Researcher Signature: Andrew Burns

CIVILIAN SERVICE

(Agency & Location)		
From:	To:	
(Agency & Location)		
From:	To:	
(Agency & Location)		
From:	To:	

Other Identifying Information (Maiden Name, Job Title, etc.)

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers: ☐ Yes ☐ No

CMRS Service Request Number: C-a08446331

Attendant Signature:

CMRS Search Request Number(s): ~~CGS-a029173979~~

Remarks:

'26 NOV 19 AM 11:0

SCREENING NOTES

☐ Reviewed and Nothing Removed JMH ☐ Items Removed and User Informed

Hold Requested: ☐ Yes ☐ No

Total Requests:

Screened Items:

☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:

INSTRUCTIONS

This side of the service record is for all official and unofficial correspondence concerning the individual, such as: Transfer Orders, official requests, personal documents, i.e., Discharge Certificates, Training Course Certificates, original of Citations or Commendations, etc.

Upon separation from the Coast Guard, all personal documents should be removed and returned to the individual concerned. Obtain a receipt for papers so delivered and file with the remaining correspondence in the service record.

Eliminate correspondence which has served its purpose and arrange remaining papers in chronological order, latest dated papers on top. Forward with closed-out service record to Commandant (PE).

A-NEG.

Identification Card No. 10345

SSN 284-36-6571

CONTENTS CHECKED FOR ACCURACY

(REQUIRED: 1. WHEN REPORTING ABROAD. 2. WHEN TRANSFERRED. 3. ON DISCHARGE OR RETIREMENT)

DATE	STATION	BY (NAME AND GRADE)	INITIALS
2-7-61	R.D. Cleveland, Ohio	~~JAMES T. CHOKAS BMC(P), USCG~~ OFFICER IN CHARGE	
2-7-61	USCG BASE (RECEN) ALAMEDA, CALIF.	R. N. Larson, CHSCLK, W-3 By dir. CG Base (RECEN), Alameda, Calif.	
5-5-61	CG BASE (RECEN) ALAMEDA, CALIF	J. C. TAGGART, ENS, USCGR Personnel Supervisor	
MAY 19 1961	OCCGD8 (ADMIN) NEW ORLEANS, LA.	R. E. DASH, LTJG, USCG	
MAY 24 1961	OCCGD8 (ADMIN) NEW ORLEANS, LA.	R. E. DASH, LTJG, USCG	
25 May 61	USCG Base, Galveston, Tex.	P. A. Woolford, LTJG, USCG	
7 Nov 62	U.S.C.G. BASE, GALVESTON, TEX.	M.B. BERRY, YEOS, USCGR	
12-17-62	CG BASE, SEATTLE, WASH.	C. M. HUTCHINS, CHSCLK, W-4, USCG	
12-21-62	CG BASE, SEATTLE, WASH.	C. M. HUTCHINS, CHSCLK, W-4, USCG	
12-21-62	CGC SEDGE (WAGL-402)	P. D. CORSON, LT, USCG, XO	
15 FEB 1964	USCGC SEDGE (WAGL-402)	P. D. CORSON, LT, USCG EXECUTIVE OFFICER	
2-15-64	CAPE ST. ELIAS LTSTA	G. H. LAWRENCE CDR USCG, CHPERSNV	
3-27-64	CAPE ST. ELIAS LTSTA - DECEASED	D. F. BRADTKE CHSCLK W-2 Chief, Military Personnel Branch	

THE WALTER M. BALLARD CO.—#24690-35962-B-55

301

GSA-13

CG 342 193

3-25-66

14

VETERANS ADMINISTRATION

REQUEST FOR INFORMATION

1. TYPE OF CLAIM: Original; Death

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: VARO, Cleveland, Ohio 44114

5B. ORIGINATING UNIT: ADJ. DIV. 3025-213

6. CLAIM NO.: X 22 249 719

7. INSURANCE NO.:

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): REED, Frank Oscar

9. ALL SERVICE NOS.: CG 342 193

10. DATE OF BIRTH	11. PLACE OF BIRTH	12. DATE OF DEATH
12/13/41		3/27/64

	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.	2/7/61	3/27/64		EN-3
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.				
C.				

21. ADDITIONAL INFORMATION REQUESTED

Please furnish basic pay data to include years of service. Also furnish investigation report. Vet drowned in Alaska.

22. DATE: 3/24/66

23. SIGNATURE AND TITLE OF VA OFFICIAL: Paul F. Martz, Acting Adj. Off.

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

☐ AVAILABLE REQUESTED RECORDS FORWARDED

☒ ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT

☐ ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT, EXCEPT:

JEH/dhp

Cumulative service 3 yrs, 1 mo, 21 days

Pay grade EN3 E-4

Basic Pay $ 216.00

No further details concerning circumstances of death can be found in file this Center. If additional information is desired contact Hqs US Coast Guard, Washington, D.C.

X Certificate of Death, CGD 17 Mog 2808352 (Mar 64)

NO. OF ENCLOSURES	ORIG	COPY	NO. ENCLS. (Cont.)	ORIG	COPY		DATE	SIGNATURE AND TITLE
HEALTH RECORDS			CLINICAL RECORDS			SERVICE INFORMATION	4/23/66	M.V. Kay
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS					
			DENTAL RECORDS				DATE	SIGNATURE AND TITLE
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL RECORDS			MEDICAL RECORDS		
			OTHER RECORDS		✓			

V A FORM JUL 1957 07-3101

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

2

CERTIFICATE OF DEATH

ALASKA DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL STATISTICS
JUNEAU, ALASKA

RECORDER'S CERTIFIED COPY

RECORDER'S NO. Book 8, Page 68

1. PLACE OF DEATH

a. RECORDING DISTRICT: ALASKA Cordova

b. CITY, TOWN, OR LOCATION: Cape St. Elias LT STA

c. LENGTH OF STAY IN 1b: 2 months

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Cape St. Elias

e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Ohio, b. RECORDING DIST. OR COUNTY: Olmsted Falls unknown

c. CITY, TOWN, OR LOCATION: Olmsted Falls

d. STREET ADDRESS: 27142 Cook Road

e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☒

3. NAME OF DECEASED (Type or print): First FRANK Middle OSCAR Last REED

4. SEX	5. RACE	6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	7. DATE OF DEATH (Month Day Year)
Male	Cauc		March 27, 1964 555 PM

8. AGE (Last birthday) IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES	9. DATE OF BIRTH (Month Day Year)
22					Dec. 13, 1941

10. BIRTHPLACE (State or foreign country)	11. CITIZEN OF WHAT COUNTRY?	12. SOCIAL SECURITY NO.
Cleveland, Ohio	USA	284-36-6571

13 a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	13 b. KIND OF BUSINESS OR INDUSTRY
US Coast Guard	Engineman 3d, US Coast Guard

14. NAME OF FATHER	15. MAIDEN NAME OF MOTHER	16. NAME OF HUSBAND OR WIFE
Fred Arness Reed	Elsie Lucille O'Dier	None

17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	18. INFORMANT'S SIGNATURE	ADDRESS
Yes	2/7/61-3/37/64	PETER L, CORSEN	USCG CUTTER SEDGE Cordova, Alaska

MEDICAL CERTIFICATION

19. CAUSE OF DEATH (See reverse side) (Enter only one cause per line for (a), (b), and (c).)

IF VIOLENT DEATH, COMPLETE ITEMS 22-27 | INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Drowning — Unknown

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

DUE TO (b): Earth quake

DUE TO (c): Tidal Wave

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a): Compound fracture right leg above ankle-immobilized, deceased prior to tidal wave

20. IF A FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS?	21. WAS AUTOPSY PERFORMED?	22. WAS INQUEST HELD?
YES ☐ NO ☐ UNKNOWN ☐	YES ☐ NO ☒	YES ☐ NO ☒

23. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	24 a. PLACE OF INJURY (Such as home, cannery, etc.)	24 b. CITY, TOWN, OR LOCATION — RECORDING DIST. OR COUNTY — STATE	25. TIME OF INJURY (Hour Month Day Year)	26. INJURY OCCURRED	27. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of Item 19)
	St. Elias, Alaska	3 Judicial Div, Cordova Rec Prec.	a.m. 555 p.m. 3/27/64	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	See 19 (a)(b)(c) above

28. ☒ I investigated the death of the deceased on

☐ I attended the deceased from and last saw her/him alive on

Death occurred at m., on the date stated above; and to the best of my knowledge, from the causes stated.

FILED PE-87

SIGNATURE	DEGREE OR TITLE	ADDRESS	DATE SIGNED
PETER L. CORSEN, Lt. USCG		U S Coast Guard Sedge Cordova, Alaska	4/5/64

29 a. BURIAL ☐ REMOVAL ☒ CREMATION ☐	29 b. DATE	29 c. NAME AND LOCATION OF CEMETERY OR CREMATORY
	4/6/64	Jenkens Funeral Chapel, Inc., Westlake, Ohio

29 d. PERMIT ISSUED BY:	30. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
FRANK BURNS	HOLLIS HENRICHS	Cordova, Alaska

31 a. RECORDER'S SIGNATURE	31 b. ADDRESS	32. DATE RECORDED
FRANK BURNS	Cordova, Alaska	Apr. 6, 1964

VS-FORM 104 8-60 5M

SEE REVERSE SIDE

The following information may prove very helpful in later identifying the deceased when a copy of his death record is requested, or queries about him are received from relatives in the States or elsewhere.

IDENTIFYING INFORMATION CONCERNING DECEASED

HEIGHT	WEIGHT	COMPLEXION	COLOR OF HAIR	COLOR OF EYES
FT. 5 | IN. 8	LBS. 145	Fair	Brown	Hazel

NAMES OF LIVING CHILDREN — ADDRESS

NAMES OF OTHER LIVING RELATIVES — ADDRESS — RELATIONSHIP

Unknown

NAMES OF OTHER ACQUAINTANCES — ADDRESS

Jones, Glenn D., Lt. Comm. U S C G. : Cordova, Alaska

ADDITIONAL INFORMATION WHICH MAY HELP IDENTIFY DECEASED

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF THE FACTS ON THE COPY OF THE ORIGINAL DEATH CERTIFICATE ON FILE IN THE OFFICE OF THE

MAGISTRATE - RECORDER, RECORDING DISTRICT OF Cordova, DISTRICT NO. Three,

AT Cordova, ALASKA.

Frank Burns
MAGISTRATE - RECORDER

BY _____
CLERK

(SEAL)

DATE April 7, 1964

TREAS. DEPT., U.S.C.G., CG-3584 (Rev. 8-62) **CLEARANCE SHEET**

File 3-13

22 June 1964

3H2-193

My dear Mr. Reed:

It is my privilege to forward to you an Honorable Service Certificate in memory of your son, Frank Oscar Reed, Engineman, third class, United States Coast Guard.

This award is made to you as a tribute to your son's sacrifice in the service of his country. May it serve in some small measure as a lasting memorial and a tangible manifestation of the Government's recognition of his faithful and unselfish performance of duty.

Sincerely yours,

E. J. ROLAND
Admiral, U. S. Coast Guard
Commandant

Mr. Fred Andress Reed
27142 Cook Road
Olmstead Falls, Ohio

Date of Death: 27 March 1964
RATHARP:rat 22 June 1964

OFFICE OR DIVISION	PS	CA	C									
INITIALS OF RESPONSIBLE OFFICERS	B		A									
INTRA-OFFICE OR DIVISION INITIALS												

PREVIOUS EDITIONS MAY BE USED

GPO 945307

RAT DW

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U.S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D.C.

FILE

342-193
19 June 1964

From: Commandant
To: Office of the Quartermaster General, Department of the Army, Support Services, Memorial Division, Washington 25, D. C.

Subj: Verification of service of REED, Frank Oscar (342-193) Engineman, third class, United States Coast Guard, deceased

Ref: (a) DD Form 1330 dated 1 June 1964

1. The service information listed below is verified from available records at Coast Guard Headquarters:

NAME: REED, Frank Oscar

DATE AND PLACE OF BIRTH: 13 December 1941 - Cleveland, Ohio

SERVICE NUMBER: 342-193

HIGHEST RANK & ORG.: Engineman, third class, USCG

STATE OF RESIDENCE: At time of death - Ohio

ACTIVE DUTY DATES: 7 February 1961 - 27 March 1964

DATE AND NATURE OF LAST SEPARATION: 27 March 1964 - DIED on active duty

PRIOR SERVICE. NONE

M. J. MAYER
Chief, Survivors Benefits Branch
Personnel Services Division
U. S. Coast Guard
By direction

Encl: DD Form 1330 dated 1 June 1964
DATE OF DEATH: 27 March 1964
Interred at: Sunset Memorial Park Ass'n, 6185 Columbis Road, No. Olmsted, Ohio
Applicant's Signature: Fred A. Reed, Father, 27142 Cook Road, Olmsted Falls, Ohio 44138
CAGREEN:cag 19 June 1964

CAG

Standard Form No. 1166a
7 GAO 5000
1166-207

(MEMORANDUM)

VOUCHER AND SCHEDULE OF PAYMENTS

TREASURY DEPARTMENT
(DEPARTMENT OR ESTABLISHMENT)

Schedule No. 96-2760

Sheet 1 of 1

BUREAU OR OFFICE: U. S. COAST GUARD

LOCATION OF TRANSMITTING OFFICE: Washington, D. C.

AGENCY STATION NO.: 20 02 5100

APPROPRIATION SUMMARY: (SYMBOL AND ACCOUNT)

20X0201 205.20

99-01.2.64 00090 1130 205.20

PAID BY

TREAS DEPT
Div. of Disbursement
APR 27, 1964
Sym. 3000
Wash. D.C.

VOUCHER NO. (1)	PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NO. OR OTHER IDENTIFICATION (2)	AMOUNT (3)	D. O. CHECK NO. (4)
2760	Fred A. Read 2712 - Cook Road Cleveland Falls, Ohio	205.20	69904117
	The above represents settlement to the father of Frank O. READ (342-193) USN, USCG, deceased 27 March 1964, for pay and allowances due and unpaid on date of death. Withholding Tax Statement, Form W-2, enclosed.		
	BA:JCR 6-12 C-178-64		
	GRAND TOTAL	205.20	

21 [illegible] 19 R. R. MILLS

MEMORANDUM

Standard Form No. 1166a
7 GAO 5000
1166-207

(MEMORANDUM)

VOUCHER AND SCHEDULE OF PAYMENTS

TREASURY DEPARTMENT
(DEPARTMENT OR ESTABLISHMENT)

Schedule No. 98-2780

Sheet 1 of 1

BUREAU OR OFFICE: U. S. COAST GUARD

LOCATION OF TRANSMITTING OFFICE: Washington, D. C.

AGENCY STATION NO.: 20 02 5100

APPROPRIATION SUMMARY: (SYMBOL AND ACCOUNT)

20X8093 205.20

99-01.1.64 0809 1130 205.20

PAID BY

TREAS DEPT
Div. of Disbursement
APR 27, 1964
Sym. 3000
Wash. D.C.

VOUCHER NO. (1)	PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NO. OR OTHER IDENTIFICATION (2)	AMOUNT (3)	D. O. CHECK NO. (4)
2780	Fred A. Reed 2712 - Cook Road Cleveland Falls, Ohio	205.20	69904117
	The above represents settlement to the father of Frank O. REED (3L2-193) HM3, USCG, deceased 27 March 1964, for pay and allowances due and unpaid on date of death. Withholding Tax Statement, Form W-2, enclosed.		
	MARCH 6-12 C-178-64		
		GRAND TOTAL	

21 April 1964 R. E. MILLS

MEMORANDUM

Standard Form No. 1166a
7 GAO 5000
1166-207

6 - 2

(MEMORANDUM)

VOUCHER AND SCHEDULE OF PAYMENTS

TREASURY DEPARTMENT
(DEPARTMENT OR ESTABLISHMENT)

Schedule No. 98-2779

Sheet 1 of 1

BUREAU OR OFFICE
U. S. COAST GUARD

LOCATION OF TRANSMITTING OFFICE
Washington, D. C.

AGENCY STATION NO.
20 02 5100

APPROPRIATION SUMMARY: (SYMBOL AND ACCOUNT)

20X0201 $1,218.00

99-01.2.64 08100 4201 $1,218.00

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
APR 23 1964
SYMBOL 3000
WASHINGTON, D. C.

VOUCHER NO. (1)	PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NO. OR OTHER IDENTIFICATION (2)	AMOUNT (3)	D. O. CHECK NO. (4)
2779	Fred A. REED 27142 Cook Road Olmstead Falls, Ohio	1,218.00	6988163

The above represents the total six month's death gratuity pay due in case of your son, Frank Oscar Reed (342-193) EN3, USCG; Pay grade E-4, 3 yrs., 1 mo. 21 dys. cred. service; date of death 27 March 1964, computed as follows.

Monthly rate of BP&L - $190.00 X 6 . . . $1,140.00

FORDU - 13.00 X 6 . . . . . 78.00

Total Six Month's Death Gratuity Pay Due $1,218.00

HA:JCR 6-12

C-178-64

GRAND TOTAL 1,218.00

21 April 1964

R. H. MILLS
MEMORANDUM

...ATION AND VOUCHER FOR ...ATH GRATUITY PAYMENT

...gust 1, 1956, 70 Stat. 857, and regulations pursuant thereto)

1. BUREAU VOUCHER NO.	2. D. O. VOUCHER NO.

...ON SYMBOL AND TITLE

4. ACCOUNTS OF

THE UNITED STATES, DR. TO:

5. NAME AND ADDRESS OF PAYEE (Street and Number, City and State)

Fred Andress Reed
27142 Cook Road
Olmstead Falls, Ohio

FOR THE SIX MONTHS' GRATUITY PAY AS THE RESULT OF THE DEATH OR PRESUMED DEATH IN ACCORDANCE WITH A FINDING BY THE SECRETARY OF THE SERVICE CONCERNED. THE SIX MONTHS' GRATUITY IS AN AMOUNT EQUAL TO SIX TIMES THE MONTHLY RATE OF MILITARY PAY (EXCLUDING ALLOWANCES) RECEIVED BY THE DECEASED SERVICE MEMBER AT THE TIME OF DEATH, WITH AN $800 MINIMUM AND A $3,000 MAXIMUM.

6. SERVICE PERSON (Last name—First name—Middle initial)	7. SERVICE NUMBER	8. GRADE
REED, Frank Oscar	(342-193)	EN3

9. PLACE OF DEATH	10. DATE OF DEATH	11. YEARS SERVICE
Alaska	27 March 1964	3 yrs.-1 mo.21dys

12. ADDITIONAL PAY FOR (Identified by type)	13. TOTAL MONTHLY PAY (Including Block 12)	14. DUE PAYEE
FORDU	$203.00	$1,218.00

15. **CERTIFICATE OF PAYEE** (Place an "X" in one of the following boxes, according to your relationship to the decedent)

I CERTIFY THAT I HAVE NOT RECEIVED THE SIX MONTHS' GRATUITY PAY; THAT

☐ (a) I AM ☐ HIS WIDOW ☐ HER WIDOWER. (Complete only Block 17a and have Block 17 signed by two certifying witnesses)

☐ (b) I AM A CHILD OF THE DECEDENT; THAT THERE IS NO WIDOW (widower) SURVIVING; THAT THE CONTENTS OF BLOCK 16 ARE ACCURATE AS SHOWN. (If payee is a minor at time of preparation of this form, Block 17a must be completed by the duly appointed guardian and documentary proof of guardianship furnished. Complete Blocks 16 and 17a and have Block 17 signed by two certifying witnesses.)

☐ (c) I AM THE ☑ FATHER ☐ MOTHER ☐ BROTHER ☐ SISTER OF THE DECEDENT; THAT THERE IS NO WIDOW (widower), OR CHILD SURVIVING. (Complete Blocks 16 and 17a and have block 17 signed by two certifying witnesses.)

16. **LIST CHILDREN OF THE DECEDENT** (If none, so state. Use reverse side if more space is needed)

NAME	ADDRESS
	None

17. **CERTIFICATE OF WITNESSES TO SIGNATURE OF PAYEE** (Two witnesses are required)

I CERTIFY THAT I AM PERSONALLY WELL ACQUAINTED WITH THE ABOVE-NAMED PAYEE THAT I HAVE READ THE ABOVE STATEMENT WHICH WAS SIGNED IN MY PRESENCE, AND THAT SAID STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

17a. SIGNATURE OF PAYEE (Must be affixed in the presence of two witnesses)

Fred Andress Reed

SIGNATURE AND ADDRESS OF 1ST WITNESS	SIGNATURE AND ADDRESS OF 2D WITNESS	ADDRESS OF PAYEE
F. G. Ritson 27935 Lorain Rd North Olmsted O.	Ruth M. Ritson 27935 Lorain Rd North Olmsted O	27142 Cook Rd Olmstead Falls Ohio

18. **ADMINISTRATIVE STATEMENT** DATE 17 April 1964

THE ABOVE-NAMED PAYEE, IS AUTHORIZED TO RECEIVE THE SIX MONTHS' GRATUITY PAY ON ACCOUNT OF THE DEATH OF THE DECEDENT; THAT BROTHER AND/OR SISTER PAYEES HAVE BEEN SO DESIGNATED BY THE DECEDENT IN THOSE CASES WHERE PARENT(S) ALSO SURVIVE AND THAT PAYMENT THEREOF IS APPROVED IN THE AMOUNT OF $ 100%

PAID BY CHECK DRAWN IN FAVOR OF PAYEE NAMED ABOVE

CHECK NUMBER	AMOUNT OF CHECK	DATE OF CHECK

SIGNATURE

A. C. WAGNER, CAPT, USCG

TYPED NAME AND TITLE

Chief, Personnel Services Division
By direction of the Commandant

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.

DD FORM 1 DEC 57 397 PREVIOUS EDITIONS OF THIS FORM AND DD FORM 397-1, 1 NOV 50, ARE OBSOLETE

Form approved by Comptroller General, U. S. November 18, 1957

U. S. GOVERNMENT PRINTING OFFICE: 1958 O-F-453787

CGHQ _____ SERVICE AND ALLOTMENT PAYMENT DATA ON DECEASED MILITARY PERSONNEL

NAME OF DECEASED **Frank Oscar REED** SERVICE NUMBER **342-193** RANK OR RATE **EN3**

DATE DECEASED **3/27/64** CREDITABLE SERVICE TO DATE OF DEATH **3** YRS **1** MOS **21** DAS

RATE OF PAY ON DATE OF DEATH **$190.00** *AMOUNT DUE ON FINAL SETTLEMENT **$205.20**

DEATH GRATUITY IN AMOUNT OF **$1,218.00** PAID TO **Fred A. REED (father)**
(Name and Relationship)

ON **23 April 1964** (Date) BUSCHED # **98-2779** PAID BY **R. H. MILLS** AT **CG HDQTS**

FINAL SETTLEMENT COMPUTED THROUGH **3/27/64** (Date) PAID TO **Fred A. REED (father)** (Name and Relationship)

ON **27 Apr 1964** (Date) BUSCHED # **98-2780** PAID BY **R. H. MILLS** AT **CG HDQTS**

PAYMENT
ALLOTMENT/INFORMATION

ALLOTMENT "D"/"Q" IN AMOUNT OF **NONE** PAID TO **-**
(Name and Relationship)

THROUGH MONTH OF LAST PAYMENT **-**.

ALLOTMENT "B" IN AMOUNT OF **NONE** DESIGNATES _____
(Name and Relationship)

AS CO-OWNER/BENEFICIARY. LAST PAYMENT **-**.

*IN THE CASE OF AN INACTIVE DUTY RESERVIST WHO IS NOT ATTACHED TO AN ORGANIZED RESERVE UNIT, THE AMOUNT INDICATED ABOVE IS THE MONTHLY RATE OF PAY WHICH WOULD BE PAYABLE IF MEMBER HAD BEEN IN A PAY STATUS.

Cleveland 13, Ohio

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form approved.
Budget Bureau No. 72-R247.12.

In replying, Address: SOCIAL SECURITY ADMINISTRATION
414 11th St., N.W.
Washington, D. C. 20203
Telephone WO 2-4651 Date 4/16/64

We have received an application for social security benefits based upon the wages paid to the individual named below. We need a statement of wages to process this claim. Your cooperation in promptly filling out and returning this statement will be appreciated. An envelope requiring no postage is enclosed for your use. (The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)

Headquarters, U. S. Coast Guard
Payments and Claims Section
1300 E Street, N. W.
Washington, D. C. 20626

Wm R Sparkes tw
District Manager.

Enclosure.

STATEMENT OF EMPLOYER

This is to certify that wages in the amounts shown have been PAID during the calendar year(s) to—

1. Frank Oscar Reed #342 193 (Name of wage earner) 282-36-6571 (Social security account number)

PLEASE DO NOT WRITE IN MARGIN

Include the value of all remuneration before withholding of tax whether paid in cash or kind (but for services performed in a private home as a domestic, or in work not in the course of the employer's trade or business, show only the cash amount paid). If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

2. PERIOD	WAGES PAID YEAR 19 63	WAGES PAID YEAR 19 64	WAGES PAID YEAR 19____	WAGES PAID YEAR 19____
January 1–March 31, inclusive	✓ $257.40	✓ $486.50	$	$
April 1–June 30, inclusive	✓ $291.30	$ XXXXXX	$	$
July 1–September 30, inclusive	✓ $372.00	$ XXXXXX	$	$
October 1–December 31, inclusive	✓ $553.22	$ XXXXXX	$	$

Date of Birth: Unknown Date of Death: 3/27/64 (Died in service in Alaska earthquake on 3/27/64.)

In item 3 below use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 7 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

3. EMPLOYEE'S OCCUPATION	7. NATURE OF BUSINESS	
U. S. Coast Guardsman	Federal Government	
4. BUSINESS NAME OF EMPLOYER *(Type or print)*	8. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM	
U. S. Coast Guard		
5. STREET ADDRESS OF EMPLOYER	9. TITLE OF PERSON SIGNING ABOVE	
1300 "E" Street, N. W.	R. H. MILLS Chief, Claims & Exceptions Branch	
6. CITY STATE ZIP CODE	10. EMPLOYER'S FEDERAL IDENTIFICATION NO.	11. DATE THIS STATEMENT FILLED OUT
Washington, D. C. 20226	53-0233902	16 April 1964

Form OAC-1001 (6-63) NA

STAMP CLASSIFICATION IF ANY

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3441 (Rev. 7-55)

U. S. COAST GUARD STANDARD TRAVEL ORDER FOR ENLISTED PERSONNEL

TRAVEL ORDER NO.

AUTHORITY: CCGD17 Msg 051625Z (FEB 64)

DATE: 6 FEBRUARY 1964

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. If insufficient space is provided for any entry, make note in that space and continue entry under "Supplemental Instruction" or on attached sheet. Identify continued items and attach additional sheets securely.

UNIT	LOCATION	
USCGC SEDGE (WAGL 402)	CORDOVA, ALASKA	
TO (Name)	SERVICE NO.	RATE
REED, FRANK O.	342-193	FNEN

PROCEED AND REPORT TO

DESTINATION	STATION	NATURE OF DUTY (Temporary, Permanent, Training, etc.)	APPROX. No. of Days
a. Intermediate			
b. Intermediate			
c. Ultimate	OFFICER-IN-CHARGE, CAPE ST. ELIAS LTSTA CAPE ST. ELIAS, ALASKA	FASDU	PERM.

UPON COMPLETION OF THIS TEMPORARY ADDITIONAL DUTY RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES

XX THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION | FROM CORDOVA, ALASKA

TO CAPE ST. ELIAS, ALASKA

1. a. RECORDS ATTACHED (Check appropriate boxes)

	SERVICE		HEALTH		PAY		PERSONNEL DATA CARD

b. DISPOSITION OF RECORDS NOT ATTACHED: RECORDS WILL BE FORWARDED TO CCGD17(P)

2. AUTHORIZED TIME EN ROUTE

TOTAL DAYS AUTHORIZED	LEAVE	PROCEED TIME	COMPENSATORY ABSENCE	TRAVEL TIME
00	00	00	00	00

REPORT NOT LATER THAN		ADDRESS ON LEAVE
TIME	DATE	
N. A.	N. A.	N. A.

3. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED. | CHARGEABLE AGAINST TRAVEL ALLOTMENT | SYMBOL

4. TRAVEL IS AUTHORIZED OR DIRECTED AS INDICATED BELOW:

a. FOR PERMANENT CHANGE OF STATION ONLY (Including temporary duty en route): TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (See para. BO3A06-4C(2), C. G. Travel Manual.)

b. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED AND IS MORE ADVANTAGEOUS TO THE GOVERNMENT.

c. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (Only authorized when sufficient leave to allow safe driving is granted.)

XX d. TRAVEL BY GOVERNMENT TRANSPORTATION AS INDICATED BELOW, IF AVAILABLE, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED:

	GOVERNMENT VESSEL		GOVERNMENT VEHICLE		GOVERNMENT AIRCRAFT	CLASS PRIORITY CERTIFIED
XX						

e. TRAVEL IS DIRECTED BY COMMERCIAL CARRIER ON TRANSPORTATION REQUESTS, WHEN TRANSPORTATION REQUESTS ARE AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT. | MODE OF TRANSPORTATION (Rail, bus, etc.)

f. TRAVEL AT OWN EXPENSE IS AUTHORIZED, SUBJECT TO REIMBURSEMENT. (This does not authorize travel by privately owned conveyance.)

5. AUTHENTICATING SIGNATURE (Grade and title)

P. D. CORSON, LT, USCG, EXECUTIVE OFFICER

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (Grade or rate and title)
	15 FEBRUARY 1964	P. D. CORSON, LT, USCG, EXECUTIVE OFFICER

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED. | SIGNATURE OF TRAVELER

FRANK O. REED

EDITION OF 5-53 IS OBSOLETE | STAMP CLASSIFICATION IF ANY

STAMP CLASSIFICATION IF ANY

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3441 (Rev. 7-55)

U. S. COAST GUARD STANDARD TRAVEL ORDER FOR ENLISTED PERSONNEL

TRAVEL ORDER NO.

AUTHORITY: CCGD17 Msg 051625Z (FEB 64)

DATE: 6 FEBRUARY 1964

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. If insufficient space is provided for any entry, make note in that space and continue entry under "Supplemental Instruction" or on attached sheet. Identify continued items and attach additional sheets securely.

UNIT	LOCATION
USCGC SEDGE (WAGL 402)	CORDOVA, ALASKA

TO (Name)	SERVICE NO.	RATE
REED, FRANK O.	342-193	FNEN

PROCEED AND REPORT TO

	DESTINATION	STATION	NATURE OF DUTY (Temporary, Permanent, Training, etc.)	APPROX. No. of Days
a.	Intermediate			
b.	Intermediate			
c.	Ultimate	OFFICER-IN-CHARGE, CAPE ST. ELIAS LTSTA CAPE ST. ELIAS, ALASKA	FASDU	PERM.

UPON COMPLETION OF THIS TEMPORARY ADDITIONAL DUTY RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES

XX THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION | FROM CORDOVA, ALASKA

TO CAPE ST. ELIAS, ALASKA

1. a. RECORDS ATTACHED (Check appropriate boxes)

	SERVICE		HEALTH		PAY		PERSONNEL DATA CARD

b. DISPOSITION OF RECORDS NOT ATTACHED: RECORDS WILL BE FORWARDED TO CCGD17(P)

2. AUTHORIZED TIME EN ROUTE

TOTAL DAYS AUTHORIZED	LEAVE	PROCEED TIME	COMPENSATORY ABSENCE	TRAVEL TIME
00	00	00	00	00

REPORT NOT LATER THAN		ADDRESS ON LEAVE
TIME	DATE	
N. A.	N. A.	N. A.

3. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED. | CHARGEABLE AGAINST TRAVEL ALLOTMENT | SYMBOL

4. TRAVEL IS AUTHORIZED OR DIRECTED AS INDICATED BELOW:

a. FOR PERMANENT CHANGE OF STATION ONLY (Including temporary duty en route): TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (See para. BO3A06-4C(2), C. G. Travel Manual.)

b. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED AND IS MORE ADVANTAGEOUS TO THE GOVERNMENT.

c. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (Only authorized when sufficient leave to allow safe driving is granted.)

XX d. TRAVEL BY GOVERNMENT TRANSPORTATION AS INDICATED BELOW, IF AVAILABLE, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED:

	GOVERNMENT VESSEL		GOVERNMENT VEHICLE		GOVERNMENT AIRCRAFT	CLASS PRIORITY CERTIFIED
XX						

e. TRAVEL IS DIRECTED BY COMMERCIAL CARRIER ON TRANSPORTATION REQUESTS, WHEN TRANSPORTATION REQUESTS ARE AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT. | MODE OF TRANSPORTATION (Rail, bus, etc.)

f. TRAVEL AT OWN EXPENSE IS AUTHORIZED, SUBJECT TO REIMBURSEMENT. (This does not authorize travel by privately owned conveyance.)

5. AUTHENTICATING SIGNATURE (Grade and title): P. D. CORSON, LT, USCG, EXECUTIVE OFFICER

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (Grade or rate and title)
	15 FEBRUARY 1964	P. D. CORSON, LT, USCG, EXECUTIVE OFFICER

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED. | SIGNATURE OF TRAVELER: FRANK O. REED

EDITION OF 5-53 IS OBSOLETE

STAMP CLASSIFICATION IF ANY

STAMP CLASSIFICATION IF ANY

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3441 (Rev. 7-55)

U. S. COAST GUARD STANDARD TRAVEL ORDER FOR ENLISTED PERSONNEL

TRAVEL ORDER NO.

AUTHORITY
CCGD17 Msg 051625Z (FEB 64)

DATE
6 FEBRUARY 1964

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. If insufficient space is provided for any entry, make note in that space and continue entry under "Supplemental Instruction" or on attached sheet. Identify continued items and attach additional sheets securely.

UNIT	LOCATION	
USCGC SEDGE (WAGL 402)	CORDOVA, ALASKA	
TO (Name)	SERVICE NO.	RATE
REED, FRANK O.	842-193	FNEN

PROCEED AND REPORT TO

DESTINATION	STATION	NATURE OF DUTY (Temporary, Permanent, Training, etc.)	APPROX. No. of Days
a. Intermediate			
b. Intermediate			
c. Ultimate	OFFICER-IN-CHARGE, CAPE ST. ELIAS LTSTA CAPE ST. ELIAS, ALASKA	FASOU	PERM.

	UPON COMPLETION OF THIS TEMPORARY ADDITIONAL DUTY RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES
XX	THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM CORDOVA, ALASKA
	TO CAPE ST. ELIAS, ALASKA

1. a. RECORDS ATTACHED (Check appropriate boxes)

	SERVICE		HEALTH		PAY		PERSONNEL DATA CARD

b. DISPOSITION OF RECORDS NOT ATTACHED
RECORDS WILL BE FORWARDED TO CCGD17(P)

2. AUTHORIZED TIME EN ROUTE

TOTAL DAYS AUTHORIZED	LEAVE	PROCEED TIME	COMPENSATORY ABSENCE	TRAVEL TIME
00	00	00	00	00

REPORT NOT LATER THAN		ADDRESS ON LEAVE
TIME	DATE	
N. A.	N. A.	N. A.

3. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED. | CHARGEABLE AGAINST TRAVEL ALLOTMENT | SYMBOL

4. TRAVEL IS AUTHORIZED OR DIRECTED AS INDICATED BELOW:

	a. FOR PERMANENT CHANGE OF STATION ONLY (Including temporary duty en route): TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (See para. BO3A06-4C(2), C. G. Travel Manual.)
	b. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED AND IS MORE ADVANTAGEOUS TO THE GOVERNMENT.
	c. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (Only authorized when sufficient leave to allow safe driving is granted.)
XX	d. TRAVEL BY GOVERNMENT TRANSPORTATION AS INDICATED BELOW, IF AVAILABLE, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED:

	GOVERNMENT VESSEL		GOVERNMENT VEHICLE		GOVERNMENT AIRCRAFT	CLASS PRIORITY CERTIFIED
XX						

	e. TRAVEL IS DIRECTED BY COMMERCIAL CARRIER ON TRANSPORTATION REQUESTS, WHEN TRANSPORTATION REQUESTS ARE AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT. — MODE OF TRANSPORTATION (Rail, bus, etc.)
	f. TRAVEL AT OWN EXPENSE IS AUTHORIZED, SUBJECT TO REIMBURSEMENT. (This does not authorize travel by privately owned conveyance.)

5. AUTHENTICATING SIGNATURE (Grade and title)
P. D. CORSON, LT, USCG, EXECUTIVE OFFICER

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (Grade or rate and title)
	15 FEBRUARY 1964	P. D. CORSON, LT, USCG, EXECUTIVE OFFICER

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED. | SIGNATURE OF TRAVELER
FRANK O. REED

EDITION OF 5-53 IS OBSOLETE

STAMP CLASSIFICATION IF ANY

P16-4/MM
15 February 1964

FIRST ENDORSEMENT ON REED, Frank O. ORDERS dtd 6 February 1964

From: Officer in Charge, Cape St. Elias LtSta
To: Reed, Frank O. (342-193) FNEN, USCG

1. You reported aboard this unit at 1100W this date FASDU in compliance with basic orders.

DONALD W. Le BURG, BM1, OinC

P16-4/MM
15 February 1964

FIRST ENDORSEMENT ON REED, Frank O. ORDERS dtd 6 February 1964

From: Officer in Charge, Cape St. Elias LtSta
To: Reed, Frank O. (342-193) FNEN, USCG

1. You reported aboard this unit at 1100W this date FASDU in compliance with basic orders.

DONALD W. Le BURG, BM1, OinC

P16-4/MM
15 February 1964

FIRST ENDORSEMENT ON REED, Frank O. ORDERS dtd 6 February 1964

From: Officer in Charge, Cape St. Elias LtSta
To: Reed, Frank O. (342-193) FNEN, USCG

1. You reported aboard this unit at 1100W this date FASDU in compliance with basic orders.

Donald W. Le Burg

DONALD W. Le BURG, BM1, USCG

P16-4/MM
15 February 1964

FIRST ENDORSEMENT ON REED, Frank O. ORDERS dtd 6 February 1964

From: Officer in Charge, Cape St. Elias LtSta
To: Reed, Frank O. (342-193) FNEN, USCG

1. You reported aboard this unit at 1100W this date FASDU in compliance with basic orders.

DONALD W. Le BURG, BM1, OinC

P16-4/MM
15 February 1964

FIRST ENDORSEMENT ON REED, Frank O. ORDERS dtd 6 February 1964

From: Officer in Charge, Cape St. Elias LtSta
To: Reed, Frank O. (342-193) FNEN, USCG

1. You reported aboard this unit at 1100W this date FASDU in compliance with basic orders.

DONALD W. Le BURG, BM1, OinC

P16-4/MM
15 February 1964

FIRST ENDORSEMENT ON REED, Frank O. ORDERS dtd 6 February 1964

From: Officer in Charge, Cape St. Elias LtSta
To: Reed, Frank O. (342-193) FNEN, USCG

1. You reported aboard this unit at 1100W this date FASDU in compliance with basic orders.

DONALD M. Le BURG, BM1, OinC

STAMP CLASSIFICATION IF ANY

ORIGINAL

TREASURY DEPARTMENT U. S. COAST GUARD CG-3441 (Rev. 7-55)	U. S. COAST GUARD STANDARD TRAVEL ORDER FOR ENLISTED PERSONNEL	TRAVEL ORDER NO.
AUTHORITY: CCGD17 Msg 051625Z (FEB 64)		DATE: 6 FEBRUARY 1964

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. If insufficient space is provided for any entry, make note in that space and continue entry under "Supplemental Instruction" or on attached sheet. Identify continued items and attach additional sheets securely.

UNIT	LOCATION	
USCGC SEDGE (WAGL 402)	CORDOVA, ALASKA	
TO (Name): REED, FRANK O.	SERVICE NO.: B42N193	RATE: FNEN

PROCEED AND REPORT TO

DESTINATION	STATION	NATURE OF DUTY (Temporary, Permanent, Training, etc.)	APPROX. No. of Days
a. Intermediate			
b. Intermediate			
c. Ultimate	OFFICER-IN-CHARGE, CAPE ST. ELIAS LTSTA CAPE ST. ELIAS, ALASKA	FASDU	PERM.

UPON COMPLETION OF THIS TEMPORARY ADDITIONAL DUTY RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES

XX THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION | FROM CORDOVA, ALASKA

TO CAPE ST. ELIAS, ALASKA

1. a. RECORDS ATTACHED (Check appropriate boxes)

	SERVICE		HEALTH		PAY		PERSONNEL DATA CARD

b. DISPOSITION OF RECORDS NOT ATTACHED: RECORDS WILL BE FORWARDED TO CCGD17(P)

2. AUTHORIZED TIME EN ROUTE

TOTAL DAYS AUTHORIZED	LEAVE	PROCEED TIME	COMPENSATORY ABSENCE	TRAVEL TIME
00	00	00	00	00

REPORT NOT LATER THAN		ADDRESS ON LEAVE
TIME	DATE	
N. A.	N. A.	N. A.

3. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED. | CHARGEABLE AGAINST TRAVEL ALLOTMENT | SYMBOL

4. TRAVEL IS AUTHORIZED OR DIRECTED AS INDICATED BELOW:

a. FOR PERMANENT CHANGE OF STATION ONLY (Including temporary duty en route): TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (See para. BO3A06-4C(2), C. G. Travel Manual.)

b. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED AND IS MORE ADVANTAGEOUS TO THE GOVERNMENT.

c. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (Only authorized when sufficient leave to allow safe driving is granted.)

XX d. TRAVEL BY GOVERNMENT TRANSPORTATION AS INDICATED BELOW, IF AVAILABLE, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED:

	GOVERNMENT VESSEL		GOVERNMENT VEHICLE		GOVERNMENT AIRCRAFT	CLASS PRIORITY CERTIFIED
XX						

e. TRAVEL IS DIRECTED BY COMMERCIAL CARRIER ON TRANSPORTATION REQUESTS, WHEN TRANSPORTATION REQUESTS ARE AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT. | MODE OF TRANSPORTATION (Rail, bus, etc.)

f. TRAVEL AT OWN EXPENSE IS AUTHORIZED, SUBJECT TO REIMBURSEMENT. (This does not authorize travel by privately owned conveyance.)

ORIGINAL

5. AUTHENTICATING SIGNATURE (Grade and title): P. D. Corson

P. D. CORSON, LT, USCG, EXECUTIVE OFFICER

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (Grade or rate and title)
	15 FEBRUARY 1964	P. D. Corson

P. D. CORSON, LT, USCG, EXECUTIVE OFFICER

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED. | SIGNATURE OF TRAVELER: Frank O. Reed

FRANK O. REED

EDITION OF 5-53 IS OBSOLETE | STAMP CLASSIFICATION IF ANY

UNITED STATES ARMED FORCES INSTITUTE
MADISON 3, WISCONSIN

MILITARY TEST REPORT

This is a report of the examinee's achievement in a recently completed USAFI test. It is accompanied by a Certificate of Completion when the examinee has satisfactorily completed a USAFI course in which he enrolled or has satisfactorily completed all parts of the high school level General Educational Development test battery. The examinee's copy of this report and the certificate, if included, should be presented to the examinee. The report is forwarded for entry in the examinee's official military record. Please review carefully the information on the reverse side of this form concerning USAFI tests.

C O
USCGC SEOGE WAGL402
ATTN EDUC OFFICER
CORDOVA ALASKA

120577

PLEASE NOTE DISTRIBUTION FOR INCLOSED COPIES

EXAMINEE'S NAME (LAST-FIRST-INITIAL)	SERVICE NO.	BR. OF SERVICE	DATE TEST COMPLETED
REED FRANK O	342193	C	0164

HIGH SCHOOL LEVEL GENERAL EDUCATIONAL DEVELOPMENT TESTS

TEST FORM	TEST ONE		TEST TWO		TEST THREE		TEST FOUR		TEST FIVE		BTRY RATING	*
	STD. SCORE	U. S. PCT'L	STD. SCORE	U. S. PCT'L	STD. SCORE	U. S. PCT'L	STD. SCORE	U. S. PCT'L	STD. SCORE	U. S. PCT'L		
Q	50	50	61	86	71	98	58	79	47	38	S	

RATING CODE
S - SATISFACTORY
U - UNSATISFACTORY
I - INCOMPLETE

COLLEGE LEVEL GENERAL EDUCATIONAL DEVELOPMENT TESTS

TEST FORM	TEST ONE		Rating	TEST TWO		Rating	TEST THREE		Rating	TEST FOUR		Rating	*
	STD. SCORE	U. S. PCT'L		STD. SCORE	U. S. PCT'L		STD. SCORE	U. S. PCT'L		STD. SCORE	U. S. PCT'L		

RATING CODE
S - SATISFACTORY
U - UNSATISFACTORY

NUMBER AND TITLE OF COURSE OR TEST	Rating	*

RATING CODE
D - WITH DISTINCTION
S - SATISFACTORY
U - UNSATISFACTORY
01 - 99 PERCENTILE

*THIS BLOCK IDENTIFIES A RETEST. 1 - 1ST RETEST 2 - 2ND RETEST

COPIES INCLOSED:
(1) Examinee's
(2) Army - Personnel Records Section
Air Force - Custodian, Unit Personnel Records
COPY FURNISHED (as appropriate):
Chief of Naval Personnel (Pers E)
Commandant of the Marine Corps
Commandant Coast Guard (PTP-1)

C. L. Munden
C. L. MUNDEN
DIRECTOR

USAFI FORM 6A2. 15 (7530-J 05-0094) REV. 5/65

ORIGINAL

DEFENSE - PRINTED BY ALLIED EGRY BUSINESS SYSTEMS

UNITED STATES ARMED FORCES INSTITUTE
MADISON 3, WISCONSIN

MILITARY TEST REPORT

This is your report of a USAFI test which you recently completed. If you desire to have this record evaluated by a school or other agency, we will, at your request, forward an official test report to that agency in accordance with the test reporting policy stated in the USAFI Catalog. Related correspondence to USAFI should include your name, branch of service, service number, and date of testing. If rating is I (incomplete) or U (unsatisfactory), please review carefully USAFI retesting policies in the current edition of the USAFI Catalog. See reverse side for information that may be helpful in interpreting this test report.

C O
USCGC SEOGE WAGL402
ATTN EDUC OFFICER
CORDOVA ALASKA

IMPORTANT: If your name or service number is in error, please make the correction and return this report to us immediately. Both are very important for locating your records in the future. A corrected report will be sent to you by return mail. Because of electric accounting machine space limitations, alphabetic letters preceding your Service number (RA, AF, etc.) and name suffixes (Jr., etc.) are not shown on USAFI test reports.

120577

EXAMINEE'S NAME (LAST-FIRST-INITIAL)	SERVICE NO.	BR. OF SERVICE	DATE TEST COMPLETED
REED FRANK O	342193	C	01 64

HIGH SCHOOL LEVEL GENERAL EDUCATIONAL DEVELOPMENT TESTS

TEST FORM	TEST ONE		TEST TWO		TEST THREE		TEST FOUR		TEST FIVE		BTRY RATING	*
	STD. SCORE	U. S. PCT'L	STD. SCORE	U. S. PCT'L	STD. SCORE	U. S. PCT'L	STD. SCORE	U. S. PCT'L	STD. SCORE	U. S. PCT'L		
0	50	50	61	86	71	98	58	79	47	38	S	

RATING CODE
S - SATISFACTORY
U - UNSATISFACTORY
I - INCOMPLETE

COLLEGE LEVEL GENERAL EDUCATIONAL DEVELOPMENT TESTS

TEST FORM	TEST ONE		Rating	TEST TWO		Rating	TEST THREE		Rating	TEST FOUR		Rating	*
	STD. SCORE	U. S. PCT'L		STD. SCORE	U. S. PCT'L		STD. SCORE	U. S. PCT'L		STD. SCORE	U. S. PCT'L		

RATING CODE
S - SATISFACTORY
U - UNSATISFACTORY

NUMBER AND TITLE OF COURSE OR TEST	Rating	*

RATING CODE
D - WITH DISTINCTION
S - SATISFACTORY
U - UNSATISFACTORY
01-99 PERCENTILE

*THIS BLOCK IDENTIFIES A RETEST. 1 - 1ST RETEST 2 - 2ND RETEST

C. L. Munden
C. L. MUNDEN
DIRECTOR

United States Armed Forces Institute

MADISON, WISCONSIN

This is to certify that

REED FRANK O

has successfully completed the USAFI

TESTS OF GENERAL EDUCATIONAL DEVELOPMENT
HIGH SCHOOL LEVEL

this date 01 (MO.) , 64 (YR.) *service no.* 342193

COMMANDING OFFICER

C. L. MUNDEN
DIRECTOR

DETAILS CONCERNING THIS CERTIFICATE ARE PRINTED ON REVERSE

To all who shall see these presents, greeting:

Know Ye, that reposing special trust and confidence in the fidelity and abilities of

FRANK OSCAR REED, I do appoint HIM

ENGINEMAN THIRD CLASS in the

United States Coast Guard

to rank as such from the SIXTEENTH day of FEBRUARY nineteen hundred and SIXTY-THREE.

This appointee will therefore carefully and diligently discharge the duties of the grade to which appointed by doing and performing all manner of things thereunto pertaining. And I do strictly charge and require all personnel of lesser grade to render obedience to appropriate orders. And this appointee is to observe and follow such orders and directions as may be given from time to time by Superiors acting according to the rules and articles governing the discipline of the

Armed Forces of the United States of America.

Given under my hand at CORDOVA, ALASKA, this SIXTEENTH day of FEBRUARY, in the year of our Lord nineteen hundred and SIXTY-THREE.

G. D. JONES

G. D. JONES
LIEUTENANT COMMANDER, U. S. COAST GUARD
COMMANDING OFFICER, USCGC SEDGE (WAGL 402)

DD FORM 216 CG

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDING OFFICER
U. S. COAST GUARD INSTITUTE
GROTON, CONNECTICUT

FILE: 148894
11 March 1963

From: Commanding Officer, U. S. Coast Guard Institute
To: REED, Frank O. (342-193) FA
Via: Commanding Officer, CGC SEDGE (WAGL-402)

Subj: Institute correspondence course; completion of

1. In recognition of having furthered your proficiency in the Coast Guard by successful completion of the FN-4 course with a mark of 88 % on 4 March 1963, the Coast Guard Institute takes pleasure in forwarding this Certificate of Completion.

2. A copy of this letter will be placed on file in your official record.

3. It is requested that all textbooks which were issued with your course be returned to the Coast Guard Institute.

John R Kurcheski
JOHN R. KURCHESKI

Encl: (1) Educational Certificate

Copy to:
Commandant (PE)

P11
18 March 1963

FIRST ENDORSEMENT on Institute ltr 148894 dtd 3/11/63

From: Commanding Officer, SEDGE (WAGL-402)
To: REED, Frank O. (342-193) FA, USCG

1. Delivered with congratulations.

G. D. JONES

CGI 300 (7-62)

The United States Coast Guard

Institute

CERTIFICATE OF SATISFACTORY COMPLETION

OF COAST GUARD INSTITUTE CORRESPONDENCE COURSE IN

Fireman (FM-4)

Date Completed: 4 March 1963 Grade: 88%

In recognition of his having furthered his proficiency in the Coast Guard Service by successful completion of subject correspondence course, the U. S. Coast Guard Institute, on behalf of the Commandant, takes pleasure in transmitting this Certificate of Satisfactory Completion to:

Frank O. Reed (342-193) FA

C. T. Buckner
C. T. BUCKNER, CHMACH W-2, USCG
Head, Engineering Section

John R Kurcheski
JOHN R. KURCHESKI, CAPT, USCG
Commanding Officer

CGI - 108B (7-62)

Treasury - CG Institute

The United States Coast Guard

Institute

CERTIFICATE OF SATISFACTORY COMPLETION

OF COAST GUARD INSTITUTE CORRESPONDENCE COURSE IN

Engineman, Third (EM3-4)

Date Completed: 4 September 1963 Grade: 85%

In recognition of his having furthered his proficiency in the Coast Guard Service by successful completion of subject correspondence course, the U. S. Coast Guard Institute, on behalf of the Commandant, takes pleasure in transmitting this Certificate of Satisfactory Completion to:

Frank O. Reed (342-193) FA

C. T. Buckner

C. T. BUCKNER, CHMACH W-2, USCG
Head, Engineering Section

John R Kurcheski

JOHN R. KURCHESKI, CAPT, USCG
Commanding Officer

CGI - 108B (7-62)

Treasury - CG Institute

Commanding Officer
USCGC SEDGE (WAGL 402)
P. O. Box 300
Cordova, Alaska

P16-3/MM
3 January 1964

From: REED, Frank O. (342-193) FNEN, USCG
To: Commander, SEVENTEENTH Coast Guard District(p)
Via: Commanding Officer, USCGC SEDGE (WAGL 402)

Subj: Rotation orders; request for

Ref: (a) CCGD17 Instruction 1300.1

1. In accordance with ref (a), the following information is submitted:
   a. Date qualified for rotation: 20 June 1964
   b. Date rotation is desired: 20 June 1964
   c. Leave desired: Thirty days

2. Preference for next district or HQ unit:
   a. First choice: THIRTEENTH CG District
   b. Second choice: TWELFTH CG District
   c. Third choice: ELEVENTH CG District

3. The following information about my dependents is furnished:
   a. Number of dependents: None
   b. Location of dependents: N. A.
   c. Location of household goods: N. A.

4. Remarks:

FRANK O. REED

P16-3/MM
3 January 1964

FIRST ENDORSEMENT on REED's ltr P16-3/MM dtd 3 January 1964

From: Commanding Officer, USCGC SEDGE (WAGL 402)
To: Commander, SEVENTEENTH Coast Guard District(p)

1. Forwarded approved.

2. The follwoing information is submitted in compliance with ref (a):
   a. Enlistment expires: 6 February 1965
   b. Reenlistment intention: Does not plan to reenlist
   c. Home of record: Olmsted Falls, Ohio
   d. School qualifications:
   e. Special qualifications required of relief: None

3. Remarks:

G. D. JONES

TREASURY DEPARTMENT
U. S. COAST GUARD
CCGD17-82 (5-62)

RECOMMENDATION FOR PROFICIENCY PAY

From: Commanding Officer, USCGC SEDGE (WAGL 402)
To: Commander, SEVENTEENTH Coast Guard District(p)

Subj: REED, Frank O. (342-193) FNEN, USCG ; recommendation for proficiency pay

Ref: (a) Commandant Instruction 1430.1A

1. It is recommended that subject man be considered for proficiency pay. He meets the eligibility requirements of reference (a).

2. To support this recommendation, the following information is certified to be correct:

a. Rate - FNEN
b. Date of expiration of enlistment or active duty - - - - - - - 6 FEB 65
c. Date last advanced to present basic rate (not proficiency pay advancement) - 1 NOV 63
d. Months of active duty since last advancement in basic rate, computed to end of current quarter - - - - - - - - - - - - 2
e. Has completed CG Institute Correspondence Courses
   (1) For present rate - - - - - - - - - - - - - - - - - - - YES
   (2) For next higher rate - - - - - - - - - - - - - - - - - NO
f. Recommendation has been submitted for advancement to next higher rate - NO
   (1) Complete if applicable:
   Date submitted - N. A.
   On effective eligibility list for advancement - - - - - N. A.
g. Abstract of marks (page 6, Service Record for the past twelve months):

Date	P	L	C
31 JAN 63	3.2	- -	4.0
31 JUL 63	3.5	3.4	4.0

3. Fill in following if man is in critical rating:

a. Number of petty officers in critical ratings attached - - - _____
b. Number of petty officers currently drawing or being recommended for pro pay (combined total) - - - - - - - - - - _____
c. Of the men currently drawing or being recommended for pro pay, I consider this man, in order of proficiency to be - - _____

d. Remarks (Optional):

4. Fill in this paragraph if man is in non-critical rating:

a. Number of petty officers in non-critical ratings attached - - 15
b. Number of petty officers in non-critical ratings being recommended for proficiency pay - - - - - - - - - - - - - - - - - -
c. Of the number of petty officers in non-critical ratings attached, I consider this man, in order of proficiency to be -
d. Remarks: (Do not leave blank)

RHED is on the district eligibility list for EN3.

5. This recommendation if for:

_____ annual renewal
XXXX original consideration
_____ other - specify

G. D. JONES

NAVCOMPT FORM 2020 (7 PT) (REV. 6-59)
Approved by Comptroller General, U. S. March 28, 1958

VOUCHER FOR REIMBURSEMENT FOR TRAVEL
(MILITARY PERSONNEL/DEPENDENTS)

D. O. VOUCHER NO.

BUREAU VOUCHER NO. 17-548-64

DEPARTMENT, BUREAU OR ESTABLISHMENT
TREASURY DEPARTMENT U. S. COAST GUARD

PAID BY
TREASURY DEPARTMENT
U. S. COAST GUARD
DEC 17 1963
5352
Juneau, Alaska

PAYEE (Name)	(Rank or rate)	(File or Service No.)
FRANK O. REED	FNEN	342-193

MAILING ADDRESS
CGC SEDGE

OFFICIAL DUTY STATION	TAD ORDER NO.
SAME	T-62420/172001140

	ITEMS REIMBURSABLE	AMOUNT
MEMBER'S TRAVEL	A. MILEAGE: _____ miles at _____	
	B. MONETARY ALLOWANCE IN LIEU OF TRANSPORTATION: _____ miles at _____	
	C. PER DIEM: AS PER ATTACHED NAVCOMPT 2021	141.94
	D. MISC. EXPENSES	3.25
DEPENDENTS' TRAVEL	A. _____ person(s) _____ miles at _____	
	B. person(s) miles at	
DISLOCATION ALLOWANCE		
TRAILER ALLOWANCE	A. _____ miles at _____	
	B. miles at	
OTHER (Specify type)		

PAYEE

VOUCHER DEDUCTIONS				
Applied to travel advance		TOTAL AMOUNT OF CLAIM	145.19
Other		TOTAL VOUCHER DEDUCTIONS	
		NET AMOUNT TO TRAVELER	145.19

CERTIFIED CORRECT AND PROPER FOR PAYMENT

DATE 12/16/63

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

ACCOUNTING CLASSIFICATION

Appropriation Symbol and Subhead	Object Class	Expenditure Account	Chargeable Activity	Bureau Control or Subauth'n Activity	Bureau Control No.	Sub-auth'n No.	Identification No.	Amount
20X0201								
17-20-64	2112		71909					145.19

PAID BY CHECK (Number)	(Date of check)	PAID IN CASH (Amount)	(Date paid)	SIGNATURE OF PAYEE (Required for cash payment only)

TRAVEL CLAIM

(MILEAGE AND/OR PER DIEM)

NAVCOMPT FORM 2021 (5-58)
Form approved by Comptroller General, U. S. March 24, 1958

NOTE: *All entries to be made by the claimant in his own handwriting.*

FIRST NAME, MIDDLE INITIAL, LAST	RANK OR RATING	FILE OR SERVICE NO.	SERVICE
Frank O. REED	FNEN	342-193	USCG

DUTY STATION	ADDRESS TO WHICH CHECK TO BE MAILED	LOCAL PHONE NO.
USCGC SEDGE (WAGL 402) Cordova, Alaska.	Same as duty station	

I HEREBY SUBMIT claim for mileage, monetary allowance in lieu of transportation, and/or per diem and miscellaneous expenses found to be due me for travel and/or periods of temporary duty performed under orders issued by CCGD17 Msg 0717382(NOV 63) TONO 62420/172001140 file or orders number dated 7 November 1963

PREVIOUS PAYMENTS RECEIVED UNDER THESE ORDERS	AMOUNT (Enter None If Applicable)	VOUCHER NO.	DATE OF PAYMENT	SYMBOL NO.	ADVANCES (Amount received)
	None	NAME OF PAYING OFFICER			$

ITINERARY

CODES

MODE OF TRAVEL

FIRST LETTER		SECOND LETTER	
1. Transportation Request	T	5. Rail	R
2. Government Transportation	G	6. Plane	P
3. Commercial *(own expense)*	C	7. Bus	B
4. Private Conveyance	P	8. Vessel	V
		9. Auto	A

REASON FOR DELAY

1. Remain Overnight	RON
2. Temporary Duty	TDY
3. Awaiting Transportation	A/T

PLACES OF DEPARTURE, ARRIVAL AND/OR DELAY		DEPARTED DATE	DEPARTED HOUR	ARRIVED DATE	ARRIVED HOUR	TRAVEL OR DELAY CODE	QUARTERS AVAILABLE OR UTILIZED	DATES AND NUMBER OF MEALS UTILIZED OR AVAILABLE INCLUDING BOX LUNCHES (i. e., 7/12(2)-7/13(3))	AMOUNT DUE (For use by paying office only)
FROM CGC SEDGE	TO CGC BALSAM	11-7	1035	11-7	1045	GV	NO	NONE	
AT CGC BALSAM						GV	YES	ALL	
FROM CGC BALSAM	TO Cordova, Alaska	11-7	2000	11-7	2015	CA	NO	NONE	11.02
AT Cordova, Alaska						RON	NO	NONE	8.28
FROM Cordova, Alaska	TO Elmendorf AFB	11-8	1330	11-8	1615	TP	NO	NONE	
AT Elmendorf AFB Hospital		Inpatient Treatment					YES	ALL	5.76
FROM Elmendorf AFB	TO Cordova, Alaska	11-11	1300	11-12	0630	TP	NO	NONE	19.00
AT Cordova, Alaska	AWAIT SEDGE					RON	NO	NONE	95.00
FROM Cordova, Alaska	TO Anchorage, Alaska	11-18	0700	11-18	1430	CP	NO	NONE	2.88
AT Anchorage, Alaska	CGC SEDGE					RESREGDU	YES	ALL	14.94
FROM	TO								3.25
AT									145.19
FROM	TO								
AT									

NOTE: *When travel involves periods of temporary duty and/or delay as described in JTR Par. 4451-3 or 4, certificates of availability and/or utilization of government quarters and mess must be attached to this claim.*

STATEMENT OF LEAVE TAKEN

NUMBER DAYS LEAVE AUTHORIZED IN ORDERS	0	NUMBER OF DAYS LEAVE ACTUALLY TAKEN	0	INCLUSIVE DATES OF LEAVE	N. A.

STATEMENT OF MISCELLANEOUS EXPENSES

TIME	DATE	TYPE OF EXPENSE	FROM	TO	AMOUNT	ALLOWED (For use of paying office)
	11-8-63	Airporter	Cordova	Airport	$2.00	
	11-8-63	Airporter	Anchorage Airport	Anchorage	$1.25	

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS

(Not to be claimed by traveler)

TRANSPORTATION REQUEST NUMBER	AGENT'S VALUATION OF TICKET	INITIALS OF CARRIER ISSUING TICKET	MODE AND CLASS OF SERVICE†	DATE ISSUED	POINTS OF TRAVEL FROM—	POINTS OF TRAVEL TO—
371,931		PNA	MCA	11-6	Cordova, Alaska	Anchorage, Alaska and return

† "Pullman accommodations: MR, master room; DR, drawing room; CP, compartment; BR, bedroom; DSR, duplex single room; RM, roomette; DRM, duplex roomette; SOS, single occupancy section; LB, lower berth; UB upper bert; LB—UB, lower and upper bert; S, seat."

INSTRUCTIONS

NAVY, MARCORPS AND COAST GUARD: Attach original and two copies of all travel orders and amendments thereto; all unused Government T/R's, meal tickets, or commercial tickets or portions thereof. If original orders are lost, submit three copies of orders with the following signed certificate on all copies: "I certify that my original orders are lost or destroyed. No prior claim has been submitted and if the original orders are later located, no further claim will be submitted."

CERTIFICATES OF TRAVELER

I CERTIFY that the above statements and schedules are correct and just in all respects, that I actually performed the travel and incurred the expenses included therein, and that payment or credit has not been received except for travel advances indicated on the reverse hereof.

I FURTHER CERTIFY that during the period covered by this voucher, Government quarters as defined in par. 1150-5 JTR, and Government mess as defined in par. 1150-4 JTR, were not available and/or utilized except as indicated on the reverse hereof.

I FURTHER CERTIFY that during the period covered by this voucher, I took no leave or unnecessary delay, except as indicated above.

I FURTHER CERTIFY that I have not received Monetary Travel Allowances of any nature from any other Agency of the United States, a Foreign Government, or the United Nations for the travel and/or temporary duty set forth herein except as jointly authorized by the secretaries of the departments concerned.

PENALTY FOR PRESENTING FRAUDULENT CLAIM—Fine of not more than $10,000 or imprisonment for not more than 5 years or both. Title 18, U.S.C. 287; id. 1001.

FORFEITURE OF FRAUDULENT CLAIM—Falsification of an item in an expense account works a forfeiture of the claim. Title 28, U.S.C. 2514.

SIGNATURE OF SERVICE MEMBER	RANK OR RATING	DATE
FRANK O. REED	FNEN	11-20-63

ORIGINAL

departed 1300 HRS
11 NOV 63
REED

P16-4/MM
7 November 1963

SECOND ENDORSEMENT on TONO 62420/172001140

From: Commanding Officer, USCGC BALSAM (WAGL-62)
To: REED, Frank O. (342-193) FNEN, USCG

Subj: TAD Orders; travel; amendment to

Ref: (a) CCGD17 MSG 080019Z (NOV 63)

1. In accordance with reference (a), your orders are hereby amended for you to report to Elmendorf AFB in lieu of Ketchikan, Alaska for dental treatment.

2. The remaining portion of your orders remains the same.

3. Delivered and departed this unit at 2000 U, 7 November 1963.

C. F. McFADDEN
Personnel Officer

THIRD ENDORSEMENT on TONO 62420/273001140

From: NCOIC, 1929 Comm Gp (ACS) Cordova, Alaska
To: Commanding Officer USCGC Sedge

Frank O. Reed (342-193) FNEN, USCG reported to duty 0630 hrs 12 Nov 1963. Rations and quarters in kind were not furnished.

FRANK N. MARKEY
SFC NCOIC

18 November 1963

From: Commanding Officer, USCGC SEDGE (WAGL 402)
To: REED, Frank O. (342-193) FNEN, USCG

1. In accordance with basic orders and endorsements thereto you reported aboard this unit at 1430W this date.

P. D. CORSON
By direction

ORIGINAL

departed 1300 hrs 11 NOV 63
ELMENDORF AFB
HOSP
RPFB

STAMP CLASSIFICATION IF ANY

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3441-SM (Rev. 7-55)

U. S. COAST GUARD STANDARD TRAVEL ORDER FOR ENLISTED PERSONNEL

ORIGINAL

TRAVEL ORDER NO.: 62420/172001140

AUTHORITY: CCHD17 Msg 071302Z (NOV 63)

DATE: 7 November 1963

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. If insufficient space is provided for any entry, make note to that space and continue entry under "Supplemental Instruction" or on attached sheet. Identify continued items and attach additional sheets securely.

UNIT	LOCATION	
USCGC SPAR (WAGL 402)	Cordova, Alaska	
TO (Name) REED, Frank O.	SERVICE NO. 342-193	RATE FN1 M

PROCEED AND REPORT TO

DESTINATION	STATION	NATURE OF DUTY (Temporary, Permanent, Training, etc.)	APPROX. NO. OF DAYS
a. INTERMEDIATE	Commanding Officer, USCGC SPAR (WAGL 62) Ketchikan, Alaska	TAD	Indef.
b. INTERMEDIATE	Commanding Officer, USCG Base, Ketchikan, Alaska	TAD	Indef.
c. ULTIMATE	Commanding Officer, USCGC SPAR (WAGL 402) Cordova, Alaska	RESRELDU	Perm.

XX UPON COMPLETION OF THIS TEMPORARY ADDITIONAL DUTY RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES

THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION | FROM

TO

1. a. RECORDS ATTACHED (Check appropriate boxes)

SERVICE	XX	MEDICAL	PAY	PERSONNEL DATA CARD

b. DISPOSITION OF RECORDS NOT ATTACHED

2. AUTHORIZED TIME EN ROUTE

TOTAL DAYS AUTHORIZED	LEAVE	PROCEED TIME	COMPENSATORY ABSENCE	TRAVEL TIME

REPORT NOT LATER THAN — TIME: | DATE:

ADDRESS FOR MAIL:

3. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED. CHARGEABLE AGAINST TRAVEL ALLOTMENT: 71909 SYMBOL: 17-20

4. TRAVEL IS AUTHORIZED OR DIRECTED AS INDICATED BELOW:

a. FOR PERMANENT CHANGE OF STATION ONLY (including temporary duty en route): TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (See para. [illegible] Ch. 4, Travel Manual.)

b. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED AND IS MORE ADVANTAGEOUS TO THE GOVERNMENT.

c. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (Only authorized when sufficient leave to allow safe driving is granted.)

X d. TRAVEL BY GOVERNMENT TRANSPORTATION AS INDICATED BELOW, IF AVAILABLE, IS DIRECTED. OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED.

	GOVERNMENT VESSEL	GOVERNMENT VEHICLE	GOVERNMENT AIRCRAFT	CLASS PRIORITY CERTIFIED
X				

e. TRAVEL IS DIRECTED BY COMMERCIAL CARRIER ON TRANSPORTATION REQUESTS. WHEN TRANSPORTATION REQUESTS ARE [illegible], OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT. MODE OF TRANSPORTATION (RR, Bus, etc.)

f. TRAVEL AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT (This does not authorize travel by privately owned conveyance.)

5. AUTHENTICATING OFFICER (Grade or title): P. L. CORSON, LT., USCG, XO

ORIGINAL

6. DELIVERED AND [illegible]

TIME: | DATE: 7 November 1963

SIGNATURE (Grade or rate and title): P. L. CORSON, LT., USCG, XO

7. I HAVE READ AND [illegible] THE ABOVE ORDERS AND THE INSTRUCTIONS AND I HAVE RECEIVED THE [illegible] ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER: FRANK O. REED — Frank O Reed

ORIGINAL

7 November 1963

FIRST ENDORSEMENT on TONO 62420/172001140

From: Commanding Officer, USCGC SEDGE (WAGL 402)
To: REED, Frank O. (342-193)FNEN, USCG

Subj: TAD Orders; travel

1. You are directed to report to Commanding Officer, USCGC BAISAM for transportation to Ketchikan, Alaska for dental treatment. You are to carry your health record. Your remaining records will be kept by USCGC SEDGE.

2. Upon completion of dental treatment you are to return to USCGC SEDGE and resume your regular duties.

3. Departed Port Etches, Alaska at 1035W this date.

P. D. CORSON
By direction

M. McPHERSON, CHSPCK W-2, USCG
Authorized Certifying Officer

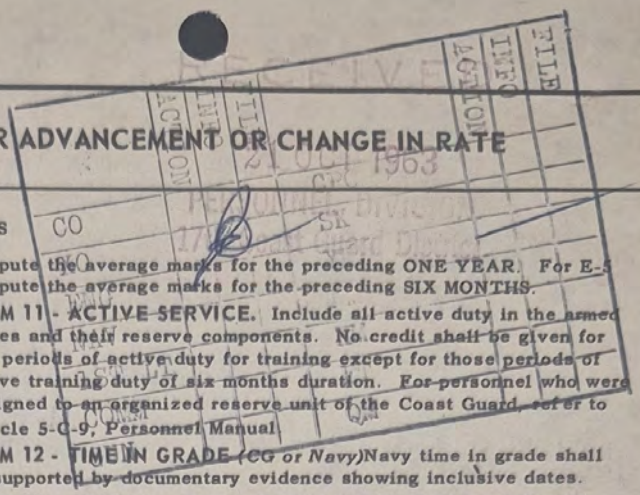
CERTIFIED FOR PAYMENT THIS DATE 10/16 AMT $ 1/15/19
Travel performed 10/7 to 10/16
between [illegible] and [illegible]
Settled in the accounts of J. F. CANNON, CDO, of Birth, Texas
Dept., Sym. 5352, Voucher # 17-5518-67
( ) MILEAGE ( ) DEPENDENTS TRAVEL
(1/15/19) PER DIEM ( ) DLA
( ) OTHER

ORIGINAL

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303A (Rev. 11-60)

RECOMMENDATION FOR ADVANCEMENT OR CHANGE IN RATE

RECEIVED
OCT 22 1963
U.S.C.G.C. SEDGE (WAGL-402)
Cordova, Alaska



INSTRUCTIONS

ITEMS 1 through 5, and ITEM 7. Self-explanatory.

ITEM 6 - TOTAL MONTHS OF SEA DUTY. Complete in accordance with Article 5-C-19, Personnel Manual.

ITEM 8 - DATE SCORE COMPUTED TO. For E-7 use date given in Personnel Instruction which announces examination. For E-5 and E-6 use date eligibility lists are established. Refer to Article 5-C-32, Personnel Manual.

ITEM 9 - EXAMINATION SCORE. Headquarters will enter score for E-7. For E-5 and E-6 enter score attained in the examination subjects and listed as FINAL AVERAGE MARK on Form CG-3303B.

ITEM 10 - PERFORMANCE MARKS *(Both P and L marks).* For E-7 compute the average marks for the preceding TWO YEARS. For E-6 compute the average marks for the preceding ONE YEAR. For E-5 compute the average marks for the preceding SIX MONTHS.

ITEM 11 - ACTIVE SERVICE. Include all active duty in the armed forces and their reserve components. No credit shall be given for any periods of active duty for training except for those periods of active training duty of six months duration. For personnel who were assigned to an organized reserve unit of the Coast Guard, refer to Article 5-C-9, Personnel Manual.

ITEM 12 - TIME IN GRADE *(CG or Navy)* Navy time in grade shall be supported by documentary evidence showing inclusive dates.

ITEM 13 - AWARDS. Refer to Article 5-C-22, Personnel Manual.

ITEM 14 - Will be entered at Headquarters for E-7.

1. NAME *(Last, first, middle initial)*	2. UNIT	3. SERVICE NUMBER	4. PRESENT RATE
REED, Frank O.	USCGC SEDGE (WAGL 402)	342-193	FN

5. I REQUEST TO BE EXAMINED FOR: *(Check and complete)*	6. TOTAL MONTHS OF SEA DUTY	7 ORIGINAL RECOMMENDATION FOR THIS RATE
[X] ADVANCEMENT TO: EN3		
[ ] CHANGE IN RATE TO:		
DATE: 16 October 1963 — SIGNATURE OF APPLICANT: FRANK O. REED (Frank O. Reed)	10	[X] YES [ ] NO

			FACTOR	CREDIT	MAXIMUM
8. DATE SCORE COMPUTED TO:	16 October 1963				
9. EXAMINATION SCORE		3.7	x 20	74.0	80
10. PERFORMANCE MARKS	a. PROFICIENCY	3.5	x 10	35.0	40
	b. LEADERSHIP	3.4	x 10	34.0	40
11. ACTIVE SERVICE *(To nearest month)*		MOS	÷ 6		40
12. SERVICE IN GRADE *(To nearest month)*		MOS	÷ 2		40
13. LIST AWARDS AND DATE RECEIVED					10
14. TOTAL SCORE				143.0	250

15. I HAVE REVIEWED AND TAKE NO EXCEPTION TO THE ENTRIES IN ITEMS 1 THROUGH 14 OF THIS FORM.	CANDIDATE'S SIGNATURE: FRANK O. REED (Frank O. Reed)
16. FROM: COMMANDING OFFICER CGC SEDGE (WAGL 402) TO: Commander, 17th CG District	VIA (1) (2)

I CERTIFY that all the above information is correct and has been obtained from the service record; that the candidate has successfully completed all practical factors and examination subjects for this advancement or change in rate as evidenced on Form CG-3303B; that the candidate meets the requirements for advancement and/or change in rate.

Correspondence or training course for this change of rate has been completed. *(Check box)*

[X] YES [ ] NO *(Explain under remarks)*

DATE	SIGNATURE
16 October 1963	G. D. JONES (G. D. Jones)

17. FIRST ENDORSEMENT *(Check appropriate box)*

FROM:	TO:

[ ] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED *(State reasons)*

DATE	SIGNATURE

18. SECOND ENDORSEMENT *(Check appropriate box)*

FROM: COMMANDER, Seventeenth CG DISTRICT — TO: CO, SEDGE

[X] RETURNED [ ] FORWARDED [ ] AUTHORIZED [ ] APPROVED [ ] NOT AUTHORIZED *(Comment under remarks)* [ ] DISAPPROVED *(Comment under remarks)*

DATE	SIGNATURE *(By direction)*
21 October 1963	D. F. BRADTKE

REMARKS *(Indicate by number the item to which explanation applies. Continue on reverse)*

Assign REED EN designator effective 1 November 1963
Auth: Chapter 6, CG Qualifications Manual
REED is presently number 24 on the eligibility list for advancement to EN3

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDING OFFICER
U. S. COAST GUARD INSTITUTE
GROTON, CONNECTICUT

FILE: 188170
18 September 1963

From: Commanding Officer, U. S. Coast Guard Institute
To: REED, Frank O. (342-193) FA, USCG
Via: Commanding Officer, USCGC SEDGE (WAGL 402)

Subj: Institute correspondence course; completion of

1. In recognition of having furthered your proficiency in the Coast Guard by successful completion of the EN3-4 course with a mark of 85 % on 9 September 1963, the Coast Guard Institute takes pleasure in forwarding this Certificate of Completion.

2. A copy of this letter will be placed on file in your official record.

3. It is requested that all textbooks which were issued with your course be returned to the Coast Guard Institute.

John R Kurcheski
JOHN R. KURCHESKI

Encl: (1) Educational Certificate

Copy to:
Commandant (PE)

P11
24 September 1963

FIRST ENDORSEMENT on CG Institute ltr 188170 dtd 18 September 1963

From: Commanding Officer, USCGC SEDGE (WAGL 402)
To: REED, Frank O. (342-193) FN, USCG

1. Delivered with congratulations.

G. D. JONES

CGI 300 (7-62)

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
17th CG District
P. O. Box 2651
Juneau, Alaska

RECEIVED
AUG 8 - 1963
U.S.C.G. SEDGE
Cordova, Alaska

P
P14-2
5 August 1963

	ACTION	INFO	FILE		ACTION	INFO	FILE
CO				CPO			
XO				SK			
ENG				YN			
NAV				RM			
1ST LT				HM			
COMM				ET			
GUN							

From: Commander, Seventeenth Coast Guard District
To: REED, Frank O. (342-19 21) FN, USCG-Present
Via: Commanding Officer, USCGC SEDGE (WAGL-402)

Subj: Outside Employment; authorization for

Ref: Your ltr P14-2 dtd 31 July 1963

1. You are hereby granted permission to accept part-time outside employment, as outlined in reference (a), until 31 December 1963.

2. The employment shall be subject to the restrictions specified in Article 16-E-1, of the Personnel Manual. No distinctive part of the uniform shall be worn while engaged in this employment. Should any directive be issued by higher authority requiring personnel to wear the uniform at all times, this authorization will automatically be cancelled.

3. Para 3. b. of CCGD17 Instruction 1000.1 is to be interpreted to mean that outside employment shall not exceed twenty (20) hours per week for an individual.

4. In the event you desire to continue this employment after 31 December 1963, you are directed to submit a renewal application.

W. D. Shields
W. D. SHIELDS

Copy to:
COMDT (PE) with copy of reference (a)

CG-3517 (8M) (3-58)

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commanding Officer
USCGC SEDGE (WAGL-402)
Cordova, Alaska

P14-2
31 July 1963

From: REED, Frank O. (342-192) FN, USCG
To: Commander, Seventeenth Coast Guard District (p)
Via: Commanding Officer, USCGC SEDGE (WAGL-402)

Subj: Authorization for Outside Employment; request for

Ref: (a) Article 16-4-2, CG Personnel Manual
(b) CCGD17INSP 1000.1

1. In accordance with references (a) and (b), I hereby request authority to accept outside employment.

2. In accordance with reference (a) the following information is submitted:

a. Place of employment: Washington Fish & Oyster Co., Cordova, Alaska
b. Hours of employment: After Coast Guard duty hours
c. Duration of employment: 4 months, July through October
d. Nature of employment: Cannery

3. This employment will in no way interfere with any of my military duties or violate in any way the conditions and restrictions prescribed in references (a) and (b).

Frank O. Reed

- - - -

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDING OFFICER
U. S. COAST GUARD INSTITUTE
GROTON, CONNECTICUT

FILE: 148894
11 March 1963

From: Commanding Officer, U. S. Coast Guard Institute
To: REED, Frank O. (342-193) FA
Via: Commanding Officer, CGC SEDGE (WAGL-402)

Subj: Institute correspondence course; completion of

1. In recognition of having furthered your proficiency in the Coast Guard by successful completion of the FN-4 course with a mark of 88 % on 4 March 1963, the Coast Guard Institute takes pleasure in forwarding this Certificate of Completion.

2. A copy of this letter will be placed on file in your official record.

3. It is requested that all textbooks which were issued with your course be returned to the Coast Guard Institute.

John R Kurcheski
JOHN R. KURCHESKI

Encl: (1) Educational Certificate

Copy to:
Commandant (PE)

P11
18 March 1963

FIRST ENDORSEMENT on Institute ltr 148894 dtd 3/11/63

From: Commanding Officer, SEDGE (WAGL-402)
To: REED, Frank O. (342-193) FA, USCG

1. Delivered with congratulations.

G. D. JONES

CGI 300 (7-62)

NAVCOMPT FORM 2020 (7 PT) (REV. 6-59)
Approved by
Comptroller General, U. S.
March 24, 1958

VOUCHER FOR REIMBURSEMENT FOR TRAVEL
(MILITARY PERSONNEL/DEPENDENTS)

D. O. VOUCHER NO.

BUREAU VOUCHER NO. 17-660-63

DEPARTMENT, BUREAU OR ESTABLISHMENT: TREASURY DEPT. - U.S. COAST GUARD

PAID BY: TREASURY DEPARTMENT U. S. COAST GUARD JAN 23 1963 5352 Juneau, Alaska

PAYEE (Name)	(Rank or rate)	(File or Service No.)
FRANK O. REED	FA	342-193

MAILING ADDRESS: CGC SEDGE, CORDOVA, ALASKA

OFFICIAL DUTY STATION: SAME

TAD ORDER NO.: T- 55528/992031130

ITEMS REIMBURSABLE		AMOUNT
MEMBER'S TRAVEL	A. MILEAGE: 2689 miles at .06	161.34
	B. MONETARY ALLOWANCE IN LIEU OF TRANSPORTATION: ____ miles at ____	
	C. PER DIEM: AS PER ATTACHED NAVCOMPT 2021	5.88
	D. MISC. EXPENSES	3.25
DEPENDENTS' TRAVEL	A. ____ person(s) ____ miles at ____	
	B. person(s) miles at	
DISLOCATION ALLOWANCE		
TRAILER ALLOWANCE	A. ____ miles at ____	
	B. miles at	
OTHER (Specify type)		

PAYEE

VOUCHER DEDUCTIONS				
	Applied to travel advance	161.34	TOTAL AMOUNT OF CLAIM	170.47
	Other		TOTAL VOUCHER DEDUCTIONS	(161.34)
			NET AMOUNT TO TRAVELER	9.13

CERTIFIED CORRECT AND PROPER FOR PAYMENT — DATE: 1/23/63 — SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

ACCOUNTING CLASSIFICATION

Appropriation Symbol and Subhead	Object Class	Expenditure Account	Chargeable Activity	Bureau Control or Subauth'n Activity	Bureau Control No.	Sub-auth'n No.	Identification No.	Amount
20X0201								
17-20-63	2111		08045					170.47
17-01.2-63	1130		08080					(161.34)

PAID BY CHECK (Number)	(Date of check)	PAID IN CASH (Amount)	(Date paid)	SIGNATURE OF PAYEE (Required for cash payment only)

TRAVEL CLAIM

(MILEAGE AND/OR PER DIEM)

NAVCOMPT FORM 2021 (5-58)
Form approved by
Comptroller General, U. S.
March 24, 1958

NOTE: *All entries to be made by the claimant in his own handwriting.*

FIRST NAME, MIDDLE INITIAL, LAST	RANK OR RATING	FILE OR SERVICE NO.	SERVICE
DUTY STATION	ADDRESS TO WHICH CHECK TO BE MAILED		LOCAL PHONE NO.

I HEREBY SUBMIT claim for mileage, monetary allowance in lieu of transportation, and/or per diem and miscellaneous expenses found to be due me for travel and/or periods of temporary duty performed under orders issued by _____ file or orders number _____ dated _____

PREVIOUS PAYMENTS RECEIVED UNDER THESE ORDERS	AMOUNT (Enter None If Applicable)	VOUCHER NO.	DATE OF PAYMENT	SYMBOL NO.	ADVANCES (Amount received)
		NAME OF PAYING OFFICER			$

ITINERARY

CODES

MODE OF TRAVEL

FIRST LETTER		SECOND LETTER	
1. Transportation Request	T	5. Rail	R
2. Government Transportation	G	6. Plane	P
3. Commercial *(own expense)*	C	7. Bus	B
4. Private Conveyance	P	8. Vessel	V
		9. Auto	A

REASON FOR DELAY

1. Remain Overnight	RON
2. Temporary Duty	TDY
3. Awaiting Transportation	A/T

PLACES OF DEPARTURE, ARRIVAL AND/OR DELAY	DEPARTED DATE	DEPARTED HOUR	ARRIVED DATE	ARRIVED HOUR	TRAVEL OR DELAY CODE	QUARTERS AVAILABLE OR UTILIZED	DATES AND NUMBER OF MEALS UTILIZED OR AVAILABLE INCLUDING BOX LUNCHES (i. e., 7/12(2)–7/13(3))	AMOUNT DUE *(For use by paying office only)*
FROM / TO								
AT								3. —
FROM / TO								
AT								2.88
FROM / TO								
AT								
FROM / TO								
AT								
FROM / TO								
AT								
FROM / TO								
AT								
FROM / TO								
AT								5.88

NOTE: *When travel involves periods of temporary duty and/or delay as described in JTR Par. 4451-3 or 4, certificates of availability and/or utilization of government quarters and mess must be attached to this claim.*

2689 A1 6.06 161.34 (Advance)

ORIGINAL

P16-4/MM
17 December 1962

SECOND ENDORSEMENT on TONO 55528/992031130

From: Commanding Officer, CG Base, Seattle, Washington
To: REED, Frank O. (342-193) FA, USCG

Subj: Orders, transfer, travel

1. You reported 1101 this date, for temporary duty and for further transfer to Commanding Officer, CGC SEDGE, Cordova, Alaska

for assignment to duty in accordance with CCGD17 MSG 190048Z of DEC-62. Used 26 days regular leave, 00 days proceed time, 00 days compensatory absence and 04 days travel time enroute. Privately owned conveyance was/was not used in the execution of these orders.

2. All records indicated in basic order received except as noted:

3. Travel via commercial air is authorized inasmuch as no Government transportation or commercial vessel is available.

4. Service and health records will be carried on transfer. Pay account will be forwarded by Commander, Thirteenth Coast Guard District (f). PDC card will be forwarded by mail.

5. This order constitutes a permanent change of station for you from Galveston, Texas to Cordova, Alaska.

6. Government subsistence and quarters were available and furnished you while attached to this unit, except subsistence was not available and/or furnished you this date,

7. Issued USATR NO,378,474 for MINIMUM MIXED CLASS AIR TRANSPORTATION from Seattle, Washington to Cordova, Alaska. Routing PNA T-J Seattle to Juneau PNA F Juneau to Cordova. Authorized 20 lbs excess baggage.

8. Your Commanding Officer is advised that your leave account has been checked for leave enroute to Seattle; however, credit for leave rations and commuted rations HAVE NOT been entered on the Personnel Diary.

9. Your flight is scheduled to depart Seattle-Tacoma Airport at 0840, 21 December 1962. Delivered and departed 0530, 21 December 1962. EDA 12-21-62.

C. M. HUTCHINS
By direction

ORIGINAL

ORIGINAL

STAMP CLASSIFICATION IF ANY

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3461-SM (Rev. 7-55)

U. S. COAST GUARD STANDARD TRAVEL ORDER FOR ENLISTED PERSONNEL

TRAVEL ORDER NO.
55528/992031130
CIC-G 55528/992031130

AUTHORITY: CCGD8 ETO No. 5-63 of 7 August 1962 HQ ETO 5-63

DATE: 8 November 1962

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. If insufficient space is provided for any entry, make note in that space and continue entry under "Supplemental Instructions" or on attached sheet. Identify continued items and attach additional sheets securely.

UNIT	LOCATION	
U.S. Coast Guard Base	Galveston, Texas	
TO (Name) REED, Frank O.	SERVICE NO. 342-193	RATE FA

PROCEED AND REPORT TO

	DESTINATION	STATION	NATURE OF DUTY (Temporary, Permanent, Training, etc.)	APPROX. NO. OF DAYS
a.	INTERMEDIATE	—		
b.	INTERMEDIATE	Commanding Officer, U.S. Coast Guard Base Seattle, Washington	For Further Transfer	10
c.	ULTIMATE	As assigned by Commander, 17th CG District	As assigned by CCGD17	INDEF

UPON COMPLETION OF THIS TEMPORARY ADDITIONAL DUTY RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES

X THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM Galveston, Texas TO As assigned by CCGD17

1. a. RECORDS ATTACHED (Check appropriate boxes)

X	SERVICE	X	HEALTH	X	PAY	X	PERSONNEL DATA CARD

b. DISPOSITION OF RECORDS NOT ATTACHED

2. AUTHORIZED TIME EN ROUTE

TOTAL DAYS AUTHORIZED	LEAVE	PROCEED TIME	COMPENSATORY ABSENCE	TRAVEL TIME
~~30~~ 30 Hours	~~30~~ 26 Hours	-00-	-00-	-04-

REPORT NOT LATER THAN

TIME	DATE
2400	17 December 1962

ADDRESS ON LEAVE: 27142 Cook Road (Phone AU5-2363) Olmsted Falls, 38, Ohio

3. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED. Ac.Code 925045 — CHARGEABLE AGAINST TRAVEL ALLOTMENT: 20X0201 — SYMBOL: 99-20.3

4. TRAVEL IS AUTHORIZED OR DIRECTED AS INDICATED BELOW:

a. FOR PERMANENT CHANGE OF STATION ONLY (Including temporary duty en route): TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (See para. B03A00-40(2), U. S. Travel Manual.)

b. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED AND IS MORE ADVANTAGEOUS TO THE GOVERNMENT.

c. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (Only authorized when sufficient leave to allow safe driving is granted.)

d. TRAVEL BY GOVERNMENT TRANSPORTATION AS INDICATED BELOW, IF AVAILABLE, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED:

	GOVERNMENT VESSEL		GOVERNMENT VEHICLE		GOVERNMENT AIRCRAFT	CLASS PRIORITY CERTIFIED

e. TRAVEL IS DIRECTED BY COMMERCIAL CARRIER ON TRANSPORTATION REQUESTS. WHEN TRANSPORTATION REQUESTS ARE AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT. — MODE OF TRANSPORTATION (Rail, bus, etc.)

X f. TRAVEL AT OWN EXPENSE IS AUTHORIZED, SUBJECT TO REIMBURSEMENT. (This does not authorize travel by privately owned conveyance.) Advance travel is authorized from Galveston, Texas to Seattle, Washington.

5. AUTHENTICATING SIGNATURE (Grade and title) G. D. MILLER, Jr., LCDR, USCG, By direction

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (Grade and title)
1417	17 November 1962	G. D. MILLER, Jr., LCDR, USCG, By direction

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED. SIGNATURE OF TRAVELER: Frank O. Reed

ORIGINAL

EDITION OF 5-52 IS OBSOLETE.

STAMP CLASSIFICATION IF ANY

ADV/T $ 141.12 FR GALVESTON, TEXAS TO SEATTLE, WASHINGTON
2352 MI @ .06¢ PER MI CERTFD FOR PMT IN Nov 1962 ACCOUNTS
J. F. CANNON SYMB 5343 PAY RCD NOTED.

W. E. LINCOLN, CHSPCK, W-2, USCG
Authorized Certifying Officer

CERTIFIED FOR PAYMENT THIS DATE 1-21 AMT $ 9.13
Travel Performed 11-17 to 12-21-62
between Galv, Tx and Cordova ~~Alt~~
Settled in the accounts of J. F. CANNON, CDO, of Disb., Treas.
Dept., Sym. 5352. Voucher # 17-660-63
(161.34) MILEAGE ( ) DEPENDENTS TRAVEL
(9.13) PER DIEM ( ) DLA
( ) OTHER

H. M. COOPER, CHSPCK W-4, USCG
Authorized Certifying Officer

RECEIVED
DEC 17 11 01 AM '62
CG BASE
SEATTLE, WASH.

ALLOTMENT AUTHORIZATION

NAVCOMPT 545 (4 PT) (5-57)

U. S. COAST GUARD BASE
GALVESTON, TEXAS

D. O. WILL NOT FILL IN
RECEIVED
DATE AND BLOCK NO.

FILE/SERVICE NO. 342-193 | NAME OF GRANTOR (Last) REED, (First) FRANK (Initial) O, | RANK/RATE FA | COMPUTED BY | REVIEWED BY

NEW ALLOTMENTS

No.	PURPOSE		MONTH FIRST PAY	MOS.	EXPIRES	AMOUNT	NAME (First, Middle Initial, Last) AND ADDRESS OF ALLOTTEE	BPC / CC	B P	ACT. CODE	FT	P #	NO. MOS.	RETRO AMOUNT
1.		L	8/62	20	3/64	15.00	GOVERNMENT EMPLOYEES CREDIT UNION P. O. BOX 1081 GALVESTON, TEXAS							
2.														
3.														
4.	B	B					NAME OF OWNER							

BOND
- ☐ CO-OWNER
- ☐ BENEFICIARY — NAME
- ☐ SAFEKEEPING
- ☐ FORWARD TO → NAME AND ADDRESS

PAPER CHECK INFORMATION

NOTE: If serviceman is to be discharged or released to inactive duty indicate date. | DATE

DISCONTINUANCES

No.	PURPOSE		STOP AFTER	MONTH FIRST PAY	AMOUNT	NAME OF ALLOTTEE	REAS. CODE	HOLD CARD INFORMATION	BPC / CC	BP	ACT. CODE	DATE LAST PAYMENT	P #	F T	MOS. OVPD.
1.		L	7/62	3/62	15.00	GOVT EMP CR UN GALV., TEX.	2								
2.															
3.															
4.															

STATEMENT OF EXISTING ALLOTMENTS

Enter all existing allotments by type and amounts after all changes recorded hereon have been entered on pay record.

I certify that the prescribed entry (entries), including charge entry (entries) for the month (months) of first payment and/or stoppage, have been entered on the pay record of the individual concerned. I understand that I am responsible for any errors or omissions thereof.

REASON FOR STOP

1. GRANTOR'S REQUEST	7. GCM PRISONER
2. NEW ALLOT. REG.	8. CHANGE TO NSI OR GI
3. DISC., R.I.D.	10. WAIVER OF PREMIUM
4. TRAN. F. R., RET.	12. CHANGE IN INS. PLAN
5. ABSENTEE, DESERTER	13. ASSIGNMENT TO PUBLIC QUARTERS
6. DEATH OF GRANTOR	14. CHANGE IN MARITAL STATUS

SHIP OR STATION AT WHICH PREPARED

U. S. COAST GUARD BASE, GALVESTON, TEXAS

POWER OF ATTORNEY (TO REGISTER ALLOTMENTS)

I do allot the sum(s) stated, per month of my pay as shown in the space captioned "New Allotments," do appoint the person(s) named, therein, my attorney(s) to receive the sum(s) so allotted and do certify to the correctness of amounts shown in the space captioned "Existing."

PREPARED BY (Initials)	SIGNATURE OF DISBURSING OFFICER	SYMBOL NO.	DATE	SIGNATURE OF SERVICE MEMBER	FILE/SERV. NO. (Write in)
ADG	W. E. LINCOLN, CHSPCK, W-2	27671	7/13/62	Frank O. Reed	342-193

PREPARATION CHECK OFF LIST

- ☐ AMOUNTS ON 545 AGREE WITH REQUEST AND PAY RECORD ENTRIES
- ☐ ADDRESS CORRECT WHERE CHECKS ARE TO BE SENT
- ☐ VERIFY MONTH FIRST PAY DATE
- ☐ VERIFY STOP AFTER DATE
- ☐ VERIFY SERVICE NUMBER
- ☐ DISBURSING OFFICER'S SIGNATURE

FRANK O. REED

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
DIRECTOR
U. S. COAST GUARD INSTITUTE
GROTON, CONNECTICUT

FILE: P11/1/2
14 May 1962

From: Director, U. S. Coast Guard Institute
To: Commander, Galveston Group

Subj: Third FN-4 End-of-Course Test administered to REED, Frank ●.
(342-193) FA

1. The Institute has graded the third end-of-course test administered to subject man at your unit. It is requested that he be advised that he failed the test with a mark of 56% and has been disenrolled from the course.

2. It is further requested that subject man's texts be returned to the Institute or he be advised to reenroll in the course by submitting lesson #1 accompanied by an application via his Educational Officer, completed with the remark, "Send no Texts". In order to obtain a certificate of completion, he will be required to repeat the entire course and pass the end-of-course test.

R. R. CURRY

Plans to Redwood — JMR

Rptd 0747 4/21/62

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
CG Base Galveston	Galveston, Texas	21 March 1962

FROM (REQUESTER):	TO	VIA:
REED, Frank O. (342-193) FA	Commanding Officer	Executive Officer

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
fifteen (15)	5 April 1962	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 27142 Cook Road Olmsted Falls, 38, Ohio AD-5-2363

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

DRIVE SAFELY

SIGNATURE OF APPLICANT Frank O. Reed
FRANK O. REED

End.-1 Unit: CG Base Galveston, Texas Date 21 March 1962

Date current leave accounting period began	Balance brought forward beginning of present accounting period
1 July 1961	02
Number days' leave used during current accounting period: 14	Date of expiration of current enlistment

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

D.F. LAUTH LCDR, USCG. Executive Officer
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CG Base Galveston, Texas Date 21 March 1962

☒ Returned, GRANTED (15) days.

☐ Returned, NOT GRANTED, because

☐ ADVANCE ☒ ACCRUED REGULAR (Reason for leave) Leave.

L.G. HAVERLAND CAPT. USCG. Commanding Officer
(Signature, grade, and title)

End.-4 Unit: CG Base Galveston, Texas Date 5 April 1962

Departed at 0900, this date. This leave expires before 0900 21, April 1962

at this unit and is subject to the instructions on the reverse hereof.

OOOD Raymond J. Amore ENS
(Signature, grade, and title)

End.-5 Unit: USCG BASE GALVESTON Date 21 April 1962

Reported at 0747, this date, having used — 15 — days' leave.

OOD SIGN W.B. Berry
(Signature, grade, and title)

(Over)

ALLOTMENT AUTHORIZATION

NAVCOMPT 545 (4 PT) (5-57)

USCG BASE, GALVESTON, TEXAS
08-210673.1

D. O. WILL NOT FILL IN

RECEIVED

DATE AND BLOCK NO.

FILE/SERVICE NO.	NAME OF GRANTOR (Last)	(First)	(Initial)	RANK/RATE	COMPUTED BY	REVIEWED BY
342-193	REED,	FRANK	O.	FA		

NEW ALLOTMENTS

No.	PURPOSE		MONTH FIRST PAY	MOS.	EXPIRES	AMOUNT	NAME (First, Middle Initial, Last) AND ADDRESS OF ALLOTTEE	BPC / CC	B P	ACT. CODE	FT	P #	NO. MOS.	RETRO AMOUNT
1.		L	3/62	18	8/63	15.00	GOVERNMENT EMPLOYEES CREDIT UNION							
2.							P. O. BOX 1081							
3.							GALVESTON, TEXAS							
4.	B	B					NAME OF OWNER							

BOND

- ☐ CO-OWNER
- ☐ BENEFICIARY — NAME
- ☐ SAFEKEEPING
- ☐ FORWARD TO → NAME AND ADDRESS

PAPER CHECK INFORMATION

NOTE: If serviceman is to be discharged or released to inactive duty indicate date. — DATE

DISCONTINUANCES

No.	PURPOSE		STOP AFTER	MONTH FIRST PAY	AMOUNT	NAME OF ALLOTTEE	REAS. CODE	HOLD CARD INFORMATION	BPC / CC	BP	ACT. CODE	DATE LAST PAYMENT	P #	F T	MOS. OVPD.
1.		L	2/62	8/61	15.00	GOVT. EMP. CR. UN. GALV., TEX	2								
2.															
3.															
4.															

SERVICE RECORD COPY

STATEMENT OF EXISTING ALLOTS.

Enter all existing allotments by type and amounts after all changes recorded hereon have been entered on pay record.

L-15.00(8/63)

I certify that the prescribed entry *(entries)*, including charge entry *(entries)* for the month *(months)* of first payment and/or stoppage, have been entered on the pay record of the individual concerned. I understand that I am responsible for any errors or omissions thereof.

REASON FOR STOP

1. GRANTOR'S REQUEST	7. GCM PRISONER
2. NEW ALLOT. REG.	8. CHANGE TO NSI OR GI
3. DISC., R.I.D.	10. WAIVER OF PREMIUM
4. TRAN. F. R., RET.	12. CHANGE IN INS. PLAN
5. ABSENTEE, DESERTER	13. ASSIGNMENT TO PUBLIC QUARTERS
6. DEATH OF GRANTOR	14. CHANGE IN MARITAL STATUS

SHIP OR STATION AT WHICH PREPARED

U. S. COAST GUARD BASE, GALVESTON, TEXAS

PREPARED BY (Initials)	SIGNATURE OF DISBURSING OFFICER	SYMBOL NO.	DATE
ADG	W. E. LINCOLN, CHSPCK, W-2	27671	2/19/62

POWER OF ATTORNEY *(TO REGISTER ALLOTMENTS)*

I do allot the sum(s) stated, per month of my pay as shown in the space captioned "New Allotments;" do appoint the person(s) named, therein, my attorney(s) to receive the sum(s) so allotted and do certify to the correctness of amounts shown in the space captioned "Existing."

SIGNATURE OF SERVICE MEMBER — FILE/SERV. NO. (Write in)

PREPARATION CHECK OFF LIST

- ☐ AMOUNTS ON 545 AGREE WITH REQUEST AND PAY RECORD ENTRIES
- ☐ ADDRESS CORRECT WHERE CHECKS ARE TO BE SENT
- ☐ VERIFY MONTH FIRST PAY DATE
- ☐ VERIFY STOP AFTER DATE
- ☐ VERIFY SERVICE NUMBER
- ☐ DISBURSING OFFICER'S SIGNATURE

FRANK O. REED 342-193

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3625 (8-55)

CERTIFICATE OF CLEARANCE FOR HANDLING CLASSIFIED DEFENSE INFORMATION

FROM	TO
Commanding Officer U.S. Coast Guard Base General Delivery Galveston, Texas	COMMANDANT (P) Via: Commander, Eighth CG District

NAME (Last - First - Middle Initial)	GRADE OR RATE	SERVICE NO.
REED, Frank Oscar	FA	342-193

DATE OF BIRTH	PLACE OF BIRTH
13 December 1941	Cleveland, Ohio

CLEARANCE DATA
(In all cases of cryptographic clearances the category will be indicated as Top Secret)

DATE CLEARANCE GRANTED	TYPE OF CLEARANCE					CATEGORY					
9 February 1962		INTERIM	XXX	FINAL		CRYPTOGRAPHIC	XXX	CONFIDENTIAL		SECRET		TOP SECRET

KIND OF INVESTIGATION *(Background, NAC plus 10 years, etc.)*	RESULTS OF INVESTIGATION REPORTED BY CORRESPONDENCE, ETC.
OIN/PR completed 2/2/62 NAC completed 3/1/61	COMDT endorsement on OPNAV Form 5520-1 dated 22 January 1962

In accordance with Chapter 15, U. S. Navy Security Manual for Classified Matter as Amended for Coast Guard Use, I certify that the above named person was granted clearance for access to classified defense information as indicated and required in the performance of officially assigned duties.

COPIES TO	AFFIX SEAL TO ORIGINAL AND ALL COPIES
Local military personnel record District Intelligence Officer Unit file	

DATE	SIGNATURE *(Sign original and all copies)*
9 February 1962	L. G. HAVERLAND

GPO 892720

INVESTIGATION REQUEST FOR PERSONNEL SECURITY CLEARANCE
OPNAV FORM 5520-1 (REV. 9-56)

See: Chapter 15 U. S. NAVAL SECURITY MANUAL for CLASSIFIED MATTER (OPNAVINST. 5510.1A)

A

FROM: Commanding Officer
U. S. Coast Guard Base
Galveston, Texas

TO: Commandant (OIN)

REFER TO FILE: A8-6

DATE: 1-22-62

SUBJECT (Name - last, first, middle): REED, Frank Oscar

DATE OF BIRTH: 12-13-41

PLACE OF BIRTH: Cleveland, Ohio

RANK, RATE, OR GRADE: FA

SERIAL OR FILE NO.: 342-193

ENCLOSURE(S): (NA)

☐ ONE SET OPNAV 5510-397, NAC ☐ ONE FBI FINGERPRINT CARD ☐ ONE/FOUR DD-398, STATEMENT OF PERSONNEL HISTORY

Subject of the investigation will require access to classified material and information up to and including (check classification needed): ☒ CONFIDENTIAL ☐ SECRET ☐ TOP SECRET ☐ CRYPTOGRAPHIC

REQUESTED INVESTIGATION: ☐ NAC ☒ ~~BACKGROUND~~ OIN/PR

DOES SUBJECT CLAIM PREVIOUS CLEARANCE(S)? (Specify - Type, Basis, Activity and Date): ☒ NO ☐ YES

☐ Subject will be a member of a board or committee responsible for adjudicating Personnel Security Cases.

AUTHORIZED BY:

L. G. HAVERLAND (Signature) — Captain (Rank) — Commanding Officer (Title)

B REQUIRED NOTICE BY RECEIVING COMMAND *(Forward a copy, with "B" filled in to investigative adee noted in "A" above)*

The Subject of this request has been transferred to this command.
It is certified that the investigation requested above is necessary.
Forward the results of this investigation to —

(Signature) (Title) (Date)

COMPLETE MAILING ADDRESS

C NOTICE OF CANCELLATION *(Forward to Cognizant Intelligence Office)*

It is requested that this BACKGROUND investigation be cancelled. Subject:
(NAC's once initiated will not be cancelled)

☐ RELEASED FROM ACTIVE DUTY ☐ DISCHARGED ☐ RESIGNED ☐ TRANSFERRED

☐ NO LONGER NEEDS CLEARANCE

D NOTICE OF COMPLETION

Upon completion of the investigation requested in Section "A" above, the Intelligence Office will properly stamp and validate this form.

The detailed reports of investigation may be examined in the reporting office.

Intelligence Division,
Coast Guard Headquarters,
Date: FEB 2 1962

A SATISFACTORY NATIONAL AGENCY CHECK WAS COMPLETED ON SUBJECT ON: MAR 1 1961

STAMP

R. C. Phillips
By direction

INSTRUCTIONS:

1. Forward original and first copy to Cognizant I.O.
2. Retain two (2) copies (less enclosures) for personnel file jacket and possible use in making notification under "B" or "C" Sections above. On receipt of this form with "D" Section completed, this copy will be filed in the personnel file jacket for future record purposes and ALL other copies destroyed.
3. Be sure that ALL copies are legible.
4. This form will not be used for interim reports which will be made by the reporting office when appropriate.

C-25751

ALLOTMENT AUTHORIZATION

NAVCOMPT 545 (4 PT) (5-57)

U. S. C. G. BASE (08-210673.1) GALVESTON, TEXAS

D. O. WILL NOT FILL IN

RECEIVED

DATE AND BLOCK NO.

FILE/SERVICE NO.	NAME OF GRANTOR (Last)	(First)	(Initial)	RANK/RATE	COMPUTED BY	REVIEWED BY
342-193	REED,	FRANK	O.	PA		

NEW ALLOTMENTS

No.	PURPOSE	MONTH FIRST PAY	MOS.	EXPIRES	AMOUNT	NAME (First, Middle Initial, Last) AND ADDRESS OF ALLOTTEE	BPC / CC	B P	ACT. CODE	FT	P #	NO. MOS.	RETRO AMOUNT
1.	L	8/61	10	5/62	15.00	GOVERNMENT EMPLOYEES CREDIT UNION P. O. Box 1081 Galveston, Texas							
2.													
3.													
4.	B	B				NAME OF OWNER							

BOND

- ☐ CO-OWNER
- ☐ BENEFICIARY — NAME
- ☐ SAFEKEEPING
- ☐ FORWARD TO → NAME AND ADDRESS

PAPER CHECK INFORMATION

NOTE: If serviceman is to be discharged or released to inactive duty indicate date. DATE

DISCONTINUANCES

No.	PURPOSE	STOP AFTER	MONTH FIRST PAY	AMOUNT	NAME OF ALLOTTEE	REAS. CODE	HOLD CARD INFORMATION	BPC / CC	BP	ACT. CODE	DATE LAST PAYMENT	P #	F T	MOS. OVPD.
1.														
2.														
3.														
4.														

STATEMENT OF EXISTING ALLOTS.

Enter all existing allotments by type and amounts after all changes recorded hereon have been entered on pay record.

L - 15.00(5/62)

I certify that the prescribed entry *(entries)*, including charge entry *(entries)* for the month *(months)* of first payment and/or stoppage, have been entered on the pay record of the individual concerned. I understand that I am responsible for any errors or omissions thereof.

REASON FOR STOP

1. GRANTOR'S REQUEST	7. GCM PRISONER
2. NEW ALLOT. REG.	8. CHANGE TO NSI OR GI
3. DISC., R.I.D.	10. WAIVER OF PREMIUM
4. TRAN. F. R., RET.	12. CHANGE IN INS. PLAN
5. ABSENTEE, DESERTER	13. ASSIGNMENT TO PUBLIC QUARTERS
6. DEATH OF GRANTOR	14. CHANGE IN MARITAL STATUS

SHIP OR STATION AT WHICH PREPARED

U. S. COAST GUARD BASE
GALVESTON, TEXAS

POWER OF ATTORNEY *(TO REGISTER ALLOTMENTS)*

I do allot the sum(s) stated, per month of my pay as shown in the space captioned "New Allotments;" do appoint the person(s) named, therein, my attorney(s) to receive the sum(s) so allotted and do certify to the correctness of amounts shown in the space captioned "Existing."

PREPARED BY (Initials)	SIGNATURE OF DISBURSING OFFICER	SYMBOL NO.	DATE	SIGNATURE OF SERVICE MEMBER	FILE/SERV. NO. (Write in)
JDR	C. F. POTTER, JR., CHSPCK, USCG	27514	7/25/61		

PREPARATION CHECK OFF LIST

- ☐ AMOUNTS ON 545 AGREE WITH REQUEST AND PAY RECORD ENTRIES
- ☐ ADDRESS CORRECT WHERE CHECKS ARE TO BE SENT
- ☐ VERIFY MONTH FIRST PAY DATE
- ☐ VERIFY STOP AFTER DATE
- ☐ VERIFY SERVICE NUMBER
- ☐ DISBURSING OFFICER'S SIGNATURE

FRANK O. REED 342-193

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

APPLICATION FOR LEAVE OF ABSENCE

S/R

UNIT	ADDRESS	DATE
CG Base, Galveston, Tex.	General Delivery Galveston, Texas	9 August 1961

FROM (REQUESTER):	TO	VIA:
REED, Frank O.(342-193) FA	Commanding Officer	Executive Officer

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☐ REGULAR	☐ REENLISTMENT
14	9 August 1961	☒ EMERGENCY	☐ RECRUIT

ADDRESS ON LEAVE WILL BE 27142 Cook Road, Olmsted Falls, Ohio

To Be Checked By Officers Only
☐ I am not a member of any court or board.
☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

DRIVE SAFELY

SIGNATURE OF APPLICANT Frank O. Reed
FRANK O. REED

End.-1 Unit: USCG Base, Galveston, Texas Date 9 August 1961

Date current leave accounting period began 1 July 1961	Balance brought forward beginning of present accounting period 02
Number days' leave used during current accounting period 00	Date of expiration of current enlistment 6 February 1965

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

P. A. WOOLFORD, LTJG, USCGR
PERSONNEL OFFICER, USCG, XO
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: USCG Base, Galveston, Texas Date 9 August 1961

☒ Returned, GRANTED 14 days.

☒ ADVANCE EMERGENCY Leave.
(Reason for leave)
☐ ACCRUED

☐ Returned, NOT GRANTED, because

L. G. HAVERLAND, CAPT, USCG, CO
(Signature, grade, and title)

End.-4 Unit: USCG Base, Galveston, Texas Date 9 August 1961

Departed at 0900, this date. This leave expires before 0730, 24 August 1961

at this unit and is subject to the instructions on the reverse hereof.

OOD P.A. Woolford, LTJG.
(Signature, grade, and title)

End.-5 Unit: USCG Base, Galveston, Texas Date 24 August 1961

Reported at 0655, this date, having used 14 days' leave.

P. A. WOOLFORD, LTJG, USCGR, PO
(Signature, grade, and title)

Rptd 0655, 8/24/61
OOD

(Over)

FIRST ENDORSEMENT on CO, CG Base Galveston, ltr GB/P16-4MM,2 June 61

16 June 1961

From: Officer-in-Charge, CGC BLUEBONNET (WAGL-257)
To: REED, Frank O. (342-193) FA, USCG

Subj: Orders; resumption of regular duty

1. You reported this unit at 1515 2 June 1961 in accordance with basic orders.

2. Your temporary duty aboard this unit is hereby terminated and you are directed to proceed and report to CO, CG Base, Galveston Texas, for resumption of regular duties.

3. Your health record will be carried on transfer.

4. Delivered and departed 0845 this date and place.

W.C. EVANS

5 JULY 1961

SECOND ENDORSEMENT

From: Commanding Officer, USCG Base, Galveston, Texas
To: REED, Frank O. (342-193) FA, USCG

1. You reported aboard this unit at 1609 15JUNE 1961 in accordance with basic orders.

2. You are to resume your regular duties.

P. A. WOOLFORD, LTJG, USCGR
By direction

U. S. Coast Guard Institute

LIST OF TEXTS FURNISHED STUDENT

Enrollment No. 148894 Date: MAY 31 1961

REED, Frank O. (342-193) FA

is charged with the following Coast Guard Institute course materials. It is requested that this form be retained in his Official Service Record until the texts are returned to the Institute.

FN (4th Ed.) Course

TITLE	UNIT PRICE
Fireman (Fourth Edition) Course Book	.75
NavPers 10520-B, Fireman	2.00
NavPers 10085, Basic Hand Tool Skills	2.00

EXPENDABLE MATERIAL FURNISHED BY INSTITUTE

Form CGI-105(3-55) - Multiple Choice Question Answer Sheet 15 Each

RETURN THIS FORM TO THE INSTITUTE WITH COURSE MATERIALS.

Date returned:
Unit:

Form CGI-125(4-61)

Treasury—Coast Guard Institute, Groton, Conn.

MEMORANDUM ENDORSEMENT MAY 4 1961

Advance travel money in lieu of transportation in amount of $152.00 certified for payment for travel to be performed from Alameda, California to New Orleans, La., settled in the accounts of J. F. CANNON, CEO, Symbol 5346.

B. L. SIEFORD, CHSPCK, USCG
AUTHORIZED CERTIFYING OFFICER
CG BASE, ALAMEDA, CALIFORNIA

SIXTH ENDORSEMENT on TONO: 66616/99203051X 29 May 1961

I certify that REED, Frank O. (342-193) FA is entitled to Mileage Allowance in the amount of $21.36 for travel actually performed from NEW ORLEANS, LA. to GALVESTON, TEXAS, 356 miles @ 06¢ per mile and that this allowance has been credited on the Military Pay Record (DD Form 113) of the member indicated hereon.

C. F. POTTER, JR., CHSPCK, W-2, USCG
AUTHORIZED CERTIFYING OFFICER

STAMP CLASSIFICATION IF ANY

ORIGINAL

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3441-SM (Rev. 7-55)

U. S. COAST GUARD STANDARD TRAVEL ORDER FOR ENLISTED PERSONNEL

TRAVEL ORDER NO. 66616/99203051X

AUTHORITY: COMDT (PE-2) ltr MM/P16-3/50 of 25 April 1961

DATE: 5 May 1961

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. If insufficient space is provided for any entry, make note in that space and continue entry under "Supplemental Instruction" or on attached sheet. Identify continued items and attach additional sheets securely.

UNIT	LOCATION	
USCG BASE (RECEN) Government Island	Alameda, California	
TO (Name) REED, Frank O.	SERVICE NO. 342-193	RATE FA

PROCEED AND REPORT TO

	DESTINATION	STATION	NATURE OF DUTY (Temporary, Permanent, Training, etc.)	APPROX. NO. OF DAYS
a.	INTERMEDIATE			
b.	INTERMEDIATE	Commander 8th CG District 423 Canal Street New Orleans, Louisiana	Temporary	UNK
c.	ULTIMATE		Permanent	INDEF

UPON COMPLETION OF THIS TEMPORARY ADDITIONAL DUTY RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES

X THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM Alameda, California TO such station as assigned by CCGD8

1. a. RECORDS ATTACHED (Check appropriate boxes)

	SERVICE		HEALTH		PAY		PERSONNEL DATA CARD

b. DISPOSITION OF RECORDS NOT ATTACHED: WILL BE FORWARDED VIA CERTIFIED MAIL

2. AUTHORIZED TIME EN ROUTE

TOTAL DAYS AUTHORIZED	LEAVE	PROCEED TIME	COMPENSATORY ABSENCE	TRAVEL TIME
-14-	-10-	-00-	-00-	-04-

REPORT NOT LATER THAN: TIME 2400, DATE 19 May 1961

ADDRESS ON LEAVE: 27142 Cook Road Olmsted Falls 38, Ohio

3. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED. CHARGEABLE AGAINST TRAVEL ALLOTMENT: HQ SYMBOL: 99.20

4. TRAVEL IS AUTHORIZED OR DIRECTED AS INDICATED BELOW:

a. FOR PERMANENT CHANGE OF STATION ONLY (Including temporary duty en route): TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (See para. D08A00-50(2), U. S. Travel Manual.)

b. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED AND IS MORE ADVANTAGEOUS TO THE GOVERNMENT.

c. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (Only authorized when sufficient leave to allow safe driving is granted.)

d. TRAVEL BY GOVERNMENT TRANSPORTATION AS INDICATED BELOW, IF AVAILABLE, IS DIRECTED. OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED:

	GOVERNMENT VESSEL		GOVERNMENT VEHICLE		GOVERNMENT AIRCRAFT	CLASS PRIORITY CERTIFIED

e. TRAVEL IS DIRECTED BY COMMERCIAL CARRIER ON TRANSPORTATION REQUESTS, WHEN TRANSPORTATION REQUESTS ARE AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT. MODE OF TRANSPORTATION (Rail, bus, etc.)

X f. TRAVEL AT OWN EXPENSE IS AUTHORIZED, SUBJECT TO REIMBURSEMENT. (This does not authorize travel by privately owned conveyance.)

5. AUTHENTICATING SIGNATURE (Grade and title) J. C. TAGGART ENS, USCGR Personnel Officer

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (Grade or rate and title)
1200	5 May 1961	J. C. TAGGART ENS, USCGR Personnel Officer

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED. SIGNATURE OF MEMBER: Frank O. Reed / Frank O. Reed

EDITION OF 5-53 IS OBSOLETE

ORIGINAL

STAMP CLASSIFICATION IF ANY

Commanding Officer
Coast Guard Base
General Delivery
Galveston, Texas

ORIGINAL

GB/P16-4/MM
25 May 1961

FIFTH ENDORSEMENT on TONO 66616/99203051X

From: Commanding Officer, USCG Base, Galveston, Texas.
To: REED, Frank O. (342-193) FA, USCG

Subj: Orders; transfer; travel; assignment to duty

1. You reported to this unit at 1950, 25 May 1961, from CCGD8, New Orleans, La. for assignment to duty.

2. You reported with Service Record, Health Record, and unit copy of Personnel Data Card.

3. Used no days leave, and 01 days travel time enroute. Travel was performed via privately owned conveyance.

P A Woolford
P. A. WOOLFORD
By direction

ORIGINAL

ORIGINAL

08/P16-4/MM
24 May 1961

SECOND ENDORSEMENT ON TONO 66616/99203051X

From: Commander, 8th Coast Guard District
To: REED, Frank O. (342-193) FA, USCG

Subj: Orders; transfer; travel; assignment to duty

1. You reported to this office at 1640, 19 May 1961 having used 00 days compensatory absence, 10 days leave, 00 days proceed time, and 04 travel time enroute.

2. Effective upon receipt hereof, you are directed to proceed and report prior to 2400, 25 May 1961, to the Commanding Officer, CG Base Galveston, Galveston, Texas for assignment to duty.

3. Subsistence and quarters were available while attached to this office.

4. This order constitutes a permanent change of station for you from ALAMEDA, CALIFORNIA to GALVESTON, TEXAS

5. The following records are handed you herewith: X Service Record X Health Record, - Pay Record, X Personnel Data Card.

6. CG BASE GALVESTON will be the next accountable reporting unit.

7. Travel via privately owned conveyance is/~~is not~~ authorized.

8. You are authorized 00 days leave, plus 01 days travel time enroute.

9. Delivered and departed this office at 0900 this date.

R. E. DASH
By direction

Copy to:

CG BASE GALVESTON

Pay
Disbursing
SR
File

24 May 1961

Orders and above indicated records received by me this date at New Orleans, La. I have read and understand orders.

Frank O. Reed
Frank O. Reed

ENDORSEMENT 3 Date 5 24-61

8th CG District

I certify that the claimant is entitled to MA in the amount of $152.10 for travel actually performed from ALAMEDA, CALIF. to NEW ORLEANS, LA. 2535 miles @ .06 per mile, that the allowance has been credited on the Military Pay Record of the member indicated herein. Credited LVRATS $11.00; Credited COMRATS (PRO) $-------.

J. KELLY

Authorized Certifying Officer

MEMO ENDORSEMENT, O'CCGD8(f)

ADV/T $21.36 FR NEW ORLEANS, LA. TO GALVESTON, TEXAS; 356 MI @6¢ PER MILE CERTIFIED FOR PMT IN MAY, 1961 ACCOUNTS OF J. F. CANNON, SYMBOL 5343, AND PAREC NOTED 5-24-61

J. KELLY

Authorized Certifying Officer

STAMP-CLASSIFICATION IF ANY

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3461-SM (Rev. 7-55)

U. S. COAST GUARD STANDARD TRAVEL ORDER FOR ENLISTED PERSONNEL

TRAVEL ORDER NO. 66616/99203051X

AUTHORITY: COMDT (PE-2) ltr MM/P16-3/50 of 25 April 1961

DATE: 5 May 1961

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. If insufficient space is provided for any entry, make note in that space and continue entry under "Supplemental Instruction" or on attached sheet. Identify continued items and attach additional sheets securely.

UNIT	LOCATION
USCG BASE (RECEN) Government Island	Alameda, California

TO (Name)	SERVICE NO.	RATE
REED, Frank O.	342-193	FA

PROCEED AND REPORT TO

DESTINATION	STATION	NATURE OF DUTY (Temporary, Permanent, Training, etc.)	APPROX. NO. OF DAYS
a. INTERMEDIATE			
b. INTERMEDIATE	Commander 8th CG District 423 Canal Street New Orleans, Louisiana	Temporary	UNK
c. ULTIMATE		Permanent	INDEF

UPON COMPLETION OF THIS TEMPORARY ADDITIONAL DUTY RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES

X — THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM Alameda, California TO such station as assigned by CCGD8

1. a. RECORDS ATTACHED (Check appropriate boxes)

	SERVICE		HEALTH		PAY		PERSONNEL DATA CARD

b. DISPOSITION OF RECORDS NOT ATTACHED: WILL BE FORWARDED VIA CERTIFIED MAIL

2. AUTHORIZED TIME EN ROUTE

TOTAL DAYS AUTHORIZED	LEAVE	PROCEED TIME	COMPENSATORY ABSENCE	TRAVEL TIME
-14-	-10-	-00-	-00-	-04-

REPORT NOT LATER THAN — TIME: 2400 — DATE: 19 May 1961

ADDRESS ON LEAVE: 27142 Cook Road Olmsted Falls 38, Ohio

3. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED. — CHARGEABLE AGAINST TRAVEL ALLOTMENT: HQ — SYMBOL: 99.20

4. TRAVEL IS AUTHORIZED OR DIRECTED AS INDICATED BELOW:

a. FOR PERMANENT CHANGE OF STATION ONLY (Including temporary duty en route): TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (See para. B08A08-40(2), C. G. Travel Manual.)

b. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED AND IS MORE ADVANTAGEOUS TO THE GOVERNMENT.

c. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (Only authorized when sufficient leave to allow safe driving is granted.)

d. TRAVEL BY GOVERNMENT TRANSPORTATION AS INDICATED BELOW, IF AVAILABLE, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED:

	GOVERNMENT VESSEL		GOVERNMENT VEHICLE		GOVERNMENT AIRCRAFT	CLASS PRIORITY CERTIFIED

e. TRAVEL IS DIRECTED BY COMMERCIAL CARRIER ON TRANSPORTATION REQUESTS, WHEN TRANSPORTATION REQUESTS ARE AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT. — MODE OF TRANSPORTATION (Rail, bus, etc.)

X — f. TRAVEL AT OWN EXPENSE IS AUTHORIZED, SUBJECT TO REIMBURSEMENT. (This does not authorize travel by privately owned conveyance.)

5. AUTHENTICATING SIGNATURE (Grade and title): J. C. TAGGART ENS, USCGR Personnel Officer

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (Grade or rate and title)
1200	5 May 1961	J. C. TAGGART ENS, USCGR Personnel Officer

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED. — SIGNATURE OF TRAVELER: Frank O. Reed

EDITION OF 5-53 IS OBSOLETE.

STAMP CLASSIFICATION IF ANY

Commanding Officer
USCG BASE (RECEN)
Government Island
Alameda, California

P16
30 April 1961

From: Commanding Officer, USCG BASE (RECEN), Alameda, California
To: ROCHE, Vincent E. (270-466) BM1, USCG

Subj: Orders, temporary additional duty

Ref: (a) CCGD12(P) ltr P16-3/3 Order No. 12081-53 dtd 3 Jul 53

1. In accordance with reference (a), proceed with and in charge of the below listed men of recruit company INDIA-33-2, and report prior to 2000, 30 April 1961, to the Officer-in-Charge, U. S. Navy Damage Control Training Center, Treasure Island, San Francisco, California for assignment of the men to temporary additional duty. During the period you will assist in the training of the men only and are not subject to participate in the two day course in firefighting. Upon completion of the aforesaid course and when directed by a competent authority, you will take charge of the men and return them to this command for resumption of regular duty.

INDIA-33-2

CALL, Thomas D.	342-186 SA	NOVACK, Anthony J.	2052-364 SR
FAIRBAIRN, Ronald G.	2040-534 SR	PALASKI, Richard L.	2054-849 SR
FARRELL, James F.	2024-564 SR	PALAZZO, Charles S.	341-676 SR
GEORGE, Robert F.	2024-447 SR	PRATER, James E.	340-468 SR
GOMEZ, Robert J.	2054-358 SR	PRIEBE, John C.	2040-529 SR
GOODELL, Dexter J.	2054-838 SR	REED, Frank O.	342-193 SR
GRINDLAND, Ralph D.	336-976 SR	RICHARDS, Ernest L.	340-675 SR
HABEL, Carl E.	338-079 SR	RITTMEYER, Robert J.	342-073 SR
HAGEMAN, Thomas G.	344-174 SR	ROBERTS, Robert L.	2051-017 SR
HAMILTON, Robert N.	2041-252 SR	ROSMAN, William J.	342-068 SR
HOLSTON, Edward M. Jr.	341-770 SR	ROSSLOW, Donald W.	2040-562 SR
JACKSON, Joseph B.	339-327 SR	SCALISE, Anthony (n)	2024-479 SR
JOHNSON, Gary O.	2054-851 SR	SELLERS, James R.	341-081 SR
JONES, Cleo J. Jr.	2054-852 SR	SHIPLEY, Douglas E.	2036-368 SR
KERR, Robert A.	2024-563 SR	SHOEBOTHAM, Dennis R.	342-567 SR
KOEWLER, Allen M.	2054-359 SR	SMITH, Ronald L.	341-674 SR
LA FEVOR, Jerald (n)	342-196 SR	SNYMAN, John T.	338-675 SR
LANNING, Melvin E. III	338-081 SR	STANLEY, Michael W.	340-676 SR
LEGG, Michael J.	2040-527 SR	STITZER, Dennis E.	342-566 SR
McCASKILL, George W.	2024-370 SR	TICE, John E.	339-646 SR
MAGUIRE, Thomas E.	342-071 SR	UNGER, Thomas W.	339-328 SR
MANCINELLI, Michael A.	337-064 SR	VAN PELT, Steven R.	2040-528 SR
MOORE, Kenneth B. II	2024-480 SR	VON FLUE, Thomas C.	339-156 SR
NASH, Robert E.	338-080 SR	WOMACK, Michael D.	344-173 SR
NIESE, Alan R.	338-570 SR	WOOD, Denny S.	336-761 SR

2. Subsistance and quarters will be furnished by the Navy. Travel will be performed via government conveyance.

3. Records will be retained at this unit.

4. None of the men in your charge will be authorized liberty while attached under these orders.

5. You will carry your liberty card with you when you depart with the Fire Fighting detail. You are authorized liberty commensurate with the proper performance of your duties as Company Commander of the Fire Fighting Company.. You shall be with your company at the following times; Daily between 0600 and 0800 and from 1600 to 2000. These periods of time are the minimum only and more time shall be spent with the company in and whenever necessary. You shall be especially diligent in seeing that recruits failing swimming or PE report to the Base Gym at Treasure Island in accordance with the specail memo furnished you. These orders shall serve as an adjunct to your liberty card.

6. Delivered and departed _____this unit this date.

J. C. TAGGART
By direction

UNITED STATES COAST GUARD RECEIVING CENTER
GOVERNMENT ISLAND
ALAMEDA, CALIFORNIA

THE RECRUIT GENERAL ORDERS AND THE DUTIES OF A SENTRY HAVE BEEN READ AND EXPLAINED TO ME:

Feb, 11, 1961
(DATE)

REED FRANK O.
(SIGNATURE)

COMPANY India-33-2

ORIGINAL

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Officer in Charge
CG Recruiting Station
Standard Building
105 St Clair Avenue
Cleveland, Ohio

P16-4
7 February 1961

TRAVEL AUTHORIZATION NO 66396/99203021X

From: Officer in Charge, CG Recruiting Station, Cleveland, Ohio
To: REED, Frank O. (342-193) SR, USCG

Subj: Orders; transfer; travel

Ref: (a) COMDT (PTP-2) ltr P14-4 of 25 JAN 61

1. Pursuant to reference (a), you are directed to proceed with and in charge of the below named men to Alameda, California and upon arrival thereat report to CO, CG RECEN that place for assignment to recruit training:

LaFEVOR, Jerald (n) (342-196) SR, USCG
RODRIGUEZ, Octabiano (n) (342-197) SR, USCG

2. Expenses incident to the execution is chargeable against Headquarters Travel Symbol 99-20.3. Allowances as prescribed by Joint Travel Regulations as amended are authorized.

3. Issued US T/R M6,287,200 for THREE (3) one way first class from Cleveland, Ohio to Chicago, Illinois via UNITED AIR LINES thence jet coach to San Francisco, California. Issued CG MEAL TICKET NO CG 13343 for THREE (3) NOON meals enroute.

4. You are handed herewith your service, health records, personnel data-cards and other pertinent data for safe delivery to the proper authorities upon arrival at your destination.

5. You are authorized one (1) day travel time enroute to expire at CG Receiving Center, Alameda, California prior to 2400, 8 February 1961.

6. Delivered and departed at 1100, this date.

James T. Chokas

JAMES T. CHOKAS

P16-4
7 February 1961

FIRST ENDORSEMENT on CGRS, Cleve, O. ltr P16-4 of 7 FEB 61 TONO 66396/99203021X

1. Above orders, transportation requests, meal tickets and records received this date. I have read and understand the above orders.

Frank Oscar Reed

Frank Oscar Reed
SR, USCG

FIRST ENDORSEMENT:

USCG BASE (RECEN), ALAMEDA, CALIF. 2-7-61 P16-4

Reported at this unit at 2100 this date and place in compliance with basic orders.

R. N. Larson, GHSCLK, W-3 By dir.
CG Base (RECEN), Alameda, Calif.

Officer in Charge
CG Recruiting Station
Standard Building
105 St Clair Avenue
Cleveland, Ohio

5/R

P16-4
7 February 1961

TRAVEL AUTHORIZATION NO 66396/99203021X

From: Officer in Charge, CG Recruiting Station, Cleveland, Ohio
To: REED, Frank O. (342-193) SR, USCG

Subj: Orders; transfer; travel

Ref: (a) COMDT (PTP-2) ltr P14-4 of 25 JAN 61

1. Pursuant to reference (a), you are directed to proceed with and in charge of the below named men to Alameda, California and upon arrival thereat report to CO, CG RECEN that place for assignment to recruit training:

LaFEVOR, Jerald (n) (342-196) SR, USCG
RODRIGUEZ, Octabiano (n) (342-197) SR, USCG

2. Expenses incident to the execution is chargeable against Headquarters Travel Symbol 99-20.3. Allowances as prescribed by Joint Travel Regulations as amended are authorized.

3. Issued US T/R M6,287,200 for THREE (3) one way first class from Cleveland, Ohio to Chicago, Illinois via UNITED AIR LINES thence jet coach to San Francisco, California. Issued CG MEAL TICKET NO CG 13343 for THREE (3) NOON meals enroute.

4. You are handed herewith your service, health records, personnel data cards and other pertinent data for safe delivery to the proper authorities upon arrival at your destination.

5. You are authorized one (1) day travel time enroute to expire at CG Receiving Center, Alameda, California prior to 2400, 8 February 1961.

6. Delivered and departed at 1100, this date.

JAMES T. CHOKAS

P16-4
7 February 1961

FIRST ENDORSEMENT on CGRS, Cleve, O. ltr P16-4 of 7 FEB 61 TONO 66396/99203021X

1. Above orders, transportation requests, meal tickets and records received this date. I have read and understand the above orders.

Frank Oscar Reed
SR, USCG

MILITARY PAY ORDER

MILITARY PAY ORDER NO. 238-61

ORGANIZATION AND STATION: USCG RECRUITING STATION, CLEVELAND, OHIO

DATE: 7 February 1961

TO DISBURSING OFFICER:

YOU ARE HEREBY AUTHORIZED TO OPEN, ADJUST OR CLOSE, AS INDICATED, THE PAY RECORDS OF THE INDIVIDUALS LISTED BELOW.

SERVICE NO.	LAST NAME—FIRST NAME—MIDDLE INITIAL	REASON FOR CHANGE	YEAR FROM—	YEAR TO—
342-193	REED, Frank O.	At 1000, 2-7-61 Enlisted in the U.S.Coast Guard(~~Reserve~~) in the rating of SR for a period of FOUR (4) years. At 1100, 2-7-61 departed from this unit and transferred to CO, CGRECEN Alameda, California for recruit training		

PREVIOUS COAST GUARD AND/OR NAVAL SERVICE? ~~YES~~ NO

THIS IS TO CERTIFY THAT THE ABOVE NAMED MAN HAS EXECUTED THE REQUIRED AFFIDAVITS STATING THAT HE DOES NOT DRAW A PENSION, DISABILITY COMPENSATION, DISABILITY ALLOWANCE, OR RETIRED PAY FROM THE GOVERNMENT OF THE UNITED STATES AND THAT HE DOES NOT HAVE ANY CLAIM PENDING THEREOF.

SYMBOL NO. (Entered by D O.)	TYPED NAME AND GRADE OF CERTIFYING OFFICER	SIGNATURE OF CERTIFYING OFFICER
	JAMES T. CHOKAS BMC(P),USCG	James T. Chokas

DD FORM 1 NOV 49 114

Replaces NME Form 114, 1 Dec 48, which may be used.

☆ U. S. GOVERNMENT PRINTING OFFICE 16—57771-2

FORM PRESCRIBED BY COMPTROLLER GENERAL, U. S. FEBRUARY 8, 1949

MILITARY PAY ORDER

MILITARY PAY ORDER NO.
238-61

ORGANIZATION AND STATION
USCG RECRUITING STATION, CLEVELAND, OHIO

DATE
7 February 1961

TO DISBURSING OFFICER:

YOU ARE HEREBY AUTHORIZED TO OPEN, ADJUST OR CLOSE, AS INDICATED, THE PAY RECORDS OF THE INDIVIDUALS LISTED BELOW.

SERVICE NO.	LAST NAME—FIRST NAME—MIDDLE INITIAL	REASON FOR CHANGE	YEAR FROM—	YEAR TO—
342-193	REED, Frank O.	At 1000, 2-7-61 Enlisted in the U.S.Coast Guard(Reserve) in the rating of SR for a period of FOUR (4) years. At 1100, 2-7-61 departed from this unit and transferred to CO, CGRECEN Alameda, California for recruit training PREVIOUS COAST GUARD AND/OR NAVAL SERVICE? YES NO THIS IS TO CERTIFY THAT THE ABOVE NAMED MAN HAS EXECUTED THE REQUIRED AFFIDAVITS STATING THAT HE DOES NOT DRAW A PENSION, DISABILITY COMPENSATION, DISABILITY ALLOWANCE, OR RETIRED PAY FROM THE GOVERNMENT OF THE UNITED STATES AND THAT HE DOES NOT HAVE ANY CLAIM PENDING THEREOF.		

SYMBOL NO. (Entered by D O.)	TYPED NAME AND GRADE OF CERTIFYING OFFICER	SIGNATURE OF CERTIFYING OFFICER
	JAMES T. CHOKAS BMC(P),USCG	James T. Chokas

DD FORM 1 NOV 49 114

Replaces NME Form 114, 1 Dec 48, which may be used.

☆ U. S. GOVERNMENT PRINTING OFFICE 16—57771-2

FORM PRESCRIBED BY COMPTROLLER GENERAL, U. S. FEBRUARY 8, 1949

UNITED STATES COAST GUARD

AFFIDAVIT RELATIVE TO
SELECTIVE SERVICE INDUCTION

Date: 7 February 1961

Place: Cleveland, Ohio

I, FRANK OSCAR REED SAY THAT I HAVE NOT AT ANYTIME UP TO AND INCLUDING THIS DATE RECEIVED A NOTICE TO REPORT FOR INDUCTION OR EXAMINATION UNDER THE PROVISIONS OF THE RESERVE FORCES ACT OF 1955.

Frank Oscar Reed
FRANK OSCAR REED
(Signature of Individual)

WITNESSED THIS 7th DAY OF FEBRUARY, 1961 A.D.

James T. Chokas
JAMES T. CHOKAS, BMC(P), USCG
(Recruiting Officer)

VERIFICATION OF DATE AND PLACE OF BIRTH OF APPLICANT *(For use by recruiting office)*

LAST NAME – FIRST NAME – MIDDLE NAME	PLACE OF BIRTH *(City or Town and State)*	DATE OF BIRTH		
		DAY	MONTH	YEAR
REED, FRANK OSCAR	CLEVELAND, OHIO	13	December	1941

HOW VERIFIED

Sighted Birth Certificate# 18521

REMARKS

NONE

Howard A. Northrup

HOWARD A. NORTHRUP EN1, USCG
SIGNATURE OF RECRUITER

U. S. GOVERNMENT PRINTING OFFICE : 1957 O - 411529

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3444 (5-53)

SICK CALL TREATMENT RECORD

NAME (last)	(first)	(middle)	SERVICE NO.
REED,	Frank	Oscar	342-193

DATE	UNIT	COMPLAINT	TREATMENT	DISPOSITION	INITIAL
AUG 16 1962	U. S. C. G. BASE GALVESTON, TEXAS	HEALTH RECORD CERTIFIED CURRENT COMPLETE CORRECT	MARK HENRY DANA, HM2, USCG		
9-4-62	" "	Tetanus End of Series given		FFD	MHD
9-12-62	" "	Sent to PHS for annual Chest X-ray		FFD	MHD
9-13-62	" "	DU FUNGUS INFECTION LF. FOOT - THIRD PHALANGE	By POTASSIUM PERMANGANATE SOAKS - 3 TIMES DAILY -	FFD	MHD
9-16-62	" "	Same as above		FFD	MHD
9-16-62	" "	Same as above		FFD	MHD
9-17-62	" "	Same is above		FFD	MHD
9-18-62	" "	" " "	Improved	FFD	MHD
9-19-62	" "	" " "	Improved	FFD	MHD
9-20-62	" "	" " "	Improved	FFD	MHD
9-21-62	" "	" " "		FFD	MHD
9-22-62	" "	" " "		FFD	MHD
9-23-62	" "	" " "		FFD	MHD
9-24-62	" "	" " "		FFD	MHD
9-25-62	" "	" " "		FFD	MHD
9-26-62	" "	" " "		FFD	MHD
9-27-62	" "	" " "		FFD	MHD
9-28-62	" "	Discharge treatment		FFD	MHD

(Over)

16—09596-1

16—69596-1 U. S. GOVERNMENT PRINTING OFFICE

DATE	UNIT	COMPLAINT	TREATMENT	DISPOSITION	INITIAL
1 OCT 62	BASE, GALV.	Health record inspected and verified this date.		FFD	
30 OCT62	" "	Sent this date to USPHS HOSP. Galv. Texas for start of his Oversea's Exam. for duty in A L A S K A.		FFD	
1-28-62	Sedge	Reported c Temp of 102.8° F. No other symptoms. Exam essentially neg c exception of slight redness of throat. NSA gr x 24h - force fluids - shower. Temp brought below 101° F.		WFFD	
1-29-62	Sedge	Temp 103°F (O) Referred to USPHS Seattle for Rx		WFFD	HOH
2-11-63	Sedge	Admitted to	PHS Seattle		
5/10/63	SEDGE	~~stomach~~ Impetigo like rash at great toe ~~at interspace~~ Grossly inflamed.	Burowe soaks q3h apply bacitracin ung after soaks cover c sterile 4x4	FFD	
5/13/63	SEDGE	As above	Continue Rx	FFD	
5/15/63	"	"	" "	"	"
5/22/63	"	Headache, ver set stomach (hangover)	APC Tabs II c VIT B1 + Na bicarb		
6/3/63	SEDGE	Requests Bonamine.	Stat Bonamine 25 mg	FFD FFD	
12-2-63	Conscious & coherent & he and [illegible]	[illegible] foot cleaned, Rx 5th [illegible]			

I-33-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3444 (5-53)

SICK CALL TREATMENT RECORD

LAST NAME	FIRST NAME	MIDDLE NAME	SERVICE NO.
REED,	Frank	Oscar	342-193

DATE	UNIT	COMPLAINT	TREATMENT	DISPOSITION	INITIAL
FEB 19 1961	USCG BASE INFIRMARY ALAMEDA, CALIFORNIA	cc: "Sore throat"			
		PE: Temp — 98.6°F — Throat - mildly			
		inflamed — chest — wheezes			
		heard (R&M) lobe.			
		Imp — URd., mild			
		Rp —	① Chlorafon — loaves		
			② Duo synephrine ¼%		
			③ APCs Tab #i q4h		
			④ Metaphen spray		
FEB 21 1961	USCG BASE INFIRMARY ALAMEDA, CALIFORNIA	cc. Same as above			
		P.E. Temp. 98.6			
		slight temporal cephalgia (R)			
		cough, productive			
		nasal congestion			
		throat slightly injected			
		chest sore to breath (mild)			
		Imp URI, mild			
		Rx APC Tabs 2 q4h			
		⑤ Chlorotrimeton cough syrup q3h			
		③ Neosynephrin nasal gtts q3h			
		⑥ Merthiolate throat spray			
			c-ED		HM

(Over)

DATE	UNIT	COMPLAINT	TREATMENT	DISPOSITION	INITIAL
MAR 23 1961	BASE, ALAMEDA	cc Pneumonia + vomiting			
		stomach			
		OE: T 98/			
		Abd: n.t.a. P: paregoric	1 hypo. stat.	F F/U	WB
MAR 24 1961	BASE, ALAMEDA	cc ear ache			
		OE: T 98.6			
		Inflamed R Temporal area - opened.		F F/U	WB
MAR 28 1961	BASE, ALAMEDA	cc Sore throat			
		told to return if not			
		better dressed.		F F/U WB.	
MAR 29 1961	BASE, ALAMEDA	cc ear ache			
		to return			
		dressed.		F F/U	WB
MAR 30 1961	BASE, ALAMEDA			F F/U	WB
MAR 31 1961	BASE, ALAMEDA	cc ear infection			
		not still present.		F F/U WB.	

1. NAME (Last, first, middle)	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
REED, FRANK OSCAR	SR USCG	342-193
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
27142 COCK ROAD, OLMSTED FALLS, OHIO	Enlistment in the USCG	1/24/61

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Caucasian	00	00	TREASURY USCG	RS, CLEVELAND, OHIO

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
12/13/41	CLEVELAND, OHIO	FATHER: FRANK A. REED Same address as item #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS(OPC), CLEVELAND, OHIO	RELIGION - PROTESTANT

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. *(Follow by description of past history, if complaint exists)*

"GOOD"

18. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH
FATHER	51	GOOD		
MOTHER	49	GOOD		
SPOUSE				
BROTHERS AND SISTERS	16	GOOD		
	14	GOOD		
	13	GOOD		
CHILDREN				

19. HAS ANY BLOOD RELATION *(Parent, brother, sister, other)* OR HUSBAND OR WIFE:

YES	NO	(Check each item)	RELATION(S)
	X	HAD TUBERCULOSIS	
	X	HAD SYPHILIS	
	X	HAD DIABETES	
	X	HAD CANCER	
	X	HAD KIDNEY TROUBLE	
	X	HAD HEART TROUBLE	
	X	HAD STOMACH TROUBLE	
	X	HAD RHEUMATISM *(Arthritis)*	
	X	HAD ASTHMA, HAY FEVER, HIVES	
	X	HAD EPILEPSY *(Fits)*	
	X	COMMITTED SUICIDE	
	X	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW *(Place check at left of each item)*

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
	X	SCARLET FEVER, ERYSIPELAS		X	GOITER		X	TUMOR, GROWTH, CYST, CANCER		X	"TRICK" OR LOCKED KNEE
	X	DIPHTHERIA		X	TUBERCULOSIS		X	RUPTURE	X		FOOT TROUBLE
	X	RHEUMATIC FEVER		X	SOAKING SWEATS *(Night sweats)*		X	APPENDICITIS		X	NEURITIS
	X	SWOLLEN OR PAINFUL JOINTS		X	ASTHMA		X	PILES OR RECTAL DISEASE		X	PARALYSIS *(Inc. infantile)*
X		MUMPS		X	SHORTNESS OF BREATH		X	FREQUENT OR PAINFUL URINATION		X	EPILEPSY OR FITS
X		WHOOPING COUGH		X	PAIN OR PRESSURE IN CHEST		X	KIDNEY STONE OR BLOOD IN URINE		X	CAR, TRAIN, SEA, OR AIR SICKNESS
	X	FREQUENT OR SEVERE HEADACHE		X	CHRONIC COUGH		X	SUGAR OR ALBUMIN IN URINE		X	FREQUENT TROUBLE SLEEPING
	X	DIZZINESS OR FAINTING SPELLS		X	PALPITATION OR POUNDING HEART		X	BOILS		X	FREQUENT OR TERRIFYING NIGHTMARES
	X	EYE TROUBLE		X	HIGH OR LOW BLOOD PRESSURE		X	VENEREAL DISEASE		X	DEPRESSION OR EXCESSIVE WORRY
	X	EAR, NOSE OR THROAT TROUBLE		X	CRAMPS IN YOUR LEGS		X	RECENT GAIN OR LOSS OF WEIGHT		X	LOSS OF MEMORY OR AMNESIA
	X	RUNNING EARS		X	FREQUENT INDIGESTION		X	ARTHRITIS OR RHEUMATISM		X	BED WETTING
	X	CHRONIC OR FREQUENT COLDS		X	STOMACH, LIVER OR INTESTINAL TROUBLE		X	BONE, JOINT, OR OTHER DEFORMITY		X	NERVOUS TROUBLE OF ANY SORT
	X	SEVERE TOOTH OR GUM TROUBLE		X	GALL BLADDER TROUBLE OR GALL STONES		X	LAMENESS		X	ANY DRUG OR NARCOTIC HABIT
X		SINUSITIS		X	JAUNDICE		X	LOSS OF ARM, LEG, FINGER, OR TOE		X	EXCESSIVE DRINKING HABIT
	X	HAY FEVER		X	ANY REACTION TO SERUM, DRUG OR MEDICINE		X	PAINFUL OR "TRICK" SHOULDER OR ELBOW		X	HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER *(Check each item)*

	X	WORN GLASSES		X	ATTEMPTED SUICIDE
	X	WORN AN ARTIFICIAL EYE		X	BEEN A SLEEP WALKER
	X	WORN HEARING AIDS		X	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
	X	STUTTERED OR STAMMERED		X	COUGHED UP BLOOD
	X	WORN A BRACE OR BACK SUPPORT		X	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER— B. COMPLETE THE FOLLOWING:

		BEEN PREGNANT		AGE AT ONSET OF MENSTRUATION
		HAD A VAGINAL DISCHARGE		INTERVAL BETWEEN PERIODS
		BEEN TREATED FOR A FEMALE DISORDER		DURATION OF PERIODS
		HAD PAINFUL MENSTRUATION		DATE OF LAST PERIOD
		HAD IRREGULAR MENSTRUATION	QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY	

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?	24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS?	25. WHAT IS YOUR USUAL OCCUPATION?	26. ARE YOU *(Check one)*
Two	MONTHS Five	Sign Painter	X RIGHT HANDED ☐ LEFT HANDED

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
	X	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	X	B. INABILITY TO PERFORM CERTAIN MOTIONS
	X	C. INABILITY TO ASSUME CERTAIN POSITIONS
	X	D. OTHER MEDICAL REASONS (*If yes, give reasons*)
	X	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	X	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (*If yes, give details*)
	X	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (*If yes, state reason and give details*)
	X	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (*If yes, state reason and give details*)
	X	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (*If yes, describe and give age at which occurred*)
	X	33. HAVE YOU EVER BEEN A PATIENT (*committed or voluntary*) IN A MENTAL HOSPITAL OR SANATORIUM? (*If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic*)
	X	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (*If yes, specify when, where, and give details*)
	X	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (*If yes, give complete address of doctor, hospital, clinic, and details*)
	X	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (*If yes, which illnesses*)
	X	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date and reason for rejection*)
	X	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability*)
	X	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (*If yes, specify what kind, granted by whom, and what amount, when, why*)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

Frank Oscar Reed

SIGNATURE

× Frank Oscar Reed

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (*Physician shall comment on all positive answers in items 20 thru 39*)

Chipped left ankle bone 2 yrs. ago, no complication.

TYPED OR PRINTED NAME OF PHYSICIAN

REED, FRANK OSCAR

4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*): 27142 COOK ROAD, OLMSTED FALLS, OHIO

5. PURPOSE OF EXAMINATION: Enlistment in the USCG

6. DATE OF EXAMINATION: 1/24/61

7. SEX: MALE

8. RACE: CAUCASIAN

9. TOTAL YRS. GOVT. SERVICE: MILITARY 00 CIVILIAN 00

10. DEPARTMENT, AGENCY, OR SERVICE: TREASURY - USCG

11. ORGANIZATION UNIT: RS, CLEVELAND, OHIO

12. DATE OF BIRTH: 12/13/41

13. PLACE OF BIRTH: Cleveland, Ohio

14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN: FATHER: FRANK A. REED, Same address as item #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS: USPHS(OPC), CLEVELAND, OHIO

16. OTHER INFORMATION: RELIGION - PROTESTANT

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY: TOTAL LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
N.E.		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*) 43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Insp: 34½" Exp: 32½"

Waist: 30"

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 × 8).—*Fixed bridge, brackets to include abutments*

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
	X		O		O	O	O	O	O	O	O	O		O	O	X	LEFT
RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
		O	X	O	O				O			O	O	X	X	O	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES: N.S.A.

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.024

ALBUMIN	SUGAR	MICROSCOPIC
NEG.	NEG.	N.I.

46. CHEST X-RAY (*Place, date, film number, result*): USPHS OPC Cleveland, Ohio 24 JAN 61, #10244 N.S.A.

47. SEROLOGY (*Specify test used and result*): Kline: Non-reactive

48. EKG: N.I.

49. BLOOD TYPE AND RH FACTOR: "A" NEG.

50. OTHER TESTS: Hematocrit: 41%

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER	MEDIUM	HEAVY	OBESE	56. TEMP.
68"	135	Brown	Blue	X				98.2°

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 120	RECUM. BENT	SYS.	STANDING (3 min.)	SYS 120	
	DIAS. 68		DIAS.		DIAS. 70	

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
64	96	80	-	68

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT LEFT	Normal PIC Plates		UNCORRECTED
			CORRECTED
66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION

70. HEARING

RIGHT WV 15 /15 SV 15 /15

LEFT WV 15 /15 SV 15 /15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT								
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

[X] IS [ ] IS NOT QUALIFIED FOR Enlistment in USCG

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN: J. F. RALSTON, A.A.S., USPHS — SIGNATURE: J F Ralston

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*): J. H. HOLT, DENTAL SURGEON, USPHS — SIGNATURE: J H Holt

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS: -0-

U. S. GOVERNMENT PRINTING OFFICE 16—62285-1

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
	30 October 1962 USPHS HOSPITAL, Galveston, Texas
	EXAMINED THIS DATE AND FOUND TO BE PHYSICALLY AND DENTALLY QUALIFIED FOR DUTY OVERSEAS; ASHORE, ISOLATED, NON-ISOLATED OR AFLOAT. INNOCULATIONS FOR THIS PURPOSE HAVE BEEN GIVEN IN ACCORDANCE WITH USCG MEDICAL MANUAL CG-294; Part 3, Chapter 7.
	X-RAY NO. 24095 RESULTS: HEALTHY CHEST
	VDRL NO. 24095 RESULTS: NON REACTIVE
	URINALYSIS NO. 24095 RESULTS: NORMAL
	HEMATOLOGY NO. 24095 RESULTS: NORMAL
	DEFECTS NOTED: NONE
	RECOMMENDATIONS: NONE
	W. L. Stertz, MD W. L. STERTZ, SURG, USPHS MEDICAL OFFICER
	J. S. HULONG SA DENT SURG, USPHS DENTAL OFFICER J. S. Hulong DDS

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	CAUC	FA	BASE, GALV.	USCG	TREASURY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
REED, Frank O.	12-13-41	342-193

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A-32

CHRONOLOGICAL RECORD OF MEDICAL CARE

HEALTH RECORD

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	30 October 1962 USPHS HOSPITAL, Galveston, Texas
	EXAMINED THIS DATE AND FOUND TO BE PHYSICALLY AND DENTALLY QUALIFIED FOR DUTY OVERSEAS; ASHORE, ISOLATED, NON-ISOLATED OR AFLOAT. INNOCULATIONS FOR THIS PURPOSE HAVE BEEN GIVEN IN ACCORDANCE WITH USCG MEDICAL MANUAL CG-294; Part 3, Chapter 7.
	X-RAY NO. 24095 RESULTS: HEALTHY CHEST
	VDRL NO. 24095 RESULTS: NON REACTIVE
	URINALYSIS NO. 24095 RESULTS: NORMAL
	HEMATOLOGY NO. 24095 RESULTS: NORMAL
	DEFECTS NOTED: NONE
	RECOMMENDATIONS: NONE
	W. L. Stertz, MD W. L. STERTZ, SURG, USPHS MEDICAL OFFICER
	J. S. HUI ONG SA DENT SURG, USPHS DENTAL OFFICER
12/1/63	Health Record Verified This Date George E Beal HMC, USCG

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	CAUC	PA	BASE, GALV.	USCG	TREASURY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
REED, Frank O.	12-13-41	342-193

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7-9-62	USPHS HOSP. GALV.TEX Pt. complains of burning upon urination and poss. urethral discharg for past 4 days. EXAM: AND RX: No discharge at this time. Urinalysis Fit for duty. Return in AM /s/W. L. STERTZ, SURG,USPHS /G. H. MAAS, HM1-PL, USCG, REP
7-10-62	USPHS HOSP. GALV.TEX EXAM: Urinalysis report shows 2plus alb, with 70-80 WBC-APF IMP: GU infection RX: Gantrisen as directed. UA and C & S urethral discharge. Return one week. /s/W. L.STERTZ, SURG,USPHS /G. H. MAAS, HM1-PL,USCG,REP
7-17-62	USPHS HOSP. GALV.TEX Pt. states ha passed grossamount of blood. RX: 1. Repeat US 2. IVP, 3. Return monday 7-23-62. 4. FFD. /s/W. L. STERTZ,SURG,USPHS /G. H. MAAS, HM1-PL,USCG,REP
1 SEP 62	Health record inspected and verified this date in accordance with article 4-4-1 (B) USCG MEDICAL MANUAL Mark Henry Dana MARK HENRY DANA HM3

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	CAUC	EN	BASE GALV	USCG	TREASURY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
REED, Frank O.	342-193	12-13-41

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
3-23-62	USPHS HOSP. GALV. TEX
	DX: Root canal
	RX: 1. Not fit for duty until 3-26-62.
	2. Ice packs to area this date. 20 min. on, 20 min. off.
	3. No liberty today. May have liberty this weekend if swelling is down. Base corpsman use own discretion.
	4. Daravon for pain as directed.
	5. To return on 3-26-62 for dental appointment.
	/s/W. G. BEARCE, SA DENT.SURG.
	/G. H. [illegible] USCG, REP

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
MALE	Cauc.	FA, USCG		Coast Guard	Treasury, USCG

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
REED, Frank Oscar	12-13-41	342-193

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
12-7-61	USPHS HOSP. GALV.TEX
	DX: Acute pharyngitis
	RX Admitted inpatient treatment 2115 this date.
	/s/P. R. WOOLSLAYER, SAS, USPHS /G. H. [illegible], HM1-Pl, USCG, REP
~~12-12-61~~	USPHS HOSP. GALV.TEX
	DX: Acute pharyngitis(improved)
	RX: 1. Discharged from inpatient treatment this date. 2. Fit for duty.
	/s/R. W. HASKELL, SURG, USPHS /G. [illegible], HM1-Pl, USCG, REP
2-7-62	USPHS HOSP. GALV.TEX
	Pt. still has submandibular nodes and recent sore throat.
	EXAM: Ears clear; pharnyx infected; neck-one large non tender node; submandibular bilateral; groin - two nodes rt. groin.
	IMP: 1. Acute pharyngitis 2. R/O Infectious mono.
	RX: Throat culture CBC Bicillin 1,200,000 units IM given. Not fit for food handeling or mess cooking. Return one week.
	/s/W. C. HENDRICKS, SAS, USPHS /G. H. [illegible], HM1-Pl, USCG, REP

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	CAUC	FA	BASE GALV.	USCG	TREASURY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
REED, Frank O.		342-193

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
2-12-62	USP HS HOSP. GALV.TEX
	DX: Rash on rt. foot. RX: 1. To dermatology clinic. 2. RX. as directed. 3. Return prn.
	/s/D. R. SHAMPO. SAS, USPHS /G. H. MAAS, HM1-Pl, USCG, REP
2-14-62	USPHS HOSP. GALV.TEX
	DX: Acute pharyngitis (R/O Inf. Mono) EXAM: No symptoms, doing well. Still has nodes, non tender, Each submandibular node ½ cm dia, rt. groin ½ cm dia. RX: Return one month for re check. FFD. Return prn.
	/s/W. C. HENDRICKS, SAS, USPHS /G. H. MAAS, HM1-Pl, USCG, REP
3-13-62	USPHS HOSP. GALV. TEX
	DX: Exam for Acute pharyngitis; improved EXAM: Only small node present. Smaller than on 2-14-62. RX: 1. NFTN 2. Return in one month for checkup. 3. FFD.
	/s/W. L. STERTZ, SURG, USPHS /G. H. MAAS, HM1-Pl, USCG, REP
3-14-62	USPHS HOSP. GALV.TEX
	DX: Root canal #8 RX: 1. Removed pulp 2. Daravon and APC q4h prn. 3. Tetracycline 250 mg. qid. 4. Light duty for two days. 5. Return Friday, 0800 3-16-62.
	/s/W. G. PEARCE, SA DENT, SURG, /G. H. MAAS, HM1-Pl, USCG, REP
3-16-62	USPHS HOSP. GALV.TEX DX: Root canal #8. RX: Continue medications as diredted until gone. FFD. Return 3-19-62
	/s/W. G. PEARCE, SA DENT, SUR /G. H. MAAS, HM1-Pl USCG,

U. S. GOVERNMENT PRINTING OFFICE 16—67728-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
2-12-62	USP HS HOSP. GALV.TEX
	DX: Rash on rt. foot. RX: 1. To dermatology clinic. 2. RX. as directed. 3. Return prn. /s/D. R. SHAMPO. SAS, USPHS /G. H. MAAS, HM1-Pl, USCG, REP
2-14-62	USPHS HOSP. GALV.TEX
	DX: Acute pharyngitis (R/O Inf. Mono) RXAM: No symptoms, doing well. Still has nodes, non tender, Each submandibular node ½ cm dia, rt. groin ½ cm dia. RX: Return one month for re check. FFD. Return prn. /s/W. C. HENDRICKS, SAS, USPHS /G. H. MAAS, HM1-Pl, USCG, REP
3-13-62	USPHS HOSP.GALV. TEX
	DX: Exam for Acute pharyngitis; improved RXAM: Only small node present. Smaller than on 2-14-62. RX: 1. NFTN 2. Return in one month for checkup. 3. FFD. /s/W. L. STERTZ, SURG, USPHS /G. H. MAAS, HM1-Pl, USCG, REP
3-14-62	USPHS HOSP. GALV.TEX
	DX: Root canal #8 RX: 1. Removed pulp 2. Daravon and APC q4h prn. 3. Tetracycline 250 mg. qid. 4. Light duty for two days. 5. Return Friday, 0800 3-16-62. /s/W. G. PEARCE, SA DENT, SURG, /G. H. MAAS, HM1-Pl, USCG, REP
3-16-62	USPHS HOSP. GALV.TEX DX: Root canal #8. RX: Continue medications as diredted until gone. FFD. Return 3-19-62 /s/W. G. PEARCE, SA DENT, SURG. /G. H. MAAS, HM1-Pl USCG, REP

U. S. GOVERNMENT PRINTING OFFICE 16—67728-1

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	USCG RECEIVING CENTER, ALAMEDA, CALIF. DATE: FEB 8 1961 Pre-training Physical: Examined this date and found physically qualified for recruit training. X-ray No. (70mm): 357 Blood Serology Report: VDRL: NEG: Defects Noted: J. F. [illegible], LT. USPHS USPHS
10-12-61	USPHS HOSP. GALV.TEX Exam: Swelling and pain to right foot. DX: Sprain rt. foot R/O Fracture RX: 1. Xray rt. foot 2. FFD 3. Return 10-13-61 PM. /s/W. L. STERTZ, SURG, USPHS /G. H. MAAS, HM1-Pl, USCG, REP
10-13-61	USPHS HOSP. GALV.TEX DX; Sprain rt. foot. RX: Xray neg for fractures FFD /s/W. L. STERTZ, SURG, USPHS /G. H. MAAS, HM1-Pl, USCG, REP
12-5-61	USPHS HOSP. GALV.TEX DX: Pharyngitis RX: 1. 600,000 Procaine penicillin IM x 3 days 2. 600,000 Units proc. penicillin given IM 3. Throat culture 4. Return 12-7-61. /s/W. L. STERTZ, SURG, USPHS /G. H. MAAS, HM1-Pl, USCG, REP

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
Male	Cau	SR	RS, Cleve, Ohio	USCG	Treasury

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: REED, Frank Oscar

DATE OF BIRTH (DAY-MONTH-YEAR): 13 December 1941

IDENTIFICATION NO.: 342-193

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
12-6-61	USP HS HOSP. GALV.TEX DX: Pharyngitis RX: 1. 600,000 U. procaine penicillin givem IM /s/W. L. STERTZ, SURG, USPHS /G. H. MAAS, HM1-P1, USCG, REP
12-7-61	USPHS HOSP. GALV.TEX Pt. brogght in with temp or 104. Exam: Urinalysis neg., chest normal, DX: Pharyngitis Possible urinary infection ? RX: 1. 600,000 U procaine penicillim given IM. 2. Tetracycline 250 mg. 4x daily 5. Return Mon. 12-11-61 to OPC. 6. NFFD 7. Bed rest. /s/W. L. STERTZ, SURG, USPHS /G. H. MAAS, HM1-P1, USCG, REP

Standard Form 502
Rev. August 1954
Bureau of the Budget
Circular A 32

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
2-4-63	2-14-63	

(Sign and date at end of narrative)

HISTORY: This 21 yr. old U. S. Coast Guardsman was admitted to this hospital February 4, 1963 for treatment of cough and pneumonitis. This patient was well until January 28, 1963 when he developed an upper respiratory infection with cough, chills and fever. He was treated with antihistamines and penicillin on February 1. At the time of admission he had noted increasing dry, hacking cough especially at night but no other symptoms. The patient had no fever, sore throat, ear ache. He had slight substernal chest pain when coughing and deep breathing. The cough was non-productive. There was no hemoptysis. His appetite was described as excellent, and there was no shortness of breath. Past history: He had a tonsillectomy and an adenoidectomy in the past. His mother died at age 50 of a probable stroke.

PHYSICAL EXAMINATION: Blood pressure 110/65. Pulse 84 and regular. Respirations 16. Temperature 98. In general, the patient was a thin, active, alert, well developed, muscular white male in no distress. Pertinent physical findings were as follows: There was a pea size submandibular lymph node bilaterally which was non-tender. There was no thyromegaly. There was full and equal chest expansion on both sides. The right lung was clear. The left lung revealed coarse and fine moist inspiratory and expiratory rales along the lateral mid and lower lung field with slight dullness. There was no increased fremitus and no post-tussive rales. The rest of the physical examination was not remarkable.

LABORATORY DATA: Chest x-ray revealed a very questionable sparse area of pneumonitis in the left lower lung field. White cell count 9,700 , 43% neutrophiles, 2 myelocytes, 6 bands, 24 lymphocytes, 15 monocytes, 8 eosinophiles and 2 basophiles. Hemoglobin 13.3 gm. Heterophile was negative. Urinalysis normal. A repeat white count on February 5 was 6,700 with 54% polys. Hematocrit 39.6. Hemoglobin 12.9. Blood sugar 94 mg.%. Sputum culture revealed mixed flora. PPD was negative after 24 and 48 hours. VDRL qualitative nonreactive. Cold agglutinins were positive in a dilution of 1:64 on February 7 and 1:8 on February 12.

HOSPITAL COURSE: The patient was entirely afebrile throughout admission. He was treated with SSKI drops 10 t.i.d. with water and was continued on penicillin 400,000 units q8h orally. Penicillin was discontinued on February 6. By February 11 the patient's lungs had cleared entirely and he felt entirely well. He was discharged February 14, 1963. He will be seen in the Medical Clinic one month after discharge. He was discharged fit for duty.

DIAGNOSIS: 1. Primary atypical pneumonia, improved.

CH:mn

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE AND TITLE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
Charles Heilbrunn, M. D.	2-19-63		CG-10

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*	REGISTER NO.	WARD NO.
REED, FRANK OSCAR USPHS HOSPITAL - Seattle, Wash.	277210	

NARRATIVE SUMMARY
Standard Form 502
502/108/-02

Sedge

cc: Coast Guard 2-19-63

Standard Form 502
Rev. August 1954
Bureau of the Budget
Circular A-32

☆ U. S. GOVERNMENT PRINTING OFFICE: 1961—J-579266

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
12/7/61	12/12/61	5

(Sign and date at end of narrative)

HISTORY: This 19 year old white male Coast Guardsman was admitted because of sore throat and fever. He had been treated as an outpatient for 4 days for acute pharyngitis, and had received 600,000 units of procaine penicillin daily. A smear from the throat on the initial day that he was seen showed non-hemolytic streptococcus and Neisseria. His white count was normal at that time. He returned to the Outpatient clinic on the morning of admission with temperature of 103.8° and was placed on tetracycline 250 mg. q.i.d. Later in the evening his temperature rose to close to 105°, so it was decidéd that he be admitted. There were no other symptoms except the fever, and the pharyngalgia and several chills.

Past history showed a T&A in childhood. Review of systems was normal.

PHYSICAL EXAMINATION: Patient was a well developed, well nourished white male in no acute distress, but whose temperature was 104.6°, pulse 128, blood pressure 134/68. Tender lymph nodes were palpated in the neck. The neck was not stiff. Eye grounds were normal. The tympanic membranes were white and glistening. There was some injection of the mucous membranes of the nose. The throat was injected. There were white patches of exudate over the anterior tonsillar pillars. The chest was clear except for a few coarse breath sounds that were heard.

LABORATORY DATA: Urine was normal. VDRL nonreactive. BUN, FBS normal. CBC , 8500 white cells of which 73% were neutrophiles, 20% lymphocytes, sed. rate 45, hemoglobin 13.8 gms.

HOSPITAL COURSE: The patient was sponged with tap water, which was continued until his temperature fell below 102°. He was given aspirin. Fluids were forced. Tetracycline was given in dosage of 500 mg. q.i.d., and procaine penicillin 600,000 units twice a day. This treatment was continued throughout his hospitalization. Within 24 hours his temperature had fallen to normal and with the exception of one little spike up to 99.6, he remained afebrile. On the 5th hospital day his temperature was normal and the throat was clear. Patient had no complaints and it was decided that he be discharged.

DIAGNOSIS: 1) Acute pharyngitis - improved.

rwh/ek

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
RW Haskell Roger W. Haskell, Surgeon	12/15/61	CG 10	

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade ; date, hospital or medical facility*)	REGISTER NO.	WARD NO.
REED, FRANK O. USPHS HOSPITAL, GALVESTON, TEXAS	24095	II

Copy given to CG 12/27/61 - Le

NARRATIVE SUMMARY
Standard Form 502
502-106-01

Standard Form 601
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD — IMMUNIZATION RECORD

All entries in ink to be made in block letters

VACCINATION AGAINST SMALLPOX (Number of previous vaccination scars)

	DATE	ORIGIN	BATCH NUMBER	RESULT* 2–3 DAYS	RESULT* 7–10 DAYS	STATION	PHYSICIAN'S NAME
1							
2	2-13-61	Nat Drug	5058A8	AR		Base Alameda	W.E. BADT, CAPT
3	12-19-62	Nat. Drug	5300A20			Base Seattle	[illegible]
4							
5							
6							

*ENTER RESULTS AS: IMMEDIATE REACTION (of immunity); ACCELERATED REACTION (Vaccinoid); TYPICAL PRIMARY VACCINA

TRIPLE TYPHOID VACCINE

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1					7				
2	2-13-61	0.5cc		W.E. BADT, CAPT	8				
3	2-21-61	0.5cc		W.E. BADT, CAPT	9				
4	3-2-61	0.5cc		W.E. BADT, CAPT	10				
5	9-21-61	0.5cc		Thompson HM-3	11				
6	12-19-62	0.5cc	Booster	[illegible]	12				

TETANUS TOXOID

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1					4	9-4-62	0.5cc	none	Stone, [illegible] HM-3
2	2-13-61	0.5cc		W.E. BADT, CAPT	5				
3	3-8-61	0.5cc		W.E. BADT, CAPT	6				

SCHICK TESTING AND DIPHTHERIA IMMUNIZATION

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
TEST					TEST				
1					5				
2					6				
3					7				
4					8				

TYPHUS VACCINE

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
1					4				
2					5				
3					6				

CHOLERA VACCINE

	DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME		DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME
1					7				
2					8				
3					9				
4					10				
5					11				
6					12				

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NO.	STATION	PHYSICIAN'S NAME
1					
2					
3					

SEX	RACE	GRADE, RATING OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: Male Cau SR RS, Cleve, Ohio

DATE OF BIRTH (DAY-MONTH-YEAR): 13 December 1911

Treasury ... TION NO. 342-193

REED, [illegible] Frank Oscar

IMMUNIZATION RECORD
Standard Form 601

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	REACTION	REMARKS	PHYSICIAN'S NAME
1	2-17-61	Influenza Vaccine	1.0cc			W.E. BADT, CAPT
2	2-21-61	Polio Vaccine #1	1.0cc			W.E. BADT, CAPT
3	3-23-61	Polio Vaccine #2	1.0cc			W.E. BADT, CAPT
3	11-21-61	Influenza	1.CC			Thomasson HM-3
4	10-31-62	Influenza	1cc		USPHSH Galv. Tex	Maas HMI-P1
5	10-31-62	Polio #3	1cc		USPHS Galv. Tex	Maas HMI-P1
6	1/6/64	Influenza	1CC			G Beal HM1
7						
8						
9						
10						
11						
12						
13						
14						
15						

SENSITIVITY TESTS (*Tuberculin, etc.*)

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

REACTIONS (*To transfusions, drugs, sera, foods, allergens, etc.*)

	DATE	AGENT	TYPE OF REACTION	SEVERITY	PHYSICIAN'S NAME
1					
2					
3					
4					
5					

BLOOD TYPING

	DATE	TYPE (*International*)	Rh FACTOR	PHYSICIAN'S NAME
1				
2		A	POS	
3				

REMARKS AND RECOMMENDATIONS (*Including history of diseases for which any of the above immunizing agents were given with year and place of attack*)

THIS RECORD IS ISS[illegible]D IN ACC[illegible]DANCE WITH ARTICLE 99, WHO SANITARY R[illegible]ULATION[illegible]2.

☆ U.S. GOVERNMENT PRINTING OFFICE : 1957—O-411569

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-4057 (4-61)

CHRONOLOGICAL RECORD OF SERVICE

DATE ATTACHED	UNIT OR STATION	DATE DETACHED
2-7-61	R.S. CLEAVELAND, OHIO	2-7-61
2-8-61	ALAMEEA, CALIFORNIA	5-5-61
5-19-61	OCCGD8 (ADMIN)	5-24-61
5-25-61	USCG BASE, GALVESTON, TEXAS	
18 DEC 1962	CG Base Seattle, Wn.	
	CGC SEDGE (WAGL-402), Cordova, Alaska	15 February 1964
15 February 1964	Cape St. Elias LTSTA, Alaska	28 March 1964

NAME (*Last, first, middle*) REED, Frank Oscar

SERVICE NO. 342-193

(Continued on reverse side)

TERMINATION OF HEALTH RECORD

UNIT OR STATION

Office, Commander Seventeenth Coast Guard District - Juneau, Alaska

I have been informed of the findings of the physical examination given to me on ..... (Date)
for ..... and ☐ agree (or) ☐ do not agree with the findings of the examining physician and ☐ do (or) ☐ do not desire to make a statement in rebuttal.

DATE	RANK	SIGNATURE

REMARKS

ON DUTY AT CAPE ST ELIAS LT STATION, ALASKA

REPORTED DROWNED AND WASHED TO SEA DURING TIDAL WAVE.

Health Record terminated this date by reason of DEATH in accordance with CHAPTER 4, PART 3, Medical Manual, CG-294.

DATE	RANK	SIGNATURE
28 March 1964	CHSCLK W-2	D.F. BRADTKE USCG

* U.S. GOVERNMENT PRINTING OFFICE : 1961 O—594266

NMJ DE NMJ1

-T-

P 280835Z
FM CCGDSEVENTEEN
TO COMDT COGARD
INFO CCGD NINE
BT
UNCLAS.
CASUALTY REPORT.
A. 11-A-1, PERS MAN.
1. THE FOL INFO FURNISHED IAW REF A.
A. REED, FRANK O.
B. 342-193 EN3.
C. ON DUTY AT CAPE ST ELIAS LTSTA.
D. REPORTED DROWNED AND WASHED TO SEA DURING TIDAL WAVE.
E. NOK FATHER FRED A REED 27142 COOK ROD OLMSTED FALLS, OHIO.
F. NOK NOT NOTIFIED.
G. FURTHER REPORT THIS INCIDENT AND ANY FURTHER CASUALTIES RESULTING FROM EARTHQUAKE AND ENSUING TIDAL WAVES.
H. DESIGNATED BENIFICARY FOR 6 MONTHS DEATH GRATUITY, MR FRED A REED 27142 COOK RD OLMSTED FALLS DATE OF DESIGNATION 30 AUGUST 1961.
BT

TOD 28/0840Z MAR K
DE NMJ R DJ
FK

ORIG: P (GHL)
INFO: O

28 MAR 64

280835Z PRIORITY SRS# 3018

17

MAR - 4 1964

Treasury Department
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

INDIVIDUAL ORDER TO ADJUST PAY RECORD PE-60

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE

- ☐ WITH LEAVE
  - ☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
  - ☐ SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
  - ☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
  - ☐ S&FD pay to be checked, leave within the United States
  - ☐ S&FD pay not to be checked, leave outside United States
  - ☐ WITHOUT LEAVE not excused as unavoidable
  - ☐ COMMUTED RATIONS or BAS, if any, are to be checked
  - ☐ OVER LIBERTY not excused as unavoidable

Credit leave rations and/or check pay in accordance with the Comptroller's Manual

	HOUR	DATE
DEPARTURE		
ARRIVED U. S.*		
LEAVE OR LIBERTY EXPIRED		
DEPARTED U. S.*		
RETURNED TO COAST GUARD JURISDICTION		
NUMBER DAYS CHARGED TO LEAVE RECORD		

* *These items to be completed in connection with leave to visit the United States only*

2. CHANGE RATE

TO	FROM	EFFECTIVE DATE

AUTHORITY	DATE AUTH. REC'D

3. CHANGE IN SERVICE FOR PAY PURPOSES

* *Career Compensation Act of 1949 Statement of service filed in service record*

ON 2-6-64

	YEARS	MOS.	DAYS
* OTHER SERVICE	00	00	00
COAST GUARD SERVICE	03	00	00
COMPLETED NET SERVICE OF	03	00	00

4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be furnished for this period.

5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

FROM *(Hour & Date)*	TO *(Hour & Date)*	AT $	PER DAY

6. QUARTERS ALLOWANCE *(No Government Quarters available)*

FROM	TO	AT $	PER DAY
		AT $	PER MO.

7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS ☐ OTHER *(Specify)*

8. MISCELLANEOUS PAY ORDERS

FILED PE-87

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below named individual for the reason(s) and period(s) stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
P. D. CORSON	LT, USCG, Executive Officer	

SHIP OR STATION	SERVICE NUMBER OF A. C. O.
USCGC SEDGE (WAGL-402) Cordova, Alaska	

NAME *(Last)*	*(First)*	*(Middle)*	SERVICE NUMBER	RATE
REED,	Frank	Oscar	342-193	FNEN

☆ U. S. GOVERNMENT PRINTING OFFICE: 1963-672236

Treasury Department
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

INDIVIDUAL ORDER TO ADJUST PAY RECORD

PE-PR-8

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE

- ☐ WITH LEAVE
- ☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- ☐ SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- ☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- ☐ S&FD pay to be checked, leave within the United States
- ☐ S&FD pay not to be checked, leave outside United States
- ☐ WITHOUT LEAVE not excused as unavoidable
- ☐ COMMUTED RATIONS or BAS, if any, are to be checked
- ☐ OVER LIBERTY not excused as unavoidable

Credit leave rations and/or check pay in accordance with the Comptroller's Manual

	HOUR	DATE
DEPARTURE		
ARRIVED U. S.*		
LEAVE OR LIBERTY EXPIRED		
DEPARTED U. S.*		
RETURNED TO COAST GUARD JURISDICTION		
NUMBER DAYS CHARGED TO LEAVE RECORD		

** These items to be completed in connection with leave to visit the United States only*

2. CHANGE RATE

TO	FROM	EFFECTIVE DATE
EN3	FNEN	16 FEB 64

AUTHORITY	DATE AUTH. REC'D
CCGD17 ADV AUTH 4-64	2-6-64

3. CHANGE IN SERVICE FOR PAY PURPOSES

* *Career Compensation Act of 1949 Statement of service filed in service record*

ON COMPLETED NET SERVICE OF

	YEARS	MOS.	DAYS
* OTHER SERVICE			
COAST GUARD SERVICE			

4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be furnished for this period.

5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

FROM *(Hour & Date)*	TO *(Hour & Date)*	AT $ PER DAY

6. QUARTERS ALLOWANCE *(No Government Quarters available)*

FROM	TO	AT $ PER DAY
		AT $ PER MO.

7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS ☐ OTHER *(Specify)*

8. MISCELLANEOUS PAY ORDERS

FILED
PE-87

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below named individual for the reason(s) and period(s) stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
P. D. CORSON	LT, USCG, EXECUTIVE OFFICER	

SHIP OR STATION	SERVICE NUMBER OF A. C. O.
USCGC SEDGE (WAGL 402), CORDOVA, ALASKA	

NAME *(Last)*	*(First)*	*(Middle)*	SERVICE NUMBER	RATE
REED	FRANK	OSCAR	342-193	EN3

☆ U. S. GOVERNMENT PRINTING OFFICE: 1963-672236

...TMENT
...UARD
...VISED
...VED BY
...NERAL, U. S.
...12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

FILED
PE-87

JUL 24 1963

...IONS OR LOSS OF PAY BY REASON OF ABSENCE:

- ☐ ANNUAL LEAVE, AOL or AWOL ...od, if any, excused as unavoidable
- ☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- ☐ ...N ANNUAL LEAVE, AOL period, if ...ny, not excused as unavoidable
- ☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- ☐ WITHOUT LEAVE, not excused as unavoidable
- ☐ OVER LIBERTY, not excused as unavoidable

HOUR / DATE

DEPARTURE

LEAVE OR LIBERTY EXPIRED

RETURNED TO COAST GUARD JURISDICTION

NUMBER DAYS CHARGED TO LEAVE RECORD

...it leave rations and/or check pay in accordance with the Comptrollers Manual.

...HANGE RATE: TO _____ (Rate) FROM _____ (Rate)

...FFECTIVE _____ (Date change effected) AUTHORITY _____ AUTHORITY RECEIVED _____ (Date)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*	00	00	00
COAST GUARD SERVICE	02	00	00
NET SERVICE OF	02	00	00

ON 6 February 1963 (Date) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (Date) TO _____ (Date)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (Hour and date) TO _____ (Hour and date) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (Date) TO _____ (Date) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (Date of admission) to _____ (Date of discharge) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM _____ (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	P. D. CORSON	LT, USCG - XO	

SHIP OR STATION	NAME OF A. C. O.
USCGC SEDGE (WAGL-402), Cordova, Alaska	

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
REED,	Frank	Oscar	342-193	FN

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

FILED
PE-87

PE-30

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

		HOUR	DATE
☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable	☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable	DEPARTURE	
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable	☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable	LEAVE OR LIBERTY EXPIRED	
		RETURNED TO COAST GUARD JURISDICTION	
☐ WITHOUT LEAVE, not excused as unavoidable	☐ OVER LIBERTY, not excused as unavoidable		

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO FN (*Rate*) FROM FA (*Rate*)

EFFECTIVE 16 April 1963 (*Date change effected*) AUTHORITY Article 5-C-11, Pers Manual AUTHORITY RECEIVED 4/7/63 (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

*Career Compensation Act of 1949. Statement of service filed in service record.

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 2 (*Number*) ONLY	SIGNATURE P. D. Corson P. D. CORSON	GRADE AND TITLE LT, USCG, XO	C. O. ORDER NO.
SHIP OR STATION USCGC SEDGE (WAGL-402), Cordova, Alaska		NAME OF A. C. O.	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
REED,	Frank	Oscar	342-193	FN

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE

- ☐ WITH LEAVE
- ☒ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- ☐ SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- ☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- ☐ S&FD pay to be checked, leave within the United States
- ☐ S&FD pay not to be checked, leave outside United States
- ☐ WITHOUT LEAVE not excused as unavoidable
- ☐ COMMUTED RATIONS or BAS, if any, are to be checked
- ☐ OVER LIBERTY not excused as unavoidable

Credit leave rations and/or check pay in accordance with the Comptroller's Manual

	HOUR	DATE
DEPARTURE	1417	11/17/62
ARRIVED U. S.*		
LEAVE OR LIBERTY EXPIRED	1101	12/17/62
DEPARTED U. S.*		
RETURNED TO COAST GUARD JURISDICTION		
NUMBER DAYS CHARGED TO LEAVE RECORD		26 (04tt)

* *These items to be completed in connection with leave to visit the United States only*

2. CHANGE RATE

TO	FROM	EFFECTIVE DATE

AUTHORITY | DATE AUTH. REC'D

3. CHANGE IN SERVICE FOR PAY PURPOSES

* *Career Compensation Act of 1949 Statement of service filed in service record*

ON

	YEARS	MOS.	DAYS
* OTHER SERVICE			
COAST GUARD SERVICE			
COMPLETED NET SERVICE OF			

4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be furnished for this period.

5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

FROM *(Hour & Date)*	TO *(Hour & Date)*	AT $ PER DAY

6. QUARTERS ALLOWANCE *(No Government Quarters available)*

FROM	TO	AT $ PER DAY / AT $ PER MO.

7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own

- ☐ INTEMPERATE USE OF DRUGS
- ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS
- ☐ OTHER *(Specify)*

8. MISCELLANEOUS PAY ORDERS

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below named individual for the reason(s) and period(s) stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
C. M. HUTCHINS	CHSCLK, W-4, USCG, PO	

SHIP OR STATION	SERVICE NUMBER OF A. C. O.
U. S. Coast Guard Base, Seattle, Wn.	

NAME *(Last)*	*(First)*	*(Middle)*	SERVICE NUMBER	RATE
REED	Frank	O.	342-193	FA

☆ U. S. GOVERNMENT PRINTING OFFICE: 1959—501019

...-57)
...d By
...General, U. S.
January 9, 1958

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE

[X] WITH LEAVE

[ ] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable

[ ] S&FD pay to be checked, leave within the United States

[ ] S&FD pay not to be checked, leave outside United States

[ ] COMMUTED RATIONS or BAS, if any, are to be checked

[ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] WITHOUT LEAVE not excused as unavoidable

[ ] OVER LIBERTY not excused as unavoidable

	HOUR	DATE
DEPARTURE	0900	5 Apr 62
ARRIVED U. S.*		
LEAVE OR LIBERTY EXPIRED	0900	21Apr 62
DEPARTED U. S.*		
RETURNED TO COAST GUARD JURISDICTION	0741	21Apr 62
NUMBER DAYS CHARGED TO LEAVE RECORD		15

* *These items to be completed in connection with leave to visit the United States only*

Credit leave rations and/or check pay in accordance with the Comptroller's Manual

2. CHANGE RATE

TO	FROM	EFFECTIVE DATE

AUTHORITY

DATE AUTH. REC'D

3. CHANGE IN SERVICE FOR PAY PURPOSES

* *Career Compensation Act of 1949 Statement of service filed in service record*

ON

	YEARS	MOS.	DAYS
* OTHER SERVICE			
COAST GUARD SERVICE			
COMPLETED NET SERVICE OF			

4. COMMUTED RATIONS

FROM *(Date)*

TO *(Date)*

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be furnished for this period.

5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

FROM *(Hour & Date)*	TO *(Hour & Date)*	AT $ PER DAY

6. QUARTERS ALLOWANCE *(No Government Quarters available)*

FROM	TO	AT $ PER DAY / AT $ PER MO.

7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own

[ ] INTEMPERATE USE OF DRUGS

[ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

[ ] OTHER *(Specify)*

8. MISCELLANEOUS PAY ORDERS

FILED PE 80

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below named individual for the reason(s) and period(s) stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
M. B. BERRY	ENS, USCGR, PERSONNEL OFFICER	

SHIP OR STATION	SERVICE NUMBER OF A. C. O.
USCG GROUP GALVESTON	27671

NAME *(Last)*	*(First)*	*(Middle)*	SERVICE NUMBER	RATE
REED	FRANKLIN	O.	342-193	FA

☆ U. S. GOVERNMENT PRINTING OFFICE: 1958—J-456948

Cvelt Pt.

Department of the Treasury
COAST GUARD
CG-3012 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE

	HOUR	DATE
DEPARTURE	0906	8-9-61
ARRIVED U. S.*		
LEAVE OR LIBERTY EXPIRED	0730	8-24-61
DEPARTED U. S.*		
RETURNED TO COAST GUARD JURISDICTION	0655	8-24-61
Number Days Charged to Leave Record		14

* *These items to be completed in connection with leave to visit the United States only*

- [X] WITH LEAVE
  - [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
  - [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
  - [ ] S&FD pay to be checked, leave within the United States
  - [ ] S&FD pay not to be checked, leave outside United States
  - [ ] COMMUTED RATIONS or BAS, if any, are to be checked
  - [ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
  - [ ] WITHOUT LEAVE not excused as unavoidable
  - [ ] OVER LIBERTY not excused as unavoidable

Credit leave rations and/or check pay in accordance with the Comptroller's Manual

2. CHANGE RATE

TO	FROM	EFFECTIVE DATE

AUTHORITY	Date Auth. Rec'd

3. CHANGE IN SERVICE FOR PAY PURPOSES

* *Career Compensation Act of 1949 Statement of service filed in service record*

ON

	Years	Mos.	Days
* OTHER SERVICE			
COAST GUARD SERVICE			
COMPLETED NET SERVICE OF			

4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be furnished for this period.

5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

FROM *(Hour & Date)*	TO *(Hour & Date)*	AT $	PER DAY

6. QUARTERS ALLOWANCE *(No Government Quarters available)*

FROM	TO	AT $	PER DAY
		AT $	PER MO.

7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own

- [ ] INTEMPERATE USE OF DRUGS
- [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS
- [ ] OTHER *(Specify)*

8. MISCELLANEOUS PAY ORDERS

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below named individual for the reason(s) and period(s) stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
P. A. WOOLFORD	LTJG, Personnel Officer	

SHIP OR STATION	SERVICE NUMBER OF A. C. O.
USCG Base, Galveston, Texas	

NAME *(Last)*	*(First)*	*(Middle)*	SERVICE NUMBER	RATE
REED,	Frank	O.	342-193	FA

☆ U. S. GOVERNMENT PRINTING OFFICE: 1959-528496

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

USCG Recruiting Station, Cleveland, Ohio

7 FEB 61 - Enlisted this date in the U. S. Coast Guard in the rating of SR for a period of FOUR (4) years. Transferred to RECEN Alameda, California for recruit training.

James T. Chokas
JAMES T. CHOKAS, BMC(P), USCG
Recruiting Officer

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
7 FEB 61		COMDT (PTP-2) ltr P14-4 of 25 JAN 61	
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
SR	7 FEB 61	James T. Chokas JAMES T. CHOKAS	BMC(P), USCG, OINC

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

USCG PE-85

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
USCG BASE (RECEN) ALAMEDA, CALIF.	2-7-61	R. N. Larson R. N. Larson, CHSCLK, W-3 By dir. CG Base (RECEN), Alameda, Calif.

NAME (Last)	(First)	(Middle)	SERVICE NO.
REED,	Frank	Oscar	342-193

ADMINISTRATIVE REMARKS

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

USCG BASE (RECEN), Government Island, Alameda, California

18 Feb 1961 — Articles 2, 3, 7 through 15, 25, 37, 38, 55, 77 through 134 and 137 through 139 of the Uniform Code of Military Justice were explained this date in compliance with Article 137, UCMJ.

2 May 1961 — Satisfactorily completed two day course in Fire Fighting at U. S. Navy Damage Control Training Center, Treasure Island, San Francisco, California.

13 Apr 1961 — Training and instruction in the Code of Conduct for members of the Armed Forces of the United States completed this date.

27 Apr 1961 — Subject has completed 26 hours of small arms training, qualified as follows:
a. Cal. 30 M1 Rifle, fired 100" familiarization course.
b. ~~Cal. .45 Pistol, course not~~ XXXXXXXXXXXXXXXXXXXXXXXXXXXX.

3 May 1961 — Satisfactorily completed RED CROSS BASIC SURVIVAL swimming course.

5 May 1961 — Satisfactorily completed twelve week course in recruit training.

J. C. TAGGART
By direction

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
5 May 1961	66616/99203051X		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
FA	5 May 1961	J. C. TAGGART, ENS, USCGR	Personnel Officer

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

OCCGD8(ADMIN) - Rptd this office 1640, 19 May 1961 TDFFT from CGRECEN, Alameda, Calif 24 May 1961 having used 10 lv and 04 tt enroute. AUTH: TONO 66616/99203051X.

Tr to CG BASE GALVESTON, Texas fasdu 0900, 24 May 1961. Authorized 01 days travel time enroute. AUTH: TONO 66616/99203051X.

R. E. DASH, LTJG, USCG
By direction

RECEIVED PE-85

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)	
BASE, GALVESTON	25 May 1961	P.A. WOOLFORD, LTJG, USCGR, PO	
NAME (Last)	**(First)**	**(Middle)**	**SERVICE NO.**
REED	Frank	O.	342-193

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

JAN 15 1963
PE-77

SHIP OR STATION

U.S. COAST GUARD BASE, GALVESTON, TEXAS

CG BASE, Galveston, Texas

I have read the Code of Conduct for Members of the Armed Forces of the United States and all questions concerning the same have been carefully explained to me.

Date JAN 14 1962 Signature

CG BASE, Galveston, Texas

I have read articles 2, 3, 7, through 15, 25, 27, 31, 37, 38, 55, 77 through 134, 137 through 139 of the Uniform Code of Military Justice as required by Article 137 of the Manual for Courts-Martial, United States, 1951, and questions concerning same have been carefully explained to me.

Date JAN 14 1962

(Signature)

1 November 1962 -

CAPTAINS MAST

DATE OF OFFENSE:- - - - - - - - - - - - - - - - - 29 October 1962
DATE OF MAST:- - - - - - - - - - - - - - - - - - 1 November 1962
OFFENSE:- Violation Article 91, UCMJ
PUNISHMENT AWARDED:- - - - - - - - - - - - - - To perform extra duty at two hours per day, for a period of five days.

M. B. Berry
M. B. BERRY
By direction

FILED
PE-80

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
17 November 1962	CCGD8 ETO No 5-63 of 8-7-62, HQ ETO 5-63		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
FA	5-5-61	M. B. Berry M. B. BERRY, ENS, USCGR	By direction

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

USCG BASE, SEATTLE, WASHINGTON RPTD 1101, 17 DEC 62 FOR TD AND FFT

DPTD 12-21-62 TO CGC SEDGE, KODIAK, ALASKA FASDU

C. M. HUTCHINS
CHSCLK, W-4, USCG, Personnel Officer

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
CGC SEDGE (WAGL-402	21 DEC 62	B. D. CORSON, LT, USCG, XO

NAME (Last)	(First)	(Middle)	SERVICE NO.
REED	Frank	Oscar	342-193

CGHQ-2511-B (Rev. 6-55)
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
February 25, 1938

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

~~XXXXXXXX~~ OFFICERS

PE-3
1070
Ser D 40
3 April 1964

To: Chief, Claims and Exceptions Branch

Subj.: Statement of service for basic pay purposes

Incl.:

The following is a statement of service, to and including 27 March 1964
of REED, Frank Oscar (342-193) FNEN, USCG DECEASED

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
U.S.C.G. 2-7-61	3-27-64 DECEASED	None		None		None	

	Yr.	Mo.	Days
Coast Guard Service	3	1	21
Navy service			
Total	3	1	21

Completed 2 years on 6 February 1963
Completed 3 years on 6 February 1964

L. Hunt Lt. 3-13

S. HUTCHINSON
By direction

FT

16—36636-3 U. S. GOVERNMENT PRINTING OFFICE

REED, Frank Oscar (NAME) 342-193 (SERVICE NUMBER)

OTHER CREDITABLE SERVICE YRS. MOS. DAYS

BIRTH, DATE OF 13 December 1941

BIRTH, PLACE OF Cleveland, Ohio

CITIZENSHIP NB 4-3-64

CG 948 203 11/10/65 ac

DECEASED

Cau. SSN: 284-36-6571

STATUS CHANGES	RATE	OPFAC UNIT NO.	DATE OF CHANGE	POSTING CONTROL
RO Cleveland, Ohio (Orig. Enl. 4 Yrs.)	SR	09	2 7 61	342-193
R Alameda RECEN ALAMEDA CAL	SR	12-585545-26	02 07 61	342193
R FM SR TO SA ADVANCED	SA	12-585545-26	05 05 61	342193
CR FM SA TO FA LATERAL	FA	12-585545-26	05 05 61	342193
RPT TDFFA DIST OFF NEW ORL LA	FA	08-510000-05	05 19 61	342193
RPT FASDU BASE GALVESTON TEX	FA	08-210670-10	05 25 61	342193
UNIT IDENT. NO. CHANGED TO 31180		08-31180 -10	07 01 62	342193
R FFT BASE SEATTLE WASH	FA	13 31240-31	12 19 62	342-193 DD
RPT FASDU WAGL402 SEDGE	FA	17-15230 -18	12 21 62	342193
R FM FA TO FN ADVANCED	FN	17-15230 -18	04 16 63	342193
CR FM FN TO FNEN ADD DESIG	FNEN	17-15230 -18	11 01 63	342193
R FASDU BALSAM(WAGL-62)	FN(EN)	17 15202-28	11 7 63	342-193 DD

EN3 2/16/64 (3312)

DECEASED: 27 March 1964

DECEASED

NMJ DE NMJ1

-T-

P 280835Z
FM CCGDSEVENTEEN
TO COMDT COGARD
INFO CCGD NINE
BT
UNCLAS.
CASUALTY REPORT.
A. 11-A-1, PERS MAN.
1. THE FOL INFO FURNISHED IAW REF A.
A. REED, FRANK O.
B. 342-193 EN3.
C. ON DUTY AT CAPE ST ELIAS LTSTA.
D. REPORTED DROWNED AND WASHED TO SEA DURING TIDAL WAVE.
E. NOK FATHER FRED A REED 27142 COOK ROD OLMSTED FALLS, OHIO.
F. NOK NOT NOTIFIED.
G. FURTHER REPORT THIS INCIDENT AND ANY FURTHER CASUALTIES RESULTING FROM EARTHQUAKE AND ENSUING TIDAL WAVES.
H. DESIGNATED BENIFICARY FOR 6 MONTHS DEATH GRATUITY, MR FRED A REED 27142 COOK RD OLMSTED FALLS DATE OF DESIGNATION 30 AUGUST 1961.
BT

TOD 28/0840Z MAR K
DE NMJ R DJ
FK

ORIG: P (GHL)
INFO: O

28 MAR 64

280835Z PRIORITY SRS# 3018

NNNN

USCG
CC CENTER

31 APR '64 20:25 Z

3-11

JDA181CCC550
RR RUECJD
DE RUKAH 062 03/1856Z
ZNR
R 031856Z
FM CCGDSEVENTEEN
TO RUECJD/COMDT COGARD
BT
UNCLAS
P TO PE
REED, FRANK O 342 193 EN3 DECEASED
A. MY 020729Z.
1. REQ TONO FOR ESCORT FOR TVL CORDOVA TO WESTLAKE OHIO.
BT
B R

ACTION: PE
INFO: PS

Andas
PE 4.6
Your 031856Z. TONO 62744/592030444

ENLISTED PERSONNEL DIVISION
1964 APR 3 15 41

ACTION COPY

PE-2 3-11

3-13
FILE
PE-2

3 APRIL 1964

032216Z

FROM: COMDT COGARD

TO: CCGD SEVENTEEN

UNCLAS

PE TO P

YOUR 031856Z. TONO 62744/99203044X.

1964 APR 6 07 37

ENLISTED PERSONNEL DIVISION

032216Z

ROUTINE

D. J. MCCANN; LCDR PE-2 Ext 5468

J. NATWIG, CAPT., USCG; ACING CHIEF
ENLISTED PERSONNEL DIVISION

DJM:JCLJMS

File 324

COMDT USCG
COMM CENTER

21 APR '64 18:15 Z

INFO PS
PE

NNNN JDA129 GCC526
PP RUECJD
DE RUKAH 052 02/1742Z
ZNR
P 021742Z
FM CCGDSEVENTEEN
TO RUEGFP/CCGDNINE
INFO RUECJD/COMDT COGARD
BT
UNCLAS
REED FRANK O 342 193 EN3 DECEASED
A. MY 020729Z
1. BODY OF REED BEING TRANSPORTED TO MORTICIAN IN CORDOVA ALASKA. AIR TRANSPORTATION AVAILABLE. REQUEST NOK ADVISE DISPOSITION REMAINS. ESCORT WILL BE ASSIGNED.
BT
JP

1964 APR 2 14 17
ENLISTED PERSONNEL DIVISION

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2522 (Rev. 3-58)

APPLICATION FOR MEDICAL TREATMENT FOR PERSONNEL OF THE U. S. COAST GUARD

(Read instructions on reverse before completing this form)

TO: (Name and address of treatment facility)	FROM: (Coast Guard unit)	DATE
MEDICAL OFFICER IN CHARGE USPHS HOSPITAL, SEATTLE	COMMANDING OFFICER USCGC SEDGE (WAGL-402)	4 FEB 1963

NAME OF INDIVIDUAL TO BE TREATED	SERVICE NO.	GRADE	COAST GUARD UNIT
REED, Frank O.	342-193	FN	USCGC SEDGE (WAGL-402)

SIGNATURE, GRADE & TITLE OF REQUESTING OFFICER

G. D. JONES, LCDR, USCG

RETURN MEDICAL CERTIFICATE

TO: (Original to Commandant (PM)	FROM: (Name and address of treatment facility)	DATE
CO, CGC SEDGE	MOC, USPHS Hospital, Seattle, Wn.	4- Feb. 63

DIAGNOSIS: (Give diagnosis by number and name according to official nomenclature)

Pneumonia
NFFD

FILE MEDIV

INCIDENT OF SERVICE	FIT FOR DUTY	DAYS ABSENCE FROM DUTY REQUIRED FOR TREATMENT	ADMITTED TO: / TREATMENT AT
☒ YES ☐ NO	☐ YES ☒ NO	Foruteen (14)	☒ INPATIENT ☐ OUTPATIENT — ☐ OFFICE ☒ HOSPITAL

DATE ADMITTED TO TREATMENT	SIGNATURE OF MEDICAL OFFICER
2-14-63	C. HEILBRUNN, MD, USPHS

Form CG-2522 (Rev. 3-58)

FINAL MEDICAL CERTIFICATE

TO: (Original to Commandant (PM)	FROM: (Name and address of treatment facility)	DATE
CO, CGC SEDGE	MOC, USPHS Hospital, Seattle, Wn.	2-14-63

NAME OF PATIENT	SERVICE NO.	GRADE	COAST GUARD UNIT
REED, Frank O.	342-193	FN	CGC SEDGE

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT EACH CONDITION FROM	TO
Primary A-typical pneumonia		1300 2-4-63	1000 2-14-63

THE PATIENT WAS DISCHARGED FROM ☒ INPATIENT ☐ OUTPATIENT TREATMENT AS INDICATED ABOVE, AND ☒ IS ☐ IS NOT FIT FOR DUTY

SIGNATURE OF MEDICAL OFFICER: C. HEILBRUNN md.

REMARKS: (Recommendations as to sick leave, further treatment, etc.)

FILE PE-80

Form CG-2522 (Rev. 3-58)

NOTICE OF MEDICAL TRANSFER

NAME OF PATIENT	SERVICE NO.	GRADE	COAST GUARD UNIT

RECEIVING TREATMENT AT ☐ INPATIENT ☐ OUTPATIENT ☐ OFFICE ☐ HOSPITAL

TRANSFERRED FROM: (Name of treatment facility)

TRANSFERRED TO: (Name of treatment facility)

DATE	SIGNATURE OF MEDICAL OFFICER

Send original of each part of this form to Commandant (PM); copy to patient's Coast Guard unit

PREVIOUS EDITIONS ARE OBSOLETE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2522 (Rev. 3-58)

APPLICATION FOR MEDICAL TREATMENT FOR PERSONNEL OF THE U. S. COAST GUARD

(Read instructions on reverse before completing this form)

TO: (Name and address of treatment facility)	FROM: (Coast Guard unit)	DATE
MCC, USPHS Hospital, Seattle, Wn.	CO, CG Base, Seattle, Wn.	1-29-63

NAME OF INDIVIDUAL TO BE TREATED	SERVICE NO.	GRADE	COAST GUARD UNIT
REED, Frank O.	342-193	FA	CG Base, Seattle, Wn.

SIGNATURE, GRADE & TITLE OF REQUESTING OFFICER
W. S. DASTIS, HMC-P1, USCG

RETURN MEDICAL CERTIFICATE

TO: (Original to Commandant (PM)	FROM: (Name and address of treatment facility)	DATE
CO, CG Base, Seattle, Wn.	MCC, USPHS Hospital, Seattle, Wn.	1-29-63

DIAGNOSIS: (Give diagnosis by number and name according to official nomenclature)

Viril URI
NFFD for three (03) days
Sick leave recommended during this time

FILE MEDIV

INCIDENT OF SERVICE	FIT FOR DUTY	DAYS ABSENCE FROM DUTY REQUIRED FOR TREATMENT	ADMITTED TO:	TREATMENT AT
☒ YES ☐ NO	☐ YES ☒ NO	As above	☐ INPATIENT ☒ OUTPATIENT	☐ OFFICE ☒ HOSPITAL

DATE ADMITTED TO TREATMENT	SIGNATURE OF MEDICAL OFFICER
1-29-63	W. D. LITTLE, MD, USPHS

Form CG-2522 (Rev. 3-58)

FINAL MEDICAL CERTIFICATE

TO: (Original to Commandant (PM)	FROM: (Name and address of treatment facility)	DATE
CO, CGK Base, Seattle, Wn.	MCC, USPHS Hospital, Seattle, Wn.	1-29-63

NAME OF PATIENT	SERVICE NO.	GRADE	COAST GUARD UNIT
REED, Frank O.	342-193	FA	CG Base, Seattle, Wn.

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT EACH CONDITION FROM	TO
Viril URI		1-29-63	1-29-63

THE PATIENT WAS DISCHARGED FROM ☐ INPATIENT ☒ OUTPATIENT TREATMENT AS INDICATED ABOVE, AND ☐ IS ☒ IS NOT FIT FOR DUTY

SIGNATURE OF MEDICAL OFFICER
W. D. LITTLE, MD, USPHS

REMARKS: (Recommendations as to sick leave, further treatment, etc.)

Form CG-2522 (Rev. 3-58)

NOTICE OF MEDICAL TRANSFER

NAME OF PATIENT	SERVICE NO.	GRADE	COAST GUARD UNIT

RECEIVING TREATMENT AT ☐ INPATIENT ☐ OUTPATIENT ☐ OFFICE ☐ HOSPITAL

TRANSFERRED FROM: (Name of treatment facility)

TRANSFERRED TO: (Name of treatment facility)

DATE	SIGNATURE OF MEDICAL OFFICER

Send original of each part of this form to Commandant (PM); copy to patient's Coast Guard unit

PREVIOUS EDITIONS ARE OBSOLETE

NAME REED, Frank Oscar 342-193

NUMBER 7751

CONTENTS DOB: 12-13-41 Cleveland, Ohio

~~USCG BASE INFIRMARY~~
~~ALAMEDA, CALIFORNIA~~

BENEFICIARY — AS / BEC / CG / CG DEP / PHS / PHS DEP / FS / IM-N / OTH

☐ WHEEL CHAIR (MAY STAND)
☐ STRETCHER (MAY SIT UP)
☐ AMBULATORY

WARD NO.	FIRST NAME	MIDDLE NAME	LAST NAME
OPD		Frank Oscar	REED

AGE	SEX	RACE	BENEFICIARY CLASSIFICATION	FILM NO.
19	Male	Cauc	USCG BASE ALAMEDA, CALIF.	22251

REQUESTED BY	REQUEST DATE	REPORT MADE BY	REPORT DATE	REGISTER NO.
PRET.	2-10-61		2/13	342-193

REMARKS : (INCLUDE LOCATION OF LESION AND ANY UNUSUAL ROENTGENOGRAPHIC PROCEDURES INDICATED.)

DOB: 12-13-41 Cleveland, Ohio

G47498X

RECOMMENDATIONS

1 ☐ REPEAT PHOTOFLUOROGRAM
2 ☐ FLUOROSCOPY
3 ☐ ROENTGENOGRAM

INTERPRETATION

1 ☐ MEDIASTINAL
2 ☐ CARDIAC
3 ☐ OTHER THORACIC
4 ☐ TUBERCULOSIS SUSPECTED
5 ☐ OTHER PULMONARY
6 ☑ NO SIGNIFICANT ABNORMALITY

POSSIBLE OPEN TUBERCULOSIS ☐

AGE				RACE			SEX	RECOMMEND.			INTERPRETATION						POSITIVE					
1	2	4	7	W	N	O	F	1	2	3	1	2	3	4	5	6		1	2	4	7	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

PHS 1439 (HD)
REV. 10-50
PHOTOFLUOROGRAPHIC REPORT

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

FILE MEDIN 6

PE-PR-7

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
REED, FRANK OSCAR	SR USCG	342-193
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
27142 COOK ROAD, OLMSTED FALLS, OHIO	Enlistment in the USCG	1/24/61

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
MALE	CAUCASIAN	00	00	TREASURY - USCG	RS, CLEVELAND, OHIO

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
12/13/41	Cleveland, Ohio	FATHER: FRANK A. REED, Same address as item #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS(OPC), CLEVELAND, OHIO	RELIGION - PROTESTANT

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
N.E.		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements. nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Insp: 34½" Exp: 32½"

Waist: 30"

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 × 8).—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X		O		O	O	O	O	O	O	O	O		O	O	X	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
		O	X	O	O				O			O	O	X	X	O	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

N.S.A.

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.024			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC	USPHS OPC Cleveland, Ohio	Kline: Non-reactive
NEG.	NEG.	N.I.	24 JAN 61, #10244 N.S.A.	

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
N.I.	"A" NEG.	Hematocrit: 41%

16—02288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
68"	135	Brown	Blue	☒ / ☐ / ☐ / ☐	98.2°

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 120 / DIAS. 68	RECUMBENT	SYS. / DIAS.	STANDING (3 min.)	SYS. 120 / DIAS. 70	

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
64	96	80	-	68

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
RIGHT LEFT	Normal PIC Plates	UNCORRECTED / CORRECTED				

70. HEARING

RIGHT WV 15 /15 SV 15 /15

LEFT WV 15 /15 SV 15 /15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT								
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS ☐ ~~IS NOT~~ XXX QUALIFIED FOR Enlistment in USCG

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
J. F. RALSTON, A.A.S., USPHS	J. F. Ralston
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE
J. H. HOLT, DENTAL SURGEON, USPHS	J. H. Holt
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / NUMBER OF ATTACHED SHEETS
	-0-

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 89
(Rev. Aug. 1950)
BUREAU OF THE BUDGET
CIRCULAR A-32

REPORT OF MEDICAL HISTORY

89-103

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
REED, FRANK OSCAR	SR USCG	342-193
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
27142 COOK ROAD, OLMSTED FALLS, OHIO	Enlistment in the USCG	1/24/61

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Caucasian	00	00	TREASURY USCG	RS, CLEVELAND, OHIO

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
12/13/41	CLEVELAND, OHIO	FATHER: FRANK A. REED Same address as item #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS(OPC), CLEVELAND, OHIO	RELIGION - PROTESTANT

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (*Follow by description of past history, if complaint exists*)

"GOOD"

18. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH
FATHER	51	GOOD		
MOTHER	49	GOOD		
SPOUSE				
BROTHERS AND SISTERS	16	GOOD		
	14	GOOD		
	13	GOOD		
CHILDREN				

19. HAS ANY BLOOD RELATION (*Parent, brother, sister, other*) OR HUSBAND OR WIFE:

YES	NO	(*Check each item*)	RELATION(S)
	X	HAD TUBERCULOSIS	
	X	HAD SYPHILIS	
	X	HAD DIABETES	
	X	HAD CANCER	
	X	HAD KIDNEY TROUBLE	
	X	HAD HEART TROUBLE	
	X	HAD STOMACH TROUBLE	
	X	HAD RHEUMATISM (*Arthritis*)	
	X	HAD ASTHMA, HAY FEVER, HIVES	
	X	HAD EPILEPSY (*Fits*)	
	X	COMMITTED SUICIDE	
	X	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (*Place check at left of each item*)

YES	NO	(*Check each item*)	YES	NO	(*Check each item*)	YES	NO	(*Check each item*)	YES	NO	(*Check each item*)
	X	SCARLET FEVER, ERYSIPELAS		X	GOITER		X	TUMOR, GROWTH, CYST, CANCER		X	"TRICK" OR LOCKED KNEE
	X	DIPHTHERIA		X	TUBERCULOSIS		X	RUPTURE	X		FOOT TROUBLE
	X	RHEUMATIC FEVER		X	SOAKING SWEATS (*Night sweats*)		X	APPENDICITIS		X	NEURITIS
	X	SWOLLEN OR PAINFUL JOINTS		X	ASTHMA		X	PILES OR RECTAL DISEASE		X	PARALYSIS (*Inc. infantile*)
X		MUMPS		X	SHORTNESS OF BREATH		X	FREQUENT OR PAINFUL URINATION		X	EPILEPSY OR FITS
X		WHOOPING COUGH		X	PAIN OR PRESSURE IN CHEST		X	KIDNEY STONE OR BLOOD IN URINE		X	CAR, TRAIN, SEA, OR AIR SICKNESS
	X	FREQUENT OR SEVERE HEADACHE		X	CHRONIC COUGH		X	SUGAR OR ALBUMIN IN URINE		X	FREQUENT TROUBLE SLEEPING
	X	DIZZINESS OR FAINTING SPELLS		X	PALPITATION OR POUNDING HEART		X	BOILS		X	FREQUENT OR TERRIFYING NIGHTMARES
	X	EYE TROUBLE		X	HIGH OR LOW BLOOD PRESSURE		X	VENEREAL DISEASE		X	DEPRESSION OR EXCESSIVE WORRY
	X	EAR, NOSE OR THROAT TROUBLE		X	CRAMPS IN YOUR LEGS		X	RECENT GAIN OR LOSS OF WEIGHT		X	LOSS OF MEMORY OR AMNESIA
	X	RUNNING EARS		X	FREQUENT INDIGESTION		X	ARTHRITIS OR RHEUMATISM		X	BED WETTING
	X	CHRONIC OR FREQUENT COLDS		X	STOMACH, LIVER OR INTESTINAL TROUBLE		X	BONE, JOINT, OR OTHER DEFORMITY		X	NERVOUS TROUBLE OF ANY SORT
	X	SEVERE TOOTH OR GUM TROUBLE		X	GALL BLADDER TROUBLE OR GALL STONES		X	LAMENESS		X	ANY DRUG OR NARCOTIC HABIT
X		SINUSITIS		X	JAUNDICE		X	LOSS OF ARM, LEG, FINGER, OR TOE		X	EXCESSIVE DRINKING HABIT
	X	HAY FEVER		X	ANY REACTION TO SERUM, DRUG OR MEDICINE		X	PAINFUL OR "TRICK" SHOULDER OR ELBOW		X	HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (*Check each item*)

	X	WORN GLASSES		X	ATTEMPTED SUICIDE
	X	WORN AN ARTIFICIAL EYE		X	BEEN A SLEEP WALKER
	X	WORN HEARING AIDS		X	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
	X	STUTTERED OR STAMMERED		X	COUGHED UP BLOOD
	X	WORN A BRACE OR BACK SUPPORT		X	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER—

	BEEN PREGNANT
	HAD A VAGINAL DISCHARGE
	BEEN TREATED FOR A FEMALE DISORDER
	HAD PAINFUL MENSTRUATION
	HAD IRREGULAR MENSTRUATION

B. COMPLETE THE FOLLOWING:

AGE AT ONSET OF MENSTRUATION
INTERVAL BETWEEN PERIODS
DURATION OF PERIODS
DATE OF LAST PERIOD
QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?	24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS?	25. WHAT IS YOUR USUAL OCCUPATION?	26. ARE YOU (*Check one*)
Two	MONTHS Five	Sign Painter	☒ RIGHT HANDED ☐ LEFT HANDED

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	X	B. INABILITY TO PERFORM CERTAIN MOTIONS
	X	C. INABILITY TO ASSUME CERTAIN POSITIONS
	X	D. OTHER MEDICAL REASONS (*If yes, give reasons*)
	X	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	X	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (*If yes, give details*)
	X	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (*If yes, state reason and give details*)
	X	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (*If yes, state reason and give details*)
	X	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (*If yes, describe and give age at which occurred*)
	X	33. HAVE YOU EVER BEEN A PATIENT (*committed or voluntary*) IN A MENTAL HOSPITAL OR SANATORIUM? (*If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic*)
	X	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (*If yes, specify when, where, and give details*)
	X	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (*If yes, give complete address of doctor, hospital, clinic, and details*)
	X	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (*If yes, which illnesses*)
	X	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date and reason for rejection*)
	X	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability*)
	X	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (*If yes, specify what kind, granted by whom, and what amount, when, why*)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Frank Oscar Reed	X Frank Oscar Reed

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (*Physician shall comment on all positive answers in items 20 thru 39*)

Chipped left ankle bone 2 yrs. ago, no complication.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
J. F. RALSTON, A.A.S., USPHS	24 JAN 61	J F Ralston	-0-

U.S. GOVERNMENT PRINTING OFFICE : 1959—O-527655

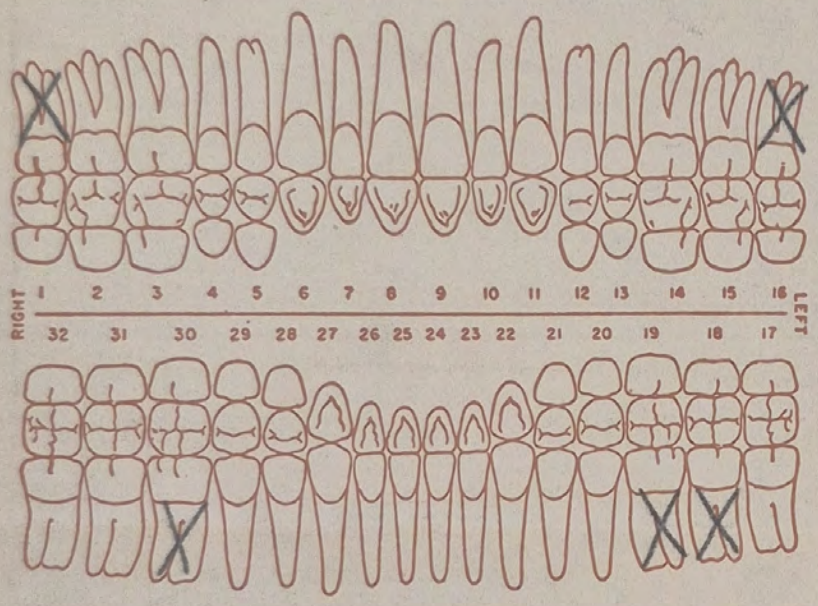
Standard Form 603
Rev. November 1953
Promulgated
By Bureau of the Budget
Circular A—32 (Rev.)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION						2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION					
X	INITIAL		SEPARATION		OTHER (*Specify*)		1	X 2	3		1	2	3	4	5

4. MISSING TEETH AND EXISTING RESTORATIONS

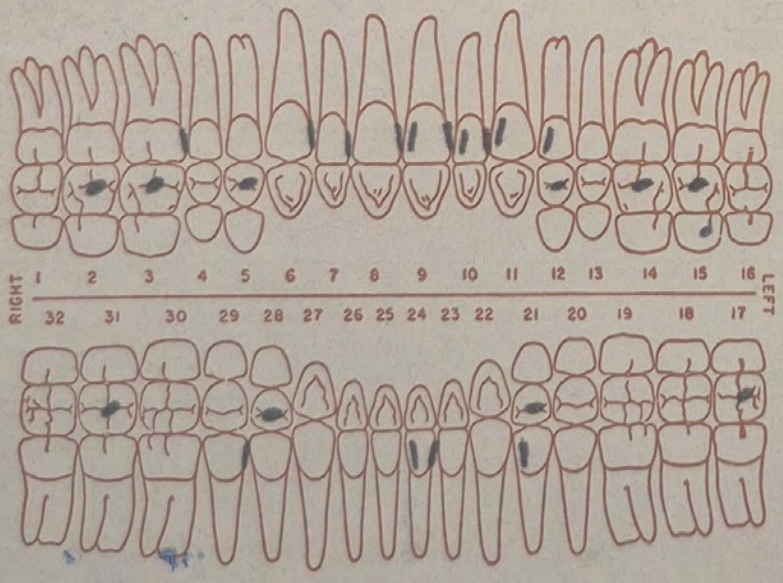


REMARKS

PLACE OF EXAMINATION	DATE
	2-10-61

SIGNATURE OF DENTIST COMPLETING THIS SECTION
R. W. Patton

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

	SLIGHT		MODERATE		HEAVY

B. PERIODONTOCLASIA

	LOCAL		GENERAL

	INCIPIENT		MODERATE		SEVERE

C. STOMATITIS (*Specify*)

	GINGIVITIS		VINCENT'S

D. DENTURES NEEDED
(*Include dentures needed after indicated extractions*)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL		POSTERIOR BITE-WINGS		OTHER (*Specify*)

FILED
DF-85

DATE	PLACE OF EXAMINATION
2-10-61	

SIGNATURE OF DENTIST COMPLETING THIS SECTION
R. W. Patton

SECTION II. PATIENT DATA

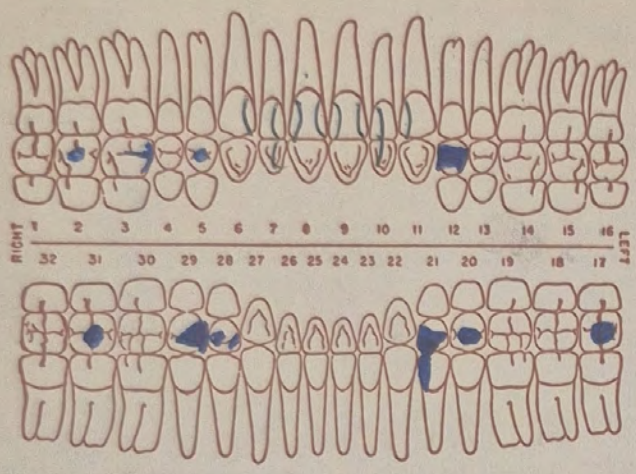
6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
MALE	C U	SR	RECEN	USCG	TREASURY

12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	13. DATE OF BIRTH (DAY-MONTH-YEAR)	14. IDENTIFICATION NO.
REED, Frank Oscar	13 Dec,,1941	342-193

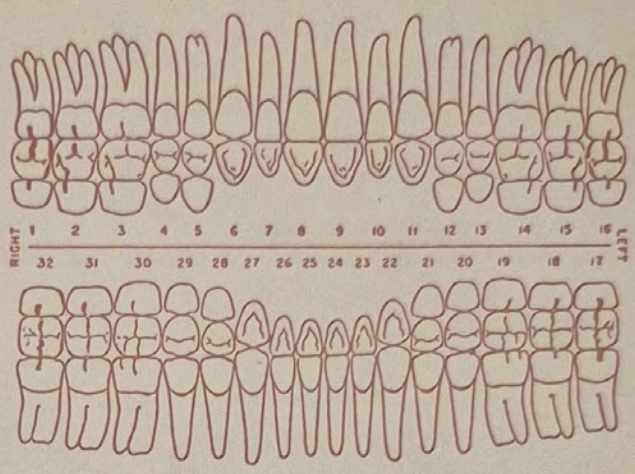
1956—O-408963

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (*Completed during service*)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
3-17-61	2-Ames-O-Amal-13-Am	II		
3-17-61	3-Ames-MOD-Amal-13-Am	II	C. Venema, Alameda	JWS
3-17-61	5-Ames-O-			
4-20-61	#12-Ames-MOD-Amal-13-Am			
4-20-61	#17-O-#20-O-#21-MFO-Am	II	R.W. Bolton, Alameda	DEA
4-28-61	#31-O-#29-MO-#28-OO-Am	II	R.W. Bolton, Alameda	DEA
5-4-61	#6-Ames-MF-Ca(OH)2-B-Sil #7-MFL-Ca(OH)2-B-Sil			
	#8-MF-D-Ca(OH)2-B-Sil #9-MF-D-Ca(OH)2-B-Sil			
	#10-MF-L-Ca(OH)2-B-Sil #11-MF-L-Ca(OH)2-B-Sil			
		II	R.W. Bolton, Alameda	

REED, Frank Oscar I-33

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

☆ U. S. GOVERNMENT PRINTING OFFICE: 1956—O-408963

FINAL MEDICAL CERTIFICATE

Form CG-2522 (Rev. 3-58)

TO: (Original to Commandant (PM)) Commanding Officer, Coast Guard Base, General Delivery, Galveston, Texas

FROM: (Name and address of medical officer) MEDICAL OFFICER IN CHARGE, USPHS HOSPITAL, GALVESTON, TEXAS

DATE: 12-12-61

NAME OF PATIENT	SERVICE NO.	GRADE	COAST GUARD UNIT
REED, Frank Oscar	382-193	FA	CG BASE, GALV.TEX

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT EACH CONDITION FROM	TO
ACUTE PHARYNGITIS	472	12-5-61	12-12-61

FILE MEDIV

THE PATIENT WAS DISCHARGED FROM ☒ INPATIENT ☐ OUTPATIENT

TREATMENT AS INDICATED ABOVE. AND ☒ IS ☐ IS NOT FIT FOR DUTY

SIGNATURE OF MEDICAL OFFICER: /S/ R. W. HASKELL, SURG, USPHS
/C. [illegible], USCG, REP

REMARKS: (Recommendations as to sick leave, further treatment, etc.)
ADMITTED INPATIENT @ 2115, 12-7-61

UNITED STATES COAST GUARD

PE-3
MM
Ser D

ADDRESS REPLY TO:
COMMANDANT
U.S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D.C.

From: Commandant
To:
Via:

Subj: Forwarding of Statement of Service

1. A copy of statement of service covering subject man's military service prior to entry into the Coast Guard is forwarded herewith for use in preparation of Individual Order to Adjust Pay Record (Form CG-3312)

Encl: (1) Copy of statement of
service dated

23699 Trans CGHQ, Wash D.C.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2522 (Rev. 3-58)

APPLICATION FOR MEDICAL TREATMENT FOR PERSONNEL OF THE U. S. COAST GUARD

(Read instructions on reverse)

TO: (Name and address of treatment facility)
MEDICAL OFFICER IN CHARGE
USPHS HOSPITAL
GALVESTON, TEXAS

FROM: (Coast Guard unit)
Commanding Officer
Coast Guard Base
General Delivery
Galveston, Texas

DATE: 12-5-61

NAME OF INDIVIDUAL TO BE TREATED	SERVICE NO.	GRADE	COAST GUARD UNIT
REED, Frank Oscar	342-193	FA	CG BASE, GALV.TEX

SIGNATURE, GRADE & TITLE OF REQUESTING OFFICER
G. H. MASS HM1-P1, USCG, REP

RETURN MEDICAL CERTIFICATE

TO: (Original to Commandant (PM), thru channels)
Commanding Officer
Coast Guard Base
General Delivery
Galveston, Texas

FROM: (Name and address of treatment facility)
MEDICAL OFFICER IN CHARGE
USPHS HOSPITAL
GALVESTON, TEXAS

DATE: 12-5-61

DIAGNOSIS: (Give diagnosis by number according to official nomenclature)
472. ACUTE PHARYNGITIS

FILE MEDV

INCIDENT OF SERVICE	FIT FOR DUTY	DAYS ABSENCE FROM DUTY REQUIRED FOR TREATMENT	ADMITTED TO:
[X] YES [ ] NO	[X] YES [ ] NO	0	[ ] INPATIENT [X] OUTPATIENT

DATE ADMITTED TO TREATMENT

TREATMENT AT [ ] OFFICE [X] HOSPITAL

SIGNATURE OF MEDICAL OFFICER /S/W. L. STERTZ, SURG, USPHS
/GI H. MASS HM1-R1, USCG, REP

GENERAL SERVICES ADMINISTRATION

NATIONAL PERSONNEL RECORDS CENTER

(Military Personnel Records)

FINDING AID REPORT

DATE MAR 15 1968

ACT. CODE / FILE IDENT.	SERVICE NUMBER	NAME	SERVICE CODE	REGISTER NUMBER	SERVICE CODE	REGISTER NUMBER
T / 4	342193	REED FRANK O	CG	0 948 203		0 000 000
4	342193	RUTH LENARD A		0 000 000	NM	2 932 739

R6-984 JUNE 1967

EARTHQUAKE - Alaska - C A S U A L T I E S

2-7-4 Nif

Reed, Frank O (342-193) EN3 - Cape St. Elias LtSta
NOK: Fred A. Reed 27142 Cook Road Olmsted Falls, Ohio - notified CCGD9

N.J.

FILED
PE-8

FILE

3-13

Discharge
1964

948203

COAST GUARD

114953 REED FRANK O. FNEN COAST GUARD

61

342 - 1B0k

Disch. 1964

948203

X		REED FRANK O	CG			
	342193	REED FRANK O	CG	0 948 203	0 000 000	

Y 114953

114953 MATONE JAMES A 0 000 000 NM 2 334 146

File

3-11

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
17TH COAST GUARD DISTRICT
P.O. BOX 2631
JUNEAU, ALASKA

P
5360
15 April 1964

From: Commander Seventeenth Coast Guard District
To: Commandant (PE-3)

Subj: REED, Frank O. (342-193) EN3, USCG (deceased)

1. Enclosed is a certified copy of the certificate of death on subject man.

2. Four certified copies of the certificate of death have been forwarded to the next of kin, Mr. Fred A. Reed.

D. F. BRADTKE
By direction

Encl: (1) Copy of certificate of death

1964 APR 21 10 37
ENLISTED PERSONNEL
DIVISION

FILED
PE-87

p
5360
15 April 1964

From: Commander Seventeenth Coast Guard District
To: Commandant (PE-3)

Subj: REED, Frank O. (342-193) EN3, USCG (deceased)

1. Enclosed is a certified copy of the certificate of death on subject man.

2. Four certified copies of the certificate of death have been forwarded to the next of kin, Mr. Fred A. Reed.

D. F. BRADTKE
By direction

Encl: (1) Copy of certificate of death

Here

File

U. S. COAST GUARD
WASHINGTON 25, D. C,

Filed 3/13/64
mym

REPORT OF CASUALTY	REPORT NUMBER AND TYPE FINAL	DATE PREPARED 8 April 1964

1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization)

REED, Frank Oscar (342-193) EN3, USCG

2. CASUALTY STATUS ☐ BATTLE ☒ NON-BATTLE

Died: 27 March 1964
Place: Alaska
Cause: Drowning as the result of tidal wave

3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE

13 December 1941 - Cleveland, Ohio - Caucasian - Protestant

4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME

7 February 1961 - Cleveland, Ohio - 27142 Cook Rd., Olmsted Falls, Cuyahoga, Ohio

5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY

284-36-6571 - E-4, over 3 yrs. of service $190 per mo.(PL88-132)

CHECK IF APPLICABLE ☐ CREW ☐ NON-CREW

6. DUTY STATUS

Active Duty

7. INTERESTED PERSONS (Name, Address, Relationship)

Fred Andress Reed (father) 27142 Cook Road, Olmsted Falls, Ohio (1) (2) (3)

8. REPORT FOR VA TO FOLLOW ☐ YES ☒ NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

Commander, CG District Seventeenth, Juneau, Alaska - 30 Mar. 1964

10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services)

33-31-41-813 - #31, Cleveland, Cuyahoga, Ohio

11. PRIOR SERVICE DATA ☐ YES ☒ NO

12. REMARKS

Pay and Allowances discontinued on date of death

No Allotments in effect for dependents

FOOTNOTES:

[1] Adult next of kin.
[2] Beneficiary for gratuity pay in event there is no surviving wife or child - as designated on record of emergency data.
[3] Beneficiary for unpaid pay and allowances - as designated on record of emergency data.

13. DISTRIBUTION

VA
SELECTIVE SERVICE

14. SIGNATURE (By direction of the Commandant)

M. J. MAYER
Chief, Survivors Benefits Branch

DD FORM 1 MAR 60 1300

rat

U. S. COAST GUARD
WASHINGTON 25, D. C,

REPORT OF CASUALTY	REPORT NUMBER AND TYPE: INTERM	DATE PREPARED: 2 April 1964

1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization)

REED, Frank Oscar (342-193) EN3, USCG

2. CASUALTY STATUS ☐ BATTLE ☒ NON-BATTLE

Died: 27 March 1964

Place: Alaska

Cause: Drowning as the result of tidal wave

3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE

13 December 1941 - Cleveland, Ohio, Caucasian - Protestant

4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME

7 February 1961 - Cleveland, Ohio - 27142 Cook Road, Olmstead Falls, Cuyahoga, Ohio

5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY — CHECK IF APPLICABLE ☐ CREW ☐ NON-CREW

Pay grade, rate of pay and years of service will be
284-36-6571 - forwarded at a later date

6. DUTY STATUS

Active Duty

7. INTERESTED PERSONS (Name, Address, Relationship)

Fred Andress Reed (father) 27142 Cook Road, Olmstead Falls, Ohio (1) (2) (3)

8. REPORT FOR VA TO FOLLOW ☒ YES ☐ NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

Commander, CG District Seventeenth, Juneau, Alaska - 30 Mar. 1964

10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services)

33-31-41-813 - #31, Cleveland, Cuyahoga, Ohio

11. PRIOR SERVICE DATA ☐ YES ☒ NO

12. REMARKS

Pay and Allowances discontinued on date of death

No Allotments in effect for dependents

FOOTNOTES:

[1] Adult next of kin.
[2] Beneficiary for gratuity pay in event there is no surviving wife or child - as designated on record of emergency data.
[3] Beneficiary for unpaid pay and allowances - as designated on record of emergency data.

13. DISTRIBUTION

VA
SELECTIVE SERVICE

14. SIGNATURE (By direction of the Commandant)

M. J. MAYER
Chief, Survivors Benefits Branch

DD FORM 1 MAR 60 1300

not DD

TREAS. DEPT., U.S.C.G., CG-3584 (Rev. 8-62) CLEARANCE SHEET

File 3-13

342-193

7 April 1964

APR 9 2 53 PM '64

My dear Mr. Reed:

I have learned of the untimely death of your son, Frank Oscar Reed, Engineman, third class, United States Coast Guard. Please permit me to express my sympathy to you and your family in your great loss.

There is little I can say to minimize your distress. I trust that the knowledge of the high regard in which he was held by all who knew him will comfort you at this time. He shall always be remembered for the honorable service he gave to his country.

Sincerely yours,

E. J. ROLAND
Admiral, U. S. Coast Guard
Commandant

Mr. Fred Andress Reed
27142 Cook Road
Olmsted Falls, Ohio

Date of Death: 27 March 1964
RATHARP:rat 7 April 1964

OFFICE OR DIVISION	PS	CA	C									
INITIALS OF RESPONSIBLE OFFICERS	B											
INTRA-OFFICE OR DIVISION INITIALS	MJM		H									

PREVIOUS EDITIONS MAY BE USED

GPO 9

rat mw

HPM

SECURITY CLASSIFICATION -

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2655 (Rev. 11-61)

U. S. COAST GUARD - OFFICIAL MESSAGE

UNIT: CGHQ

DATE: 4 APR 64

040310Z

3-13
FILE
PE-1
EKS

FM COMDT COGARD

TO CCGD SEVENTEEN

BT

UNCLAS

PE TO P

REED, FRANK O. 342-193 EN3 DECEASED

A. YOUR Ø32257Z

1. FOL INFO FURNISHED AS REQUESTED.

A. 13 DEC 1941

B. CLEVELAND, OHIO

C. FRED ANDRESS REED

D. ELSIE LUCILLE O'DIER

BT

1964 APR 6 07 37
ENLISTED PERSONNEL DIVISION

CC: PE, PS, OOD

PRIORITY

ACTION COPY

DATE - TIME GROUP	PRECEDENCE	ACTION
040310Z		INFO PRIORITY

DRAFTED BY:	RELEASED BY:
PER LTJG AHRENS	LT.J.G. WILCOX, DUTY OFFICER

SECURITY CLASSIFICATION -

REPLACES CG-2654 (REV. 1-52) AND CG-2655 (REV. 10-51)
BOTH OF WHICH MAY BE USED UNTIL STOCKS ARE EXHAUSTED.

10—20710-8 U.S. GOVERNMENT PRINTING OFFICE

0031

3-11

NNN JDA220GCD767
PP RUEC JD
DE RUKAH 085 03/2257Z
ZNR
P 032257Z 3 APR 64 23:19 Z
FM CCGDSEVENTEEN
TO RUEC JD/COMDT COGARD
BT
UNCLAS
P TO PE
REED, FRANK O. 342 193 EN3 DECEASED
1. SERVICE RECORD ON SUBJECT MAN FWD COMDT 31 MAR 64.
2. FOL INFO REQUIRED IN ORDER TO COMPLETE DEATH CERTIFICATE BY 5 APR.
A. DATE OF BIRTH
B. BIRTHPLACE
C. NAME OF FATHER
D. MAIDEN NAME OF MOTHER
BT

RC

ACTION: PE
INFO: PS
OOD

(3)

1964 APR 6 07 37
PERSONNEL DIVISION

PRIORITY

ACTION COPY

NNNN JDA220GCD767
PP RUECJD
DE RUKAH 085 03/2257Z
ZNR
P 032257Z 3 APR 64 23:19 Z
FM CCGDSEVENTEEN
TO RUECJD/COMDT COGARD
BT
UNCLAS
P TO PE
REED, FRANK O. 342 193 EN3 DECEASED
1. SERVICE RECORD ON SUBJECT MAN FWD COMDT 31 MAR 64.
2. FOL INFO REQUIRED IN ORDER TO COMPLETE DEATH CERTIFICATE BY 5 APR.
A. DATE OF BIRTH
B. BIRTHPLACE
C. NAME OF FATHER
D. MAIDEN NAME OF MOTHER
BT
RC

ACTION: PE
INFO: PS
OOD

1964 APR 6 07 37
ENLISTED PERSONNEL DIVISION

PRIORITY

File - 3 - 13

PS-1
1770
342-193
3 April 1964

Mr. Fred A. Reed
27142 Cook Road
Olmstead Falls, Ohio

My dear Mr. Reed:

Information has been received at Coast Guard Headquarters of the death of your son, Frank Oscar Reed, Engineman, third class, United States Coast Guard. Because of your bereavement I realize that consideration of money matters at this time is difficult for you. However, your Government realizes that in many instances death of a serviceman leaves the man's family in need of funds. It is in fulfillment of this obligation that the following is written.

There is paid to the designated beneficiary of a deceased member of the Coast Guard a sum equivalent to six months' pay in the form of a gratuity. Your son designated you as the beneficiary to receive this gratuity. Forms No. DD-397, "Claim Certification and Voucher for Death Gratuity Payments", are enclosed to aid you in making application for this gratuity. These forms are to be completed in the presence of two witnesses. The original and two copies of the claim should be returned to Commandant (PS-1).

Your son also designated you to receive the final pay due at his death. Forms No. SF-1174, "Claim of Designated Beneficiary for Unpaid Pay and Allowances of Deceased Member of the Uniformed Services" are enclosed to aid you in making claim for the final pay due. These forms are to be completed in the presence of two witnesses. The original and two copies of the claim together with a copy of this letter should be returned to Commandant (PS-1).

Veterans Administration Form No. 21-535, "Application for Dependency and Indemnity Compensation by Parent(s)", is enclosed to aid you in making application for the Veterans Administration death benefits that may be available to you. It is requested that a certified copy of your son's birth certificate be forwarded to substantiate your application for the Veterans Administration death benefits.

DD Form No. 1330, "Application for Headstone or Marker", should be completed and forwarded to: Chief of Support Services, Headquarters, Department of the Army, Attention: Memorial Division, Washington 25, D. C.

FILED
PE-87

mat cm

If you have any uncashed pay checks in your possession these should be returned to Coast Guard Headquarters with the completed Forms SF-1174 for inclusion with the claim for the final pay due. Any other uncashed Government checks should be returned to the issuing agency.

When the enclosed forms have been completed, return them to Commandant (PS-1) in the enclosed pre-addressed envelope which requires no postage.

Sincerely yours,

A. C. WAGNER
Captain, U. S. Coast Guard
Chief, Personnel Services Division
By direction of the Commandant

Encl: (1) Form No. DD-397
(2) Form No. SF-1174
(3) Form No. VA-21-535
(4) Envelope
(5) Form No. DD-1330

Copy to Commander, Ninth Coast Guard District (p)

RATharp/rat 2 April 1964

8-13
FILE
PE-2

PE-2
1326
3 April 1964

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

Subj: REED, Frank O. (342-193) EN3, USCG; orders, transfer, travel; cancellation of

Ref: (a) HQ ETO No. 28-64, TONO: 57432/99203064X
(b) Your RDL of 30 March 1964

1. In view of the information contained in reference (b), cancel reference (a) which directed REED's transfer to the Commander, Ninth Coast Guard District for further assignment to duty.

J. NATWIG
By direction

Copy to:
CCGDNINE(p)

1964 APR 3 14 19
ENLISTED PERSONNEL
DIVISION

PE-8 PE-81

MCCANN:JC:JMS

COAST GUARD

RAPIDRAFT LETTER

...or routine correspondence not ... review, or comment by officers in ... command. Send original and blue copy ...dressee. Retain yellow copy for file.

ADDRESSEE - Reply hereon, returning original to originator. Retain blue copy for file.

PREPARE E... OR TYPEV...
(Do not use for matt... Confidential or h...

(One box must be checked)

- ☐ REGULAR MAIL ☒ A...
- ☐ CERTIFIED MAIL
- ☐ SPECIAL DELIVERY
- ☐ REGISTERED MAIL

Commandant (PE)
USCG Headquarters
1300 "E" Street, NW
Washington 25, D. C.

(2)

STAFF SYMBOL AND FILE NO.
P
1326

(Fold)

DATE
30 March 1964

NOTE - Send in window envelope (size 8⅞" x 3⅞").

Subj: REED, Frank O. (342-193) EN3

Inasmuch as subject man has been declared missing as a result of the recent earthquake in this area it is requested TONO 57432 of ETO 28-64 which directs his transfer to CCGD9 be cancelled.

D. F. BRADTKE
By direction

Copy to:
CCGD NINE (p)

Reply (if required)

Jane
Duncan

DIVISION
...PERSONNEL

...S 12 00

Commander
17th CG District (p)
P. O. Box 2631
Juneau, Alaska

SENDER'S MAILING ADDRESS

Reply hereon and return in window envelope (size 8⅞" x 3⅞").

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3883 (4-59)

U. S. COAST GUARD

RAPIDRAFT LETTER

PREPARE BY HAND OR TYPEWRITER

(Do not use for matters classified Confidential or higher)

ORIGINATOR - Use for routine correspondence not requiring action, review, or comment by officers in the chain of command. Send original and blue copy to addressee. Retain yellow copy for file.

ADDRESSEE - Reply hereon, returning original to originator. Retain blue copy for file.

(One box must be checked)

- ☐ REGULAR MAIL
- ☒ AIR MAIL
- ☐ CERTIFIED MAIL
- ☐ SPECIAL DELIVERY
- ☐ REGISTERED MAIL

Commandant (PE)
USCG Headquarters
1300 "E" Street, NW
Washington 25, D. C.

(2)

STAFF SYMBOL AND FILE NO.
p
1326

DATE
30 March 1964

NOTE - Send in window envelope (size 8⅞" x 3⅞").

(Fold)

Subj: REED, Frank O. (342-193) EN3

Inasmuch as subject man has been declared missing as a result of the recent earthquake in this area it is requested TONO 57432 of ETO 28-64 which directs his transfer to CCGD9 be cancelled.

D. F. BRADTKE
By direction

Copy to:
CCGD NINE (p)

Reply (if required)

Jane
Daniel

Commander
17th CG District (p)
P. O. Box 2631
Juneau, Alaska

← SENDER'S MAILING ADDRESS

Reply hereon and return in window envelope (size 8⅞" x 3⅞").

File

CCGD NINE COMM CENTER

2 APR '64 20:09 Z

INFO: PS

PE

NNNN JDA153XCD426
PP RUECJD
DE RUEGFP 011 02/1919Z
ZNR
P 021919Z
FM CCGD NINE
TO RUKAH/CCGD SEVENTEEN
RUECJD/COMDT COGARD
BT
UNCLAS
FROM P
REED, FRANK O. (342-193) EN3, DECEASED
A. YOUR 021742Z
1. NOK DESIRES REMAINS TRANSPORTED TO JENKINS FUNERAL CHAPEL, DOVER ROAD, WESTLAKE, OHIO.
2. ADVISE TIME OF ARRIVAL IN CLEVELAND. FUNERAL CHAPEL PERSONEL WILL ASSUME CUSTODY AT AIRPORT.
BT

RS

NNNN

1964 APR 2 15 40

ENLISTED PERSONNEL DIVISION

PRIORITY

NNNN JDA062CCD298
RR RUECJD
DE RUKAH 026 02/0729Z
ZNR
P 020729Z
FM CCGD SEVENTEEN
TO RUEGFP/CCGD NINE
INFO RUECJD/COMDT COGARD
BT
UNCLAS
REED, FRANK O. (342-193) EN3 DECEASED
A. MY 292323Z MAR- drowned in earthquake
B. MY 012031Z
1. BODY OF REED HAS BEEN RECOVERED AT CGLTSTA CAPE ST ELIAS.
MORE INFORMATION TO FOLLOW WHEN AVAILABLE.
BT
JO

2 APR '64 8:22 Z

INFO: PS
PE —

PRIORITY

1964 APR 2 08 55
ENLISTED PERSONNEL
DIVISION

File

1 APR '64 22:34 Z

JDA196CCC531
RR RUECJD
DE RUKAH 063 01/2031Z
ZNR
R 012031Z
FM CCGDSEVENTEEN
TO RUEGFP/CCGDNINE
INFO RUECJD/COMDT COGARD
BT
UNCLAS
P TO P
REED FRANK O 342 193 EN3 DECEASED
A. YOUR 011854Z - family reg details
1. C17CGD AIRMAILED LETTER TO REED FAMILY THIS DATE WITH MOST OF DETAILS DESIRED. FURTHER INFO WILL BE FORWARDED UPON COMPLETION OF INVESTIGATION OF CASUALTY.
BT

RS

INFO: PS
PE

NNNN

1964 APR 2 08 55
ENLISTED PERSONNEL DIVISION

TREASURY DEPARTMENT U. S. COAST GUARD CGHQ-9964 (Rev. 2-62)	REPORT OF DEATH OF PERSONS OTHER THAN THOSE CARRIED AS MISSING

TO: Chief, Payment and Claims Division		DATE 30 March 1964
NAME REED, Frank Oscar	SERVICE NUMBER (342-193)	GRADE OR RATING EN3
DATE OF RECEIPT OF EVIDENCE OF DEATH 30 March 1964	ESTABLISHED DATE OF DEATH 27 March 1964	

Information concerning death of the above-listed person has been received reporting established date of death as herein set forth.

M. J. MAYER

Chief, Survivors Benefits Branch

not Uss

NNNN

USCG
CC[illegible]ITER

29 MAR '64 23:48 Z

YDA001GCC004
RR RUECJD
DE RUKAH 003 29/2323Z
ZNR
R 292323Z
FM CCGD SEVENTEEN
TO RUEGFP/CCGD NINE
INFO RUECJD/COMDT COGARD
BT
UNCLAS
A. MY 280835Z
1. BODY OF REED, FRANK O. (342-193) EN3 HAS NOT BEEN FOUND AS OF THIS TIME. DUE TO LOCATION REED'S DUTY STATION AND TIDAL WAVES SEA CONDITION, SUCCESSFUL EFFORTS IN THIS REGARD DOUBTFUL.
BT

JO

INFO: PS
PE
OOD

1964 MAR 30 09 18
[illegible] PERSONNEL DIVISION

FILED
PE-87

ABSTRACT OF SERVICE—ENLISTED PERSONNEL

1. NAME	2. SERVICE NO.	3. RATE (Pencil)	4. DATE RPTD. DIST. (Pencil)
REED, Frank O.	342-193	FN	2-7-61

5. EFFECTIVE DATE DATE REPORTED	6. UNIT	7. DATE DEPARTED	8. SERVICE YRS.	MOS.	DAYS	REMARKS	10. CARD NO.
2-7-61	RS, Cleveland, Ohio		0	0	0	ORIGENL 4 Yrs NPMS	
	RS, Cleveland, Ohio	2-7-61	0	0	0	Tr to CO, CGRECEN, Alameda, Calif. for Rec Tng	
2-7-61	USCG BASE (RECEN) ALAMEDA, CALIF.	5-5-61	00	02	29	BASIC TRAINING CR fm SR to FA	
5-19-61	CCGD8 (ADMIN)	5-24-61				TR	
5-25-61	BASE GALVESTON						
	" "	11-17-62				TR TO CCGD17 FFA	
12-21-62	CGC Sedge					FASDU	
4-16-63	"					CR TO EN	
11-1-63	"					CR TO FNEN	
	"					CR to EN3 2-16-64	
	"	2-15-64				TR to St. Elias	
2-15-64	1/S St. Elias					FASdU	
	"	3-28-64				DROWNed this date	

J109
6-20-64

CG-2996 (Rev. 7-52)

1. NAME	2. SERVICE NO.	3. RATE (Pencil)	4. DATE RPTD. DIST. (Pencil)
REED, Frank O.	342-193	EN3	12-21-62

16—67555-1

ENLISTED PERSONNEL DATA CARD REPORTS CONTROL SYMBOL FSS-6069

CG-3291 (Rev. 3-59) PREVIOUS EDITIONS MAY BE USED

1. NAME LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
REED,	Frank	O.	342-193	FA	RS, Cleve, Ohio

5. DATE ENLISTED	6. TERM ENL/EXT	7. DATE EXP. ENL/EXT.	8. ACTIVE DUTY DATE	9. TERM REQ. ACT. DUTY	10. PROJECTED RELEASE DATE	11. DATE PREPARED
2-7-61	4 Yrs	2-6-65	-	-	-	2-7-61

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RESIDENCE
12-13-41	Cau	None	-	Olmsted Falls, Ohio	-	Ohio

19. CIVILIAN EDUCATION	20. LANGUAGE QUALIFICATIONS	21. CIVILIAN OCCUPATION	22. SPECIAL SKILLS, LICENSES, ETC.
HS3	None	Commerical Artist	Those of trade

23. TEST SCORES	FORM NUMBER	GCT	ARI	MECH	CLER	ETST	RCT	SPMT
AFQT 5B 79%	SCORE	66	50	56	49			

24. EXPERIENCE (Months)

	ASHORE	AFLOAT
WITHIN CONUS:		
OUTSIDE CONUS:		

CODING SPACE

A.

B.

C.

D.

E.

F.

G.

25. SERVICE PRIOR TO THIS ENLISTMENT

a. BRANCH:

b. ACTIVE SERVICE YRS. | MOS. | DAYS

c. OTHER SERVICE YRS. | MOS. | DAYS

d. TOTAL NET SERVICE FOR PAY YRS. | MOS. | DAYS

26. SERVICE FOR BASIC PAY

COMP. 3 YRS. ON 2-6-64

27. SERVICE FOR RETIREMENT WILL COMPLETE 30 YEARS

ON

28. OFF DUTY STUDY (CGI, USAFI courses, etc.)

None

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
FA	PERM	5-5-61
FN		4-16-63
FNEN		11-1-63
EN3		2-16-64

29. SERVICE AND CIVILIAN SCHOOLS COMPLETED UNDER ORDERS

None

31. REMARKS

31a. SSAN 284-36-6571

USIO

6-20-64

32. RPTD DIST. 12-21-62

33. RPTD UNIT 12-15-64

1. NAME LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
REED,	Frank	O.	342-193	EN3	St. Elmo

File

Noted 4/2/64 mgn

28 MAR '64 9:05 Z

JDA068GCD221
PP RUECJD
DE RUWSKJ 036 28/0856Z
ZNR
P 280835Z
FM CCGDSEVENTEEN
TO RUECJD/COMDT COGARD
INFO RUEGFP/CCGDNINE
BT
UNCLAS
CASUALTY REPORT.
A. 11-A-1, PERS MAN.
1. THE FOL INFO FURNISHED IAW REF A.
   A. REED, FRANK O.
   B. 342-193 EN3.
   C. ON DUTY AT CAPE ST ELIAS LTSTA.
   D. REPORTED DROWNED AND WASHED TO SEA DURING TIDAL WAVE.
   E. NOK FATHER FRED A. REED 27142 COOK ROAD OLMSTED FALLS, OHIO.
   F. NOK NOT NOTIFIED.

ACTION: PS

INFO: FS CL
CPI OOD
PE
PM
FP
E-1
C
P
CCS
O
O-2
O-3

PAGE TWO RUWSKJ 036 UNCLAS
   G. FURTHER REPORT THIS INCIDENT AND ANY FURTHER CASUALTIES RESULTING FROM EARTHQUAKE AND ENSUING TIDAL WAVES.
   H. DESIGNATED BENIFICARY FOR 6 MONTHS DEATH GRATUITY, MR. FRED A REED 27142 COOK ROAD OLMSTED FALLS DATE DESIGNATION 30 AUGUST 1961.
BT

B R

NNNN

1964 MAR 30 09 15
ENLISTED PERSONNEL DIVISION

PRIORITY

C CCG
CC R

2cc

28 MAR '64 9:05 Z

MAR 30 9 30 AM '64

JDA068GCD221
PP RUECJD
DE RUWSKJ 036 28/0856Z
ZNR
P 280835Z
FM CCGDSEVENTEEN
TO RUECJD/COMDT COGARD
INFO RUEGFP/CCGDNINE
BT
UNCLAS
CASUALTY REPORT.
A. 11-A-1, PERS MAN.
1. THE FOL INFO FURNISHED IAW REF A.
A. REED, FRANK O.
B. 342-193 EN3.
C. ON DUTY AT CAPE ST ELIAS LTSTA.
D. REPORTED DROWNED AND WASHED TO SEA DURING TIDAL WAVE.
E. NOK FATHER FRED A. REED 27142 COOK ROAD OLMSTED FALLS, OHIO.
F. NOK NOT NOTIFIED.

Miss Mayer

ACTION: PS

INFO: FS CL
CPI OOD
PE
PM
FP
E-1
C
P
CCS
O
O-2
O-3

PAGE TWO RUWSKJ 036 UNCLAS
G. FURTHER REPORT THIS INCIDENT AND ANY FURTHER CASUALTIES RESULTING FROM EARTHQUAKE AND ENSUING TIDAL WAVES.
H. DESIGNATED BENIFICARY FOR 6 MONTHS DEATH GRATUITY, MR. FRED A REED 27142 COOK ROAD OLMSTED FALLS DATE DESIGNATION 30 AUGUST 1961.
BT

B R

NNNN

RECEIVED
MAR 30 1964
SURVIVORS BENEFITS BRANCH
U. S. COAST GUARD

Certified to be a true copy

M. J. Mayer

M. J. MAYER
Chief, Survivors Benefits Branch

PRIORITY

3-11

COMDT USCG
COMM CENTER

1 APR '64 19 14 I

INFO: PS
PE

NNNN JDA151XCB471
RR RUEC JD
DE RUEGFP 005 01/1854Z
ZNR
R 011854Z
FM CCGD NINE
TO RUKAH/CCGD SEVENTEEN
INFO RUEC JD/COMBT COGARD
BT
UNCLAS
P TO P
REED, FRANK O. (342-193) EN3, USCG(DECEASED)
A. YOUR 280835Z MAR > drowned during earthquake
B. YOUR 292323Z MAR
1. SUBJ MAN'S FAMILY URGENTLY REQUESTS ALL AVAILABLE DETAILS AND CIRCUMSTANCES SURROUNDING HIS DROWNING AND WASHING TO SEA. SPECIFIC INFO DESIRED, REGARDING EYE WITNESSES TO INCIDENT AND REEDS WHEREABOUTS WITH RESPECT TO LTSTA AT TIME OF INCIDENT.
2. REQ YOU FURNISH ALL INFO AVAILABLE.
BT
WAC

NNNN

1964 APR 1 15 38
ENLISTED PERSONNEL DIVISION

File 2-13

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3867 (Rev. 8-60)

CERTIFICATION FOR DEATH CLAIM PAYMENT

DATE: 17 April 1964

NAME OF DECEASED	SERVICE NUMBER	RANK OR RATING	ESTAB'D. DATE OF DEATH
REED, Frank Oscar	(342-193)	EN3, USCG	27 March 1964

EACH PERSON LISTED BELOW IS:

X ☐ DESIGNATED BENEFICIARY ☐ UNDESIGNATED BENEFICIARY ☐ CLAIMANT

NAME OF BENEFICIARY OR CLAIMANT	RELATIONSHIP	ADDRESS
Fred Andress Reed 100%	father	27142 Cook Road Olmstead Falls, Ohio

X ☐ I CERTIFY that the records of the U. S. Coast Guard show that each beneficiary named above has qualified to receive unpaid pay and allowances that might be due the decedent and that the requirements of applicable law and regulations have been satisfied.

☐ I CERTIFY that the records of the U. S. Coast Guard show that the decedent did not designate a beneficiary or beneficiaries to receive any unpaid pay and allowances that might be due.

☐ I CERTIFY that any claimant named above has qualified to receive any unpaid pay and allowances that might be due and that the requirements of applicable law and regulations have been satisfied. Attached are substantiating documents to support this claim.

☐ Payment of unpaid pay and allowances that might be due is to be made to the person(s) determined to be entitled thereto under the laws of the domicile of the deceased.

ENCLOSURE(S):

(1) Forms No. SF-1174
(2) DD Form 93-1

FILED
PE-87

TYPED NAME AND GRADE OF CHIEF, SPECIAL SERVICES DIV.	SIGNATURE
A. C. WAGNER, CAPT, USCG	

PREVIOUS EDITIONS ARE OBSOLETE

PS-1
1772
342-193
17 April 1964

Veterans Benefits Office
Veterans Administration
Washington, D. C. 20421

RE: XC# 22 249 719
REED, Frank Oscar (342-193)
EN3, USCG, deceased

Dear Sirs:

There are forwarded herewith for consideration the Application for Dependency and Indemnity Compensation by Parent(s) and the Application for Survivors Benefits, submitted by Fred Andress Reed, father of the above named man. Please acknowledge receipt of these forms and substantiating document by returning a copy of this letter signed and dated.

This office is rendering casualty assistance to the father. Please keep this office informed of additional evidence required and settlement of the claim.

Very truly yours,

R. C. BOARDMAN
Commander, U. S. Coast Guard
Assistant Chief, Personnel Services Division
By direction of the Commandant

Encl: (1) VA Form 21-535
(2) VA Form OA-C24
(3) Birth Certificate

I hereby certify that the above is an exact copy of the record of birth/ death of Frank Oscar Reed which is on file in the Department of Health, Cleveland, Ohio.

Witness my hand and seal as Local Registrar of Vital Statistics this the 24th day of Jan 1947.

Registrar Lydia L Kenyon Deputy Registrar

City of Cleveland

Department of Public Health Welfare

Division of Health

PLACE OF BIRTH — DEPARTMENT OF COMMERCE, BUREAU OF THE CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF BIRTH

County of CUYAHOGA
Township of
or Village of
or City of CLEVELAND

Registration District No.
Primary Registration District No. 8116
File No.
Registered No. 18521

No. Lutheran Hospital St., Ward
(If birth occurred in a hospital or institution, give Name instead of street and number)

FULL NAME OF CHILD Frank Oscar Kud (If child is not yet named, make supplemental report, as directed)

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of birth (Month)	(Day)	(Year)
Male			Yes	Dec.	13	1947

FATHER		MOTHER	
FULL NAME	Fred Andrew Kud	FULL MAIDEN NAME	Elsie Emile O'Dine
RESIDENCE Including P. O. Address	4709 Farnsworth Cleveland, Ohio	RESIDENCE Including P. O. Address	(Same address)
COLOR or RACE	White	COLOR or RACE	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
Birthplace (city or place) (State or county)	Cleveland Ohio	Birthplace (city or place) (State or county)	Euclid Ohio

OCCUPATION

a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Foreman Spinning
b. Industry or business in which work was done, as silk mill, sawmill, bank, etc. — Hockey Stick Factory
c. Date (month and year) last engaged in this work — Dec. 1947
g. Total time (years) spent in this work — 5 yrs.

d. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. — Housewife
e. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. — Home
f. Date (month and year) last engaged in this work — Dec. 1947
h. Total time (years) spent in this work — 1 mo

Number of children of this mother (At time of this birth and including this child): (a) Born alive and now living 1; (b) Born alive but now dead 0; (c) Stillborn 0

Is the child congenitally deformed? No

Was Prophylactic against Ophthalmia Neonatorum used? Yes

If stillborn, period of gestation ____ months or weeks; Cause of stillbirth ____ (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was born at Lutheran Hospital on the date above stated
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc. should make this return

Signed Adam J. Kud M D
or Midwife
Address 4709 Farnsworth Cleveland, Ohio
Date of Filed Jan. 26 1948

Rose C. Tillman REGISTRAR
REGISTRAR

DEPUTY.

I hereby certify that the above is an exact copy of the record of birth / death of Frank Oscar Kud which is on file in the Department of Health, Cleveland, Ohio.

Witness my hand and seal as Local Registrar of Vital Statistics this the 26th day of Jan 1948.

Registrar Gyula Skeyes Deputy Registrar

UNITED STATES ARMED FORCES INSTITUTE
MADISON 3, WISCONSIN

3-13 File

MILITARY TEST REPORT

The distribution of USAFI Military Test Reports for the various services is indicated below:

Please review carefully the information on the reverse side of this form concerning USAFI tests.

C O
USCGC SEOGE WAGL402
ATTN EDUC OFFICER
CORDOVA ALASKA

120577

EXAMINEE'S NAME (LAST-FIRST-INITIAL)	SERVICE NO.	BR. OF SERVICE	DATE TEST COMPLETED
REED FRANK O	342193	C	0164

HIGH SCHOOL LEVEL GENERAL EDUCATIONAL DEVELOPMENT TESTS

TEST FORM	TEST ONE		TEST TWO		TEST THREE		TEST FOUR		TEST FIVE		BTRY RATING	*
	STD. SCORE	U. S. PCT'L	STD. SCORE	U. S. PCT'L	STD. SCORE	U. S. PCT'L	STD. SCORE	U. S. PCT'L	STD. SCORE	U. S. PCT'L		
Q	50	50	61	86	71	98	58	79	47	38	S	

RATING CODE
S - SATISFACTORY
U - UNSATISFACTORY
I - INCOMPLETE

COLLEGE LEVEL GENERAL EDUCATIONAL DEVELOPMENT TESTS

TEST FORM	TEST ONE		Rating	TEST TWO		Rating	TEST THREE		Rating	TEST FOUR		Rating	*
	STD. SCORE	U. S. PCT'L		STD. SCORE	U. S. PCT'L		STD. SCORE	U. S. PCT'L		STD. SCORE	U. S. PCT'L		

RATING CODE
S - SATISFACTORY
U - UNSATISFACTORY

NUMBER AND TITLE OF COURSE OR TEST	Rating	*

RATING CODE
D - WITH DISTINCTION
S - SATISFACTORY
U - UNSATISFACTORY
01 -99 PERCENTILE

*THIS BLOCK IDENTIFIES A RETEST. 1 - 1ST RETEST 2 - 2ND RETEST

ARMY - Original and two copies to Army Education Center. Original for Army Education Center Records.

→ This copy of report for Personnel Records Section.

Green copy for examinee.

NAVY - Original and Examinee's Copy forwarded to the Commanding Officer.

→ This copy of report for Chief of Naval Personnel (Pers E).

AIR FORCE - Original and two copies to Education Services Officer. Original for Education Services Officer's Records.

→ This copy of report for Custodian, Unit Personnel Records.

Green copy for examinee.

MARINE CORPS - Original and examinee's copy forwarded to the Commanding Officer.

→ This copy of report for Commandant of the Marine Corps.

COAST GUARD - Original and examinee's copy forwarded to the Commanding Officer, ATT: Education Officer.

→ This copy of report for Commandant Coast Guard (PTP-1).

FILED PE-87

USAFI FORM 6A2. 15 (7530-J 05-0094) REV. 3/63

DEFENSE - PRINTED BY ALLIED EGRY BUSINESS SYSTEMS

FIRST COPY

1612

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDING OFFICER
U. S. COAST GUARD INSTITUTE
GROTON, CONNECTICUT

FILE: 188170
18 September 1963

From: Commanding Officer, U. S. Coast Guard Institute
To:
Via: REED, Frank O. (342-193) FA, USCG
Commanding Officer, USCGC SEDGE (WAGL 402)

Subj: Institute correspondence course; completion of

1. In recognition of having furthered your proficiency in the Coast Guard by successful completion of the EN3-4 course with a mark of 85 % on 9 September 1963, the Coast Guard Institute takes pleasure in forwarding this Certificate of Completion.

2. A copy of this letter will be placed on file in your official record.

3. It is requested that all textbooks which were issued with your course be returned to the Coast Guard Institute.

John R Kurcheski
JOHN R. KURCHESKI

Encl: (1) Educational Certificate

Copy to:
Commandant (PE)

CGI 300 (7-62)

UNITED STATES COAST GUARD

FILED
PE-87

ADDRESS REPLY TO:
COMMANDER
17th CG District
P. O. Box 2631
Juneau, Alaska

p
P14-2
5 August 1963

From: Commander, Seventeenth Coast Guard District
To: REED, Frank O. (342-~~192~~ 193) FN, USCG-Present
Via: Commanding Officer, USCGC SEDGE (WAGL-402)

Subj: Outside Employment; authorization for

Ref: Your ltr P14-2 dtd 31 July 1963

1. You are hereby granted permission to accept part-time outside employment, as outlined in reference (a), until 31 December 1963.

2. The employment shall be subject to the restrictions specified in Article 16-E-1, of the Personnel Manual. No distinctive part of the uniform shall be worn while engaged in this employment. Should any directive be issued by higher authority requiring personnel to wear the uniform at all times, this authorization will automatically be cancelled.

3. Para 3. b. of CCGD17 Instruction 1000.1 is to be interpreted to mean that outside employment shall not exceed twenty (20) hours per week for an individual.

4. In the event you desire to continue this employment after 31 December 1963, you are directed to submit a renewal application.

W. D. SHIELDS

Copy to:
COMDT (PE) with copy of reference (a)

Commanding Officer
USCGC SEDGE (WAGL-402)
Cordova, Alaska

P14-2
31 July 1963

From: REED, Frank O. (342-192) FN, USCG
To: Commander, Seventeenth Coast Guard District (p)
Via: Commanding Officer, USCGC SEDGE (WAGL-402)

RECEIVED
2 AUG 1963
PERSONNEL DIVISION
17th Coast Guard District

Subj: Authorization for Outside Employment; request for

Ref: (a) Article 16-1-2, CG Personnel Manual
(b) COMDTINST 1000.1

1. In accordance with references (a) and (b), I hereby request authority to accept outside employment.

2. In accordance with reference (a) the following information is submitted:

a. Place of employment: Washington Fish & Oyster Co., Cordova, Alaska
b. Hours of employment: After Coast Guard duty hours
c. Duration of employment: 4 months, July through October
d. Nature of employment: Cannery

3. This employment will in no way interfere with any of my military duties or violate in any way the conditions and restrictions prescribed in references (a) and (b).

Frank O. Reed

Frank O. Reed

P14-2
31 July 1963

FIRST ENDORSEMENT on F. O. REED ltr P14-2 of 31 July 1963

From: Commanding Officer, USCGC SEDGE (WAGL-402)
To: Commander, Seventeenth Coast Guard District (p)

1. Forwarded, recommending approval.

2. The employment requested by REED would not have an adverse effect on him or this unit, and would not be detrimental to the community.

G. D. JONES

FILED
PE-83

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDING OFFICER
U. S. COAST GUARD INSTITUTE
GROTON, CONNECTICUT

FILE: 148894
11 March 1963

From: Commanding Officer, U. S. Coast Guard Institute
To: REED, Frank O. (342-193) FA
Via: Commanding Officer, CGC SEDGE (WAGL-402)

Subj: Institute correspondence course; completion of

1. In recognition of having furthered your proficiency in the Coast Guard by successful completion of the FE-4 course with a mark of 88 % on 4 March 1963, the Coast Guard Institute takes pleasure in forwarding this Certificate of Completion.

2. A copy of this letter will be placed on file in your official record.

3. It is requested that all textbooks which were issued with your course be returned to the Coast Guard Institute.

John R Kurcheski
JOHN R. KURCHESKI

Encl: (1) Educational Certificate

Copy to:
Commandant (PE)

CGI 300 (7-62)

FILED
PE-86

UNITED STATES COAST GUARD

ADDRESS REPLY TO:

CBA
P15
21 November 1962

From: Commandant
To: Commanding Officer, Coast Guard Base, Galveston, Texas
Via: Commander, Eighth Coast Guard District (dcs)

Subj: Unit Commendation

1. The Commandant notes with pride the performance of duty of all personnel attached to Coast Guard Base, Galveston, Texas, during the period 9 to 13 September 1961, when hurricane "Carla" swept the Galveston area. As the storm approached, the men ably and skillfully began preparations on the Base and the Coast Guard Quarters. This required long periods of work and allowed personnel only limited time to arrange protection for their own homes and families. Despite serious danger, from falling power lines, flying debris, and venomous snakes, all personnel involved willingly performed their tasks. Immediately, following passage of the hurricane, rescue operations were begun on a 24 hour basis and approximately four hundred persons were rescued from high water areas. On the morning of 12 September, a tornado struck the Galveston area adding measurably to the storm damage and hampering rescue operations. The courageous action of the personnel of the Base, their perseverance and gallant efforts contributed significantly to rescue operations throughout the emergency.

2. As a group you are commended for your outstanding performance of duty on this occasion. By your meritorious service you upheld the highest traditions of the United States Coast Guard.

3. A copy of this letter will be placed in the service record of each individual concerned.

E. J. ROLAND

FILE

193

REED, F. O. (342-359) FA

REED, FRANK O. (342-193) FA, USCG

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U.S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D.C.

·CBA
P15
28 AUG 1962

·From: Commandant
To: Officer in Charge, USCG Patrol Boat 82301
Via: (1) Commander, Eighth Coast Guard District (dcs)
(2) Commanding Officer, Coast Guard Base, Galveston, Texas

Subj: Unit Commendation

1. The Commandant notes with pride the performance of duty of all personnel aboard on 8 November 1961, during rescue activities at the scene of the fire resulting from the collision of the "M/V Union Reliance" and the tanker "Berean" in the Houston Ship Channel, Houston, Texas. Both the vessels were burning furiously and there was extreme danger that there would be further explosions aboard the tanker. When it was apparent that fire fighting activities from your vessel could not control the fire, the CG 82301 was brought alongside the burning tanker and fire parties placed on board. These parties, together with personnel from other participating units, succeeded in extinguishing the fire after applying foam for approximately forty-five minutes. Since the heat and smoke were intense it was necessary to relieve personnel after short periods so that everyone not actively engaged aboard the CG 82301 was aboard the burning vessel at some time. The courageous action of the crew of the CG 82301 and the Base, Galveston personnel in boarding the burning ship and successfully battling the fire undoubtedly prevented the loss of the "Berean".

2. As a group you are commended for your outstanding performance of duty on this occasion. By your meritorious service you upheld the highest traditions of the United States Coast Guard.

3. A copy of this letter will be placed in the service record of each individual concerned.

E. J. ROLAND

FILED PE-80

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3625 (8-55)

CERTIFICATE OF CLEARANCE FOR HANDLING CLASSIFIED DEFENSE INFORMATION

1962 FEB 13 AM 11 33

FROM	TO
Commanding Officer U.S. Coast Guard Base General Delivery Galveston, Texas	COMMANDANT (P) MAIL AND FILES Via: Commander, Eighth CG District

NAME (Last - First - Middle Initial)	GRADE OR RATE	SERVICE NO.
REED, Frank Oscar	FA	342-193

DATE OF BIRTH	PLACE OF BIRTH
13 December 1941	Cleveland, Ohio

CLEARANCE DATA
(In all cases of cryptographic clearances the category will be indicated as Top Secret)

DATE-CLEARANCE GRANTED	TYPE OF CLEARANCE						CATEGORY							
9 February 1962		INTERIM	XXX	FINAL		CRYPTOGRAPHIC	XXX	CONFIDENTIAL		SECRET		TOP SECRET

KIND OF INVESTIGATION *(Background, NAC plus 10 years, etc.)*	RESULTS OF INVESTIGATION REPORTED BY CORRESPONDENCE, ETC.
OIN/PR completed 2/2/62 NAC completed 3/1/61	COMDT endorsement on OPNAV Form 5520-1 dated 22 January 1962

In accordance with Chapter 15, U. S. Navy Security Manual for Classified Matter as Amended for Coast Guard Use, I certify that the above named person was granted clearance for access to classified defense information as indicated and required in the performance of officially assigned duties.

COPIES TO	AFFIX SEAL TO ORIGINAL AND ALL COPIES
Local military personnel record **District Intelligence Officer** Unit file	

DATE	SIGNATURE *(Sign original and all copies)*
9 February 1962	L. G. HAVERLAND

FILED
PE-80

Noted - Date MAR 19 1962
Military Personnel Security
Officer

GPO 892720

PE File Copy

OCT 24 1961

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-9835 (Rev. 1-60)

INTELLIGENCE DIVISION NOTIFICATION OF INVESTIGATION REPORT

DATE: 13 October 1961

SUBJECT: REED, Frank Oscar (342-193) SA

PE-40

FILE NUMBER:

REPORT MADE AT: CCGD12(o) R/I dtd 26 September 1961

REASON(S) FOR INVESTIGATION: MISCONDUCT

SUMMARY OF FACTS:

Subject investigation report has been received and is on file in this office in the jacket of PARRY, James McKinley (338-055) SA.

FILED
PE-80

DISTRIBUTION
P1
PE

APPROVED BY

F. G. WILD
CAPT, USCG

F. G. Wild

EDITION OF 10-54 MAY BE USED 20454 Treas., USCG, Wash., D. C.

Cwelt. PE.

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
REED, Frank Oscar	342-193	FA	12-13-41	P

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
27142 Cook Road Olmsted Falls, Ohio	☐ YES ☒ NO NA (DATE LAST ENTRY)	NA 9. SOCIAL SECURITY NO. 284-36-6571

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) none	

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
none					

12. FATHER Fred Andress Reed	ADDRESS Same as #6
13. MOTHER Elsie Lucille Reed (deceased)	ADDRESS
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM Alec Dan Reed	ADDRESS same as #6

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH none	ADDRESS

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Fred Andress Reed	Same as #6	Father
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Fred Andress Reed	Same as #6	Father
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100	Fred Andress Reed	Same as #6	Father

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
USCG Base, Galveston, Texas	30 August 61

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
P. A. Woolford P. A. WOOLFORD, LTJG, USCGR, PO	Frank Oscar Reed Frank Oscar Reed

DD FORM 1 Dec 56 93-1

Previous Editions are obsolete.

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

CLINICAL RECORD COVER SHEET

LINE LEGEND

1 REG NO-NAME-GRADE-FLY STATUS
2 HOSP CODE-TR FACILITY RATING OR DESIG
3 SERV NO-WARD-TYPE CASE-CURR ORG
4 AGE-L OF SERV-TIME ADM-PREV ADM-DEPT-CD OF ASGMT
5 RELIG-SOURCE OF ADM
6 EMERGENCY ADDRESSEE PTS SEX-RACE
7 ADDRESS
8 CITY-STATE-DATE THIS ADM-DATE INIT ADM

PATIENT DATA — ITEMS 3-26

114953 REED, FRANK O FNEN NO
A112 USAF HOSPITAL ELMENDORF NA
342193 3B DIS 17 COAST GUARD/
21 2 YRS 1720 NO COAST GUARD
P/DISTRICT
FRED REED(F) M CAU
27142 COOK RD
OLMSTED FALLS, OHIO 8NOV63
DDW

CODES

9A. GRADE FLYING STATUS/ RATING (23)
19A. BENEFICIARY/ COMMAND OF ASSIGN-MENT (24-25)
21A. HOSPITAL OF INITIAL ADMISSION (26-29)
24A. SEX RACE (30)
26A. DATE OF INITIAL ADM. (31-32)

1. ADMISSION NOTES

2. ADMITTING OFFICER
K L PURYEAR
CAPT USAF DC

27. PHYSICAL PROFILE

	P	U	L	H	E	S	R	T	D	O	N
PREVIOUS											
REVISED											

☐ UNCHANGED

29. CLINIC SERVICE: Oral Surgery — 29A. CLINIC (33)

30. DISPOSITION: Duty — 30A. DISPOSITION (34)

28. SELECTED ADMINISTRATIVE DATA

31. TIME OF DISPOSITION: 1300

32. DATE OF DISPOSITION: 11 Nov 63 — 32A. DATE OF DISP (35-36)

DURATION	THIS FACILITY	TOTAL TO DATE
TOTAL DAYS	33. (37-39) 003	34. (40-42) 003
DAYS BED OCCUPIED	35. (43-45) 003	36. (46-48) 003

(Check ☐ if continued on reverse)

37. POSTOPERATIVE DAYS (49-51): 003

38. CAUSE OF INJURY

(Check ☐ if continued on reverse)

38A. CAUSE OF INJURY CODE (52-55) (Current Injury Only)

40A. PRIMARY DIAGNOSIS CODE (56-59) (If more than one diagnosis coded below)

39. DIAGNOSES - OPERATIONS AND SPECIAL PROCEDURES

40. DIAGNOSIS (60-63)	40B. ANATOMIC LOCATION (64-67)	40C. PR/EPTS (68)	40D. INFECTION DATA (69)	40E. OPERATION (70-73)	40F. OPERATION DATA (74)	40G. DIAGNOSIS PRIORITY (75)	40H. UNDERLYING CAUSE (76)
5303				0180			

Pulpitis, tooth # 21.

8 Nov 63 Extraction, tooth, # 21.
Clean.

(Check ☐ if continued on reverse)

41. SIGNATURE OF ATTENDING PHYSICIAN
s/ S C Kolodny LTCOL USAF DC

42. SIGNATURE OF REGISTRAR/MEDICAL RECORDS OFFICER
ROBERT A FRENCH CAPT USAF MSC

AF FORM MAR 61 565-4 REPLACES DD FORM 481 SERIES, WHICH IS OBSOLETE IN THE USAF.

M-38037

CLINICAL RECORD COVER SHEET

1. ADMISSION NOTES

2. ADMITTING OFFICER
Pwqlar

LINE LEGEND

1 REG NO-NAME-GRADE-FLY STATUS
2 HOSP CODE-TR FACILITY RATING OR DESIG
3 SERV NO-WARD-TYPE CASE-CURR ORG
4 AGE-L OF SERV-TIME ADM-PREV ADM-DEPT-CD OF ASGMT
5 RELIG-SOURCE OF ADM
6 EMERGENCY ADDRESSEE PTS SEX-RACE
7 ADDRESS
8 CITY-STATE-DATE THIS ADM-DATE INIT ADM

PATIENT DATA ITEMS 3-26

114963 REED, FRANK O FNEN NO
A112 USAF HOSPITAL ELMENDORF NA
342-193 38 DIS 17 COAST GUARD/
21 2 YRS 1720 NO COAST GUARD
P/DISTRICT
FRED REED(F) M CAU
27142 COOK ROAD
OLMSTED FALLS, OHIO 8NOV63
DDW

CODES

9A. GRADE FLYING STATUS/ RATING (23)
19A. BENEFICIARY/ COMMAND OF ASSIGN-MENT (24-25)
21A. HOSPITAL OF INITIAL ADMISSION (26-29)
24A. SEX RACE (30)
26A. DATE OF INITIAL ADM. (31-32)

27. PHYSICAL PROFILE

	P	U	L	H	E	S	R	T	D	O	N
PREVIOUS											
REVISED											

☐ UNCHANGED

29. CLINIC SERVICE
oral Surgery
29A. CLINIC (33)

30. DISPOSITION
Stopped Medical Duty
30A. DISPOSITION (34)

31. TIME OF DISPOSITION 1300
32. DATE OF DISPOSITION 11 Nov. 1963
32A. DATE OF DISP (35-36)

28. SELECTED ADMINISTRATIVE DATA

(X) OUT-PATIENT RECORD ACCOMPANIED PATIENT TO WARD

( ) NO OUT-PATIENT RECORD ON FILE AT TIME OF ADMISSION

CLINICAL RECORD OF PREVIOUS ADMIS WENT TO WARD YES- (NO-)

(Check ☐ if continued on reverse)

DURATION	THIS FACILITY	TOTAL TO DATE
TOTAL DAYS	33. (37-39)	34. (40-42)
DAYS BED OCCUPIED	35. (43-45)	36. (46-48)

37. POSTOPERATIVE DAYS (49-51)

36. CAUSE OF INJURY

(Check ☐ if continued on reverse)

38A. CAUSE OF INJURY CODE (52-55) (Current Injury Only)

40A. PRIMARY DIAGNOSIS CODE (56-59) (If more than one diagnosis coded below)

39. DIAGNOSES - OPERATIONS AND SPECIAL PROCEDURES

Pulpitis torch #21

Ext. torch #21

40. DIAGNOSIS (60-63)	40B. ANATOMIC LOCATION (64-67)	40C. PR/EPTS (68)	40D. INFECTION DATA (69)	40E. OPERATION (70-73)	40F. OPERATION DATA (74)	40G. DIAGNOSIS PRIORITY (75)	40H UNDERLYING CAUSE (76)

(Check ☐ if continued on reverse)

41. SIGNATURE OF ATTENDING PHYSICIAN

42. SIGNATURE OF REGISTRAR/MEDICAL RECORDS OFFICER

AF FORM MAR 61 565 REPLACES DD FORM 481 SERIES, WHICH IS OBSOLETE IN THE USAF.

Standard Form 511
Rev. August 1956
Bureau of the Budget
Circular A—32

U.S. GOVERNMENT PRINTING OFFICE : 1961 O—599987

CLINICAL RECORD — T[redacted]—PULSE—RESPIRATION

FAHRENHEIT

HOSPITAL DAY	Adm	1	2	3	4	5	6	8
POST- DAY								
MONTH-YEAR DAY	8	9	10	11	12	13	14	16
Nov 19 63 HOUR	2:6:10 2:6:10	2:6:10 2:6:10	2:6:10 2:6:10	2:6:10 2:6:10	2:6:10 2:6:10	2:6:10 2:6:10	2:6:10 2:6:10	2:6:10 2:6:10

PULSE (○) TEMP. F (●)

105° 104° 103° 102° 101° 100° 99° 98.6° 98° 97° 96° 95°

180 170 160 150 140 130 120 110 100 90 80 70 60 50 40

TEMP. C

40° 38.9° 37.8° 37° 36.1° 35°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

		18		16				

Record special data only when so ordered

BLOOD PRESSURE		129/76						
HEIGHT: 5'8"	WEIGHT→	136						
Allerg		None						
Bm's		T		T/1				

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REED FRANK O
542-1[illegible]3 FNFN
114953 WD 3B

REGISTER NO. H4953

WARD NO. 3B

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT
Standard Form 511
511-107-01

10 8 63

Standard Form 514
Rev. August 1954
Bureau of the Budget
Circular A-32 (Rev.)

U.S. GOVERNMENT PRINTING OFFICE : 1961 O—587070

CLINICAL RECORD | **LABORATORY REPORTS**

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACHING MARGIN

514-206

9-11-9

REED FRANK O
342-193
COST GUARD

REGISTER OR UNIT NO.	WARD NO.	☐ BED PATIENT ☒ AMBULATORY
	3B	

REQUESTED BY: ORAL SURGERY | DATE OF REQUEST:

DATE, TIME, AND METHOD OF COLLECTION:

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

X	COLOR-APPEARANCE	Yellow-Clear
X	REACTION	acid
X	SPECIFIC GRAVITY	1.018
X	ALBUMIN	Neg
X	SUGAR	Neg.
X	ACETONE	Neg.
	BILE	

MICROSCOPIC: REMARKS

MUCOUS 1+
OCC WBC/HPF

DATE OF REPORT: 9 NOV 63 | SIGNATURE (Specify Lab. if not part of requesting facility):

NAME OF MEDICAL FACILITY:

Standard Form 514—A—Rev. June 1959.
Bureau of the Budget Circular A-32

GPO 948—[illegible]—Su255-6

URINALYSIS

Standard Form 514-B—Rev. June 1959.
Bureau of the Budget Circular A-32

☆ U. S. GOVERNMENT PRINTING OFFICE: 1961—579843

HEMATOLOGY

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

REED FRANK O
342-193 FNEN
114953 WD 3B

REGISTER NO. | WARD NO.

LABORATORY REPORTS
Standard Form 514
514-105

10 8 63

Standard Form 514
Rev. August 1954
Bureau of the Budget
Circular A-32 (Rev.)

U.S. GOVERNMENT PRINTING OFFICE : 1961 O—587070

CLINICAL RECORD | **LABORATORY REPORTS**

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

9-11-9
REED FRANK O
342 - 193
LOST GUARD

REGISTER OR UNIT NO. | WARD NO. 3B | ☐ BED PATIENT ☒ AMBULATORY

REQUESTED BY AND DATE ORAL SURGERY | DATE COLLECTED

CLINICAL DATA

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

X	W.B.C.	9,800		R.B.C.	
X	DIFFERENTIAL COUNT		↑	HEMATOCRIT	41 Vol%
	NEUTROPHILES	65	X	HEMOGLOBIN	13.6
	BLASTS		⊗	BLEEDING TIME	
	MYELOCYTES		⊗	COAGULATION TIME	
	BANDS			BLOOD MORPHOLOGY: REMARKS	
	LYMPHOCYTES	33			
	MONOCYTES			Appears Normal	
	EOSINOPHILES	1			
	BASOPHILES				
	PLATELETS	Adeq			
	SEDIMENTATION RATE				
	C.S.R.				

DATE OF REPORT 9 Nov | SIGNATURE (Specify Lab. if not part of reporting facility)

NAME OF MEDICAL FACILITY

Standard Form 514-B—Rev. June 1959, Bureau of the Budget Circular A-32

☆ U. S. GOVERNMENT PRINTING OFFICE: 1961—870643

HEMATOLOGY

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REED FRANK O
342-193 FNEN
114953 WD 3B

REGISTER NO. | WARD NO.

LABORATORY REPORTS
Standard Form 514
514-105

10 8 63

Standard Form 519
Rev. August 1954
Bureau of the
Budget Circular A-32

* U.S. GOVERNMENT PRINTING OFFICE : 1961 O—584995

CLINICAL RECORD | **RADIOGRAPHIC REPORTS**

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

EARLY AM - Please

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: REED FRANK O

REGISTER NO.:

WARD NO.: 3D

AGE: 21 | SEX: M

(Check one) ☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☐ AMBULATORY

EXAMINATION REQUESTED: ROUTINE CHEST - RL. Hand PA

REQUESTED BY: ~~ROUTINE~~ ORAL SURG | DATE OF REQUEST: 8 NOV 63

342 - 193
~~USF~~ GUARD
Coast

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

CELLULITIS LT BUCCAL SPACE THREE DAYS DURATION

Xrays of Rt. Hand due to injury.

FILM NO.: X-263-14621 | DATE OF REPORT: 12 Nov 63

RADIOGRAPHIC REPORT

CHEST: Within normal limits.

RIGHT HAND: There is an oblique fracture through the distal shaft of the right 5th metacarpal bone. The distal fragment is angulated slightly anteriorly. The bones of the right hand are otherwise normal appearing. There is no evidence of osteomyelitis.

RICHARD W. TAYLOR, Capt. USAF, MC

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

ELMENDORF HOSP AFB ALASKA

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

Standard Form 519-A (Rev. Aug. 1954)—
Promulgated by Bureau of the Budget
Circular A—32 (Rev.)

RADIOGRAPHIC REPORT

519-205

RADIOGRAPHIC REPORTS

Standard Form 519
519-105

10 8 63

Standard Form 519
Rev. August 1954
Bureau of the
Budget Circular A-32

* U.S. GOVERNMENT PRINTING OFFICE : 1961 O—584995

CLINICAL RECORD | **RADIOGRAPHIC REPORTS**

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

ATTACHING MARGIN

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

REED FRANK O
34[illegible]-193 FNEN
114953 WD 3B

REGISTER NO.

WARD NO.

RADIOGRAPHIC REPORTS

Standard Form 519
519-105

10 A 63

Standard Form 539
Rev. August 1954
Promulgated By Bureau
of the Budget Circular A-32

CLINICAL RECORD | **ABBREVIATED CLINICAL RECORD**

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

CC PAIN & SWELLING OF FACE

PI HISTORY OF PAIN AND SWELLING ASSOCIATED WITH TOOTH #14 FOR PAST TWO DAYS. Patient on Codeine PT referred to Elmendorf AFB Hosp for care.

PMH Neg PT denies any history of rheumatic fever, heart liver or kidney problems. He also states bleeding time is normal.

COMPLETE PHYSICAL EXAMINATION IS ESSENTIALLY NEGATIVE EXCEPT FOR THE FOLLOWING:

Impression: Cellulitis of buccal space due to abscess of tooth # 21

HEENT: Within normal limits except for Minor Cervical adenopathy not tender.
Chest: Symmetrical Clear to Auscultation
Heart: NSR no
Abdm: negative

J J Smith

PROGRESS *(Enter date of discharge and final diagnosis)*

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
Kenneth J Vurgen Capt USAF	8 NOV 63	AO 3124490	USAF Hosp

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO. 33

REED FRANK O FNEN 8NOV63

REED FRANK O FNEN
FAFB 63
114953 AD 33

ABBREVIATED CLINICAL RECORD
Standard Form 539

DATE	7 10 8 63	DATE	8

INSTRUCTIONS.
1. This form overrides doctor's orders DD Form 728.
2. Patient's name must be inserted under columns (1) and (5) for microfilming identification.
3. Fold on this scoring and crease firmly.

DD FORM 1 APR 55 640 REPLACES DD FORM 640 1 MAY 52, WHICH MAY BE USED

NURSING NOTES

4. Fold back on this scoring and crease firmly.

DATE	1963 1	DATE	2
8 Nov	1700 - 21 yr W/m adm ambulatory Following dental xtractions Small amount bleeding. No acute distress 2200 - Dsm — 64 mg f— dis comfort. Elsie Phelps		
11 Nov	1030 - Seen by Dr. Kolodny & discharged. Physical done prior to discharge by Dr. [illegible] Smith M A Hershberger		

REED FRANK O
341-1[illegible]3 ENEN
114953 WD 3B

NAME

REGISTER NUMBER

3
1

10 8 63

10 8 63

DATE	3	DATE	4

DATE	5	DATE	6
	REED FRANK O 34:-193 FNEN R14953 WD 3B 5 1		

REGISTER NUMBER

NAME

10 8 63

DD FORM 662, 1 MAY 52.

THIS SIDE UP WHEN PLACING IN CLINICAL RECORDS FOLDER.

MICROFILM THIS SIDE FIRST

USE IMPRINT FROM ADDRESS PLATE OR MIMEOGRAPH.

(D) DAY, (E) EVENING, (N) NIGHT

YEAR 1963

DOCTOR'S ORDERS

ORIGINAL ORDERS SIGNED BY DOCTOR.
WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.

DATE DISC. | DOCTOR'S INITIALS

DATE	8			9			10			11			12			13			14		
SHIFT	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N

8 Nov.

① Ambulatory

② Physician seen by M.D.

③ Lysine Compound #3 - ½ tablespoonful (20 days).

④ 60,000 u. Pen. Procain + 0.5 Gm. Streptomycin Sulfate bid.

⑤ Rydon diet.

Konrad
Elsie P Kinkead 1700

11 Nov. Discharge to duty. Konrad

DD FORM 1 JUL 53 728

REPLACES DD FORM 639, 1 MAY 52; DD FORM 641, 1 MAY 52; AND DD FORM 642, 1 MAY 52. WHICH ARE OBSOLETE.

YEAR 19

DOCTOR'S ORDERS (Con't)

ORIGINAL ORDERS SIGNED BY DOCTOR.
WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.

DATE DISC.

DOCTOR'S INITIALS

DATE

SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT
D E N	D E N	D E N	D E N	D E N	D E N	D E N

SERVICE NO. 342-193

WARD 3B

AT THE END OF EACH SHIFT, NURSE WHO COMPLETED ORDERS WILL PLACE OWN INITIALS IN PROPER COLUMN.

NAME	GR	REGISTER NO.	AGE	DATE OF ADM.	DIAGNOSIS
REED, FRANK O	FNEN	114953	21	8 NOV 63	Dental Extraction

ADMISSION AUTHORIZATION

3. REGISTER NO.	4. LAST NAME—FIRST NAME—MIDDLE INITIAL	5. GRADE	6. FLYING STATUS
114953	REED FRANK O	FN EN	NO
		9. RATING/DESIGNATION: NONE	

10. SERVICE NO.	11. WARD	12. TYPE CASE	13. CURRENT ORGANIZATION
342-193	3B	Dis	COAST GUARD COASTGUARD. 5

14. AGE	15. LENGTH OF SERVICE	16. TIME ADMITTED	17. PREVIOUS ADMISSION	18. DEPARTMENT ~~USCG~~	19. COMMAND OF ASSIGNMENT
21	2 YEARS ~~10 MONTHS~~	17:20	NONE	ORAL SURGERY	17TH COST GUARD DIST.

20. RELIGION	21. SOURCE OF ADMISSION
PROS.	REGULAR

22. EMERGENCY ADDRESSEE—RELATIONSHIP	23. SEX	24. RACE
FRED REED (FATHER) 27142 COOK ROAD OLMSTED FALLS, OHIO	M	Ca.

25. DATE THIS ADMISSION	26. DATE OF INITIAL ADMISSION
8 NOV 63	SAME

27. PRIMARY DIAGNOSIS: INFECTION OF BUCCAL SPACE CELLULITIS ORGANISM UNKNOWN

28. SERVICE NO. OF SPONSOR

29. SECONDARY DIAGNOSIS

30. REMARKS

31. SIGNATURE OF PATIENT	32. SIGNATURE OF ADMITTING OFFICER
Frank O. Reed	Kenneth L. Puryear Capt USAF

AF FORM NOV 61 560 PREVIOUS EDITIONS OF THIS FORM WILL BE USED UNTIL STOCK IS EXHAUSTED.

☆ GPO: 1962 635971

114953 REED, FRANK O FNEN NO
A112 USAF HOSPITAL ELMENDORF NA
DIS 17 COAST GUARD/
21 2 YRS 1720 NO COAST GUARD
F/DISTRICT

PATIENT'S CLEARANCE RECORD

LAST NAME—FIRST NAME—MIDDLE INITIAL			
FRED REED(F)		M	CAU
REGISTER NO.	SERVICE NO.	GRADE	
27142 COOK ROAD			
OLMSTED FALLS, OHIO ANOVC3			
ORGANIZATION AND BRANCH OF SERVICE		FLYING STATUS	
		DDW	

WARD NO.	DATE OF DISCHARGE	TIME OF DISCHARGE
3A	11 NOV 63	1300

ORDER OF CLEARANCE[1]	LIST OF UNITS TO CLEAR	INITIALS OF PERSON AUTHORIZING CLEARANCE
		MAG
	1 NURSES STATION MAG	
	2 DISPOSITION DESK	
	3 CASHIER	
	4 CLOTHING ROOM (MALE PATIENTS)	
	5 FSO-FLYING PERS ONLY	
	6 DISPOSITION DESK	

[1] *The final person with whom the patient must clear will be the disposition clerk in the Admission and Disposition Section.*

AF FORM 1 FEB 53 577

16—68767-1 U. S. GOVERNMENT PRINTING OFFICE

N.C.G. 2515 SENT TO IDENTIFICATION

PE-PR-7

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (Rev. 2-54)

ENLISTMENT CONTRACT
U. S. COAST GUARD

TYPE OF ENLISTMENT (Check): X REGULAR | RESERVE

1. NAME (Last, first, middle)	2. RATE (Abbreviate)	3. SERVICE NO.
REED, Frank Oscar	SR	342-193

4. PLACE OF BIRTH (City and State)	5. DATE OF BIRTH	6. RELIGION
Cleveland, Ohio	13 December 1941	Protestant

7. MARITAL STATUS (Married, single, widowed, divorced, separated)	8. CITIZENSHIP (Check or complete)					9. YEARS OF EDUCATION
	X	NB		NZ	OTHER (Specify) - - - - -	
Single						HS3

10. PERMANENT HOME ADDRESS (See Instructions on reverse)
27142 Cook Road, Olmsted Falls, Cuyahoga, Ohio

11. DATE OF ENLISTMENT			12. NATURE OF ENLISTMENT (Check)				13. ENLISTED FOR (Number of years)	14. TEST SCORE
DAY	MONTH	YEAR	X	FIRST		REENLISTMENT	FOUR (4)	AFQT 5B 79%
7	February	1961	15. PRIOR SERVICE (Check)				16. ACCEPTED (City and State)	
				YES	X	NO	Cleveland, Ohio	

17. ENLISTED (Unit, city and State)	18. SEL. SERV. LOCAL BOARD NO. (City, county, State)	19. SEL. SERV. REGIS. NO.
CGCRUITSTA, Cleveland, Ohio	#31, Cleveland, Cuyahoga, Ohio	33-31-41-813

20. DATE OF LAST ENLISTMENT			21. BRANCH OF SERV.	22. PRIOR ACT. DY.		23. TYPE OF DISCHARGE	24. DATE LAST DISCHARGED		
DAY	MONTH	YEAR		YEARS	MONTHS		DAY	MONTH	YEAR
-	- - - - - - - -	- - - -	- - - - - - - -	- - -	- - -	- - - - - - - - - -	- -	- - - - - - -	- - -

25. PRIOR NET SERV. FOR PAY PURPOSES			26. DATE TRANS.			27. TRANSFERRED TO (Check and complete)				
YEARS	MONTHS	DAYS	DAY	MONTH	YR.	LOCATION		FOR ACTIVE DUTY		FOR INACTIVE DUTY
-00-	-00-	-00-	7	FEB	61	CO, CGRECEN, Alameda, Calif.	X			

28. DESCRIPTION SSN 284-36-6571

RACE (See Instructions)	SEX	COLOR EYES	COLOR HAIR	HEIGHT	WEIGHT	COMPLEXION
Caucasian	Male	Blue	Brown	68"	135	Fair

29. DISTINGUISHING MARKS AND SCARS
None

I am not drawing, nor have I a claim pending, on account of my own military service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with JAMES T. CHOKAS, BMC(P), USCG of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { 4 years from 7 February, 1961 / during minority until - - - - - } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to and retained on active duty in accordance with law.

Fifth: I understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Enlistment: I, FRANK OSCAR REED do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Signature in own handwriting (surname to right) Frank Oscar Reed
FRANK OSCAR REED

Subscribed and sworn to before me this 7th day of February, A. D. 19 61 Citizenship substantiated and contract perfected.

Signature and Grade James T. Chokas Official Title Recruiting Officer
JAMES T. CHOKAS, BMC(P), USCG

READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

INSTRUCTIONS

Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for "Naturalized", in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3). Enter full address, including name of county in which residence is located.

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

U. S. GOVERNMENT PRINTING OFFICE 16—66721-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301A (Rev. 12-56)

CERTIFICATE OF OBLIGATED SERVICE

(FOR PERSONNEL ENLISTING IN THE REGULAR COAST GUARD)

NAME	SERIAL NO.	DATE
REED, Frank Oscar	342-193	7 February 1961

1. I certify that the following methods of completing my military obligation in the Coast Guard under the Reserve Forces Act of 1955 have been explained to me prior to my taking the oath of enlistment:

   a. By enlistment in the Regular Coast Guard which method requires a total of SIX YEARS combined service on active duty and in the Reserve - the last year of which may be in the Standby Reserve.

   b. By enlistment for six years in the Coast Guard Reserve which method requires a total of SIX YEARS combined service on active duty and inactive duty in the Reserve, at least two years of which must be spent on active duty. The last year of the six year total may be spent in the Standby Reserve.

   c. By enlistment for eight years in the Coast Guard Reserve which method requires six months active duty for training plus service in the Ready Reserve such that the total service is eight years.

2. I certify that:

F.O.R.X a. ☐ I have had no previous military service, active or inactive.

   b. ☐ ~~I became a member of the ..... subsequent to 9 August 1955, that is, on ..... and am now serving in an inactive duty status. I understand that discharge therefrom will be requested.~~

   c. I understand that under the provisions of the UMT & S Act, as amended, and the Reserve Forces Act of 1955:

      (1) That upon completion of active duty, if I do not reenlist, I will be transferred to the Coast Guard Reserve and be required to serve therein for a total period of six years from 7 February 1961, date of my original entry into the Armed Forces and that when so transferred I will be placed in the Ready Reserve and required to serve satisfactorily therein for a period which when added to my active service will total five years and then I will be eligible for transfer to Standby Reserve and if I apply I will be so transferred.

      (2) That, if assigned to the Ready Reserve under the provisions of c. (1) hereof I will, unless relieved by competent authority, be required to participate in inactive duty training amounting to attendance at and satisfactory performance of at least 90% of all scheduled drills or training periods prescribed and not more than seventeen consecutive days of active duty for training each year, or, in lieu thereof, I may be required to perform not more than thirty consecutive days of active duty for training each year when authorized.

      (3) That, if in any year I fail to satisfactorily perform the training duty specified in c. (2) hereof, I may be ordered to perform without my consent not more than 45 consecutive days of additional active duty for training in lieu thereof.

3. I certify that:

   a. ☐ ~~I have previously served in the ..... from ..... to ..... and have been discharged therefrom. I therefore understand that I am only obligated to serve for the period of my contract of enlistment.~~

   b. ☐ I became a member of the ..... on or before 9 August 1955, that is, on ..... and am now serving in an inactive duty status. I understand that discharge therefrom will be requested. I therefore understand that if I do not reenlist, and if I have some obligated service remaining, I will be transferred to the Coast Guard Reserve and be required to serve therein until I have completed a total of eight years service from ....., date of my original entry into the Armed Forces. If I have no obligated service remaining, I understand that I will be discharged upon completion of my enlistment.

F.O.R.X 4. I understand that I am enlisting in the Regular Coast Guard for FOUR years of active duty.

5. In regard to the Uniform Code of Military Justice I understand:

   a. That I am subject to the Uniform Code of Military Justice while on active duty and active duty for training.

   b. That Article 2 of the Uniform Code of Military Justice provides, inter alia:
   "The following persons are subject to this code: ***

   (3) Reserve personnel while on inactive duty training authorized by written orders which are voluntarily accepted by them, which orders specify that they are subject to this code; ***"

   c. That in accordance with paragraph 2.c. (3) hereof if I fail to satisfactorily perform training duty, I become subject to the Uniform Code of Military Justice.

PREVIOUS EDITIONS ARE OBSOLETE

(See Reverse side)

6. Now, therefore, I, FRANK OSCAR REED, do certify:

a. That I have read and understand the above.

b. That this Certificate constitutes a part of my enlistment contract.

c. That I am obligated to remain in the REGULAR COAST GUARD and/or Coast Guard Reserve until I have completed a total of SIX years service from 7 February 1961.

d. That I do agree that if I am transferred to the Coast Guard Reserve in fulfillment of my obligated service, I will accept without delay written orders assigning me to inactive duty training in the Coast Guard Reserve with the full knowledge that the said written orders will specify that I am subject to the Uniform Code of Military Justice while performing inactive duty training.

DATE 7 February 1961	SIGNATURE X Frank Oscar Reed FRANK OSCAR REED
DATE 7 February 1961	WITNESS BY James T. Chokas JAMES T. CHOKAS, EMC(P), USCG

INSTRUCTIONS

1. This Certificate will be executed by each MAN ORIGINALLY ENLISTING or REENLISTING in the REGULAR COAST GUARD at a Recruiting Station regardless of his age. It is not to be altered or amended for use for Reserve Personnel.

2. This form is so arranged that either paragraph 2. or 3. only will be applicable. Accordingly, whichever of these two paragraphs is not applicable shall be lined out. In whichever paragraph is applicable, the man being enlisted shall be required to place his initials in the appropriate block. In all cases, only one of the two blocks will apply, as follows:

   a. Applicants who have had no prior service or who became members of the National Guard or of a Reserve component subsequent to 9 August 1955 and who are so serving when they apply for enlistment in the Regular Coast Guard have a military obligation which requires a total of six years service and satisfactory participation in Reserve training. Accordingly, for such applicants, paragraph 2. will be executed.

   b. Applicants who have been completely separated from prior military service do not, by enlistment in the Coast Guard, acquire a military obligation. Accordingly, for such applicants, paragraph 3. a. will be executed.

   c. Applicants who became members of the National Guard or of a Reserve component on or before 9 August 1955 and who are so serving, incurred at the time of their original enlistment therein a military obligation which required a total of eight years service. Although they do not by enlistment in the Coast Guard acquire a new military obligation, they are not relieved of the obligation previously acquired. They are not, however, required to satisfactorily participate in Reserve training. Accordingly, for such applicants, paragraph 3. b. will be executed.

3. In paragraph 6. c., the blank spaces shall be completed as follows:

   a. If paragraph 2. a. was initialled by the applicant, the figure six shall be the date of his enlistment in the Coast Guard.

   b. If paragraph 2. b. was initialled by the applicant, the figure six shall be inserted for years of service and the date shall be the date of his original enlistment in the losing Reserve componant.

   c. If paragraph 3. a. was initialled by the applicant, the term of his enlistment in the Coast Guard shall be inserted for years of service and the date shall be the date of his enlistment in the Coast Guard.

   d. If paragraph 3. b. was initialled by the applicant, the figure eight shall be inserted for years of service and the date shall be the date of his original enlistment in the losing Reserve component.

4. This Certificate will be executed in duplicate. The original will be forwarded to the Commandant (PE) with the rest of the man's papers. The duplicate will be placed in the service record as page 1. a.

5. In the event of immediate reenlistment in the REGULAR COAST GUARD the duplicate copy will be removed from the closed-out service record and inserted in the new service record except in those cases where the man has fulfilled his obligation.

GPO 887613

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2520 (Rev. 9-54)

APPLICATION FOR ENLISTMENT

(This application must be completed in ink, in applicant's OWN HANDWRITING and shall be forwarded to Commandant (PE) together with the enlistment contract and other enlistment papers)

24 January 1961 (Date) — R.S. Cleveland, Ohio (Recruiting station)

1. I HAVE BEEN INFORMED THAT I AM TO COMPLETE THIS FORM WITH AN ENTRY IN EACH SPACE. IF A QUESTION IS "NOT APPLICABLE," IT SHOULD BE SO INDICATED. I HAVE BEEN CAUTIONED TO ANSWER EACH QUESTION TRUTHFULLY. ANY FALSE STATEMENT, IF DETECTED PRIOR TO ENLISTMENT, WILL CONSTITUTE A BAR TO MY ENLISTMENT. ANY FALSE STATEMENT DETECTED SUBSEQUENT TO ENLISTMENT WILL BE PROCESSED AS A FRAUD AGAINST THE GOVERNMENT AND MAY RESULT IN TRIAL BY COURT-MARTIAL (MAXIMUM PENALTY: FIVE YEARS CONFINEMENT AND A DISHONORABLE DISCHARGE) AND/OR DISCHARGE FROM THE COAST GUARD UNDER OTHER THAN HONORABLE CONDITIONS.

I HEREBY APPLY FOR ENLISTMENT IN THE ☒ **COAST GUARD** ☐ **COAST GUARD RESERVE FOR A TERM OF** four (Spell out) **YEARS IN THE RATE OF** Seaman Recruit (Spell out) **THE DUTIES OF THIS RATE HAVE BEEN EXPLAINED TO ME.**

APPLICANT SIGN FULL NAME HERE × Frank Oscar Reed

PERSONAL DATA

2. FULL NAME (First) Frank (Middle) Oscar (Last) Reed

3. SERVICE NUMBER ASSIGNED: 342-193 (To be filled in by the recruiting officer)

4. HOME ADDRESS (Number) 27142 (Street) Cook Road

5. HOW LONG HAVE YOU RESIDED AT THIS ADDRESS? Eleven Years

(City or town) Olmsted Falls (County) Cuyahoga (State) Ohio

6. HOME TELEPHONE NO. AD-5-2363

7. RESIDENCES SINCE 12TH BIRTHDAY (If you had previous military service do not include duty stations)

MONTH AND YEAR From—	MONTH AND YEAR To—	STREET AND NUMBER	CITY	STATE OR COUNTRY
12/1953	Present	27142 Cook Road	Olmsted Falls	Ohio

DEPENDENTS

8. Are you married? No 9. Have you ever been married? No 10. Are you a widower? Na 11. Are you a widow? Na 12. Are you divorced? Na 13. Are you legally separated? Na 14. How many children do you have? None 15. Is any court order or judgment directing support for minor children or alimony in effect or pending against you? No If so, explain: Na

16. Have you anyone solely or partially dependent upon you? No If so, state number Na Relationship Na

17. Indicate average monthly contribution preceding six months Na

18. Are your parents divorced? No 19. Are your parents separated? No 20. Name of next of kin or legal guardian: Fred A. Reed Relationship Father

Full home address of next of kin or legal guardian: 27142 Cook Road (Number and name of street)

Olmsted Falls, (City or town) Ohio (State) Telephone No. AD-5-2363

EDITION OF 4-52 IS OBSOLETE.

21. **FAMILY** (If deceased, so state)

	NAME (And maiden name, when applicable)	DATE AND PLACE OF BIRTH	PRESENT ADDRESS, IF LIVING	U. S. CITIZEN Yes	U. S. CITIZEN No
FATHER	Fred Andress Reed	5-26-1909 Daybrook, Ohio	21142 Cook Road Olmsted Falls, Ohio	X	
MOTHER	Elsie (O'Dier) Reed	2-23-1911 Dorset, Ohio	21142 Cook Road Olmsted Falls, Ohio	X	
STEPFATHER	Na				
STEPMOTHER	Na				
SPOUSE	Na				

If any of the above members of your family obtained citizenship through naturalization, give date and place in item 52.

22. Indicate below if you have any brothers, sisters, or offspring living in a foreign country.

NAME	RELATIONSHIP	COUNTRY	U. S. CITIZEN Yes	U. S. CITIZEN No
None				

23. What is your race? (Caucasian, Negroid, American Indian, Malayan, Mongolian) Caucasian

24. Date of birth December 13, 1941 (Month, day, year) 25. Place of birth Cleveland (City) Cuyahoga (County) Ohio (State or country) 26. Are you a native-born U. S. citizen? Yes 26a. Are you a national of the U. S.? Na

27. Are you a naturalized U. S. citizen? Na 28. How did you acquire U. S. citizenship? By Birth

29. If U. S. citizenship was acquired through naturalization process, what is the certificate number? Na

and to whom was it issued? Na (First) (Middle) (Last) 30. Date issued? Na

Place and Court Naturalization Certificate issued? Na

31. Have you resided continuously in U. S. since initial entry? Na

32. **FOREIGN TRAVEL** (Other than as a direct result of United States military duties)

DATES From—	DATES To—	COUNTRY VISITED	PURPOSE OF TRAVEL
None			

33. **EDUCATION:** School grade completed Eleventh (Indicate all civilian schools and military academies. Do not include service schools)

YEARS From—	YEARS To—	NAME AND LOCATION OF SCHOOL	GRADUATE Yes	GRADUATE No	DEGREE
1955	1960	Olmsted Falls High; Olmsted Falls, Ohio		✓	
1950	1955	Olmsted Falls Elementary; Olmsted Falls, Ohio	✓		
1947	1950	Landon Elementry, W. 96th St. Cleveland		✓	

16—66651-2

U. S. GOVERNMENT PRINTING OFFICE 16—66651-2

34. **EMPLOYMENT:** Are you now employed? Yes Indicate all dates or periods of employment.

MONTH AND YEAR From—	MONTH AND YEAR To—	NAME AND ADDRESS OF EMPLOYER	REASON FOR LEAVING
10/1960	Present	Graphic Ads inc. 5700 Edgepark Dr. Brookpark Village, Ohio	Still Employed

☐ YES ☒ NO HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN GOVERNMENT OR AGENCY?

☐ YES ☒ NO HAVE YOU EVER BEEN REFUSED A BOND?

If "Yes" Explain (Use item 52 for more space): Na

SOCIAL SECURITY NO. 284-36-6571

DRAFT STATUS AND MILITARY SERVICE

I have been informed that answers to questions under DRAFT STATUS and MILITARY SERVICE will be investigated.

35. Are you registered with Selective Service? Yes 36. Selective Service No. 33-31-41-813 37. Selective Service Classification 1-A 38. Local Board address Cleveland (City) Ohio (State) 39. Local Board No. 31 40. Are you a conscientious objector? No 41. Have you received orders to report for induction? No 42. Have you ever been an applicant for enlistment or processed for induction into the Armed Forces? No If so, were you rejected? Na

State reason: Na

43. Have you ever been or are you now commissioned, enlisted, or inducted in any of the following? No If yes, specify below:

Regular Navy, Naval Reserve, Naval Militia, Coast Guard, Coast Guard Reserve, Marine Corps, Marine Corps Reserve, Regular Army, Army of the United States, Army Reserve, Air Force, Air Force Reserve, National Guard, Air National Guard

BRANCH OF SERVICE	SERVICE, SERIAL, OR FILE NO.	INCLUSIVE DATES OF SERVICE	REASON AND AUTHORITY FOR DISCHARGE	RATE OR RANK AT DISCHARGE
None				

44. Are you now receiving a veteran disability compensation or allowance, pension, or retired pay for any Federal Service? No

45. Have you ever submitted a claim for veteran disability compensation, or allowance? No If so, give particulars: Na

46. Other than above, are you now receiving an allowance or compensation from the Federal Government? No If so, give particulars: Na

JUVENILE AND CIVIL RECORD

I have been informed that answers to questions under JUVENILE and CIVIL RECORD will be investigated by records and fingerprints available with local police, courts, and the Federal Bureau of Investigation.

47. Have you ever been in the custody of juvenile authorities or of any civil law enforcement agency? No If yes, list each and every instance below:

DATE	PLACE	CHARGE	DISPOSITION
None			

48. Have you ever been fingerprinted? No If yes, list each and every instance below:

DATE	PLACE	REASON
Na		

49. Are you now awaiting action by civil or juvenile authorities for any reason(s)? No If so, explain Na

50. Are you at liberty on bail, bond, or personal recognizance? No 51. Are you now serving in probationary or parole status imposed by civil authority? No

52. REMARKS:

None

48. Have you ever been fingerprinted? No If yes, list each and every instance below:

DATE	PLACE	REASON
Na		

49. Are you now awaiting action by civil or juvenile authorities for any reason(s)? No If so, explain Na

50. Are you at liberty on bail, bond, or personal recognizance? No 51. Are you now serving in probationary or parole status imposed by civil authority? No

52. REMARKS:

None

53. I certify that all information entered herein is correct.

(Applicant sign full name here) X Frank Oscar Reed

(Signature of recruiter) X Howard A. Northrup EM 1

54. R. D. Cleveland, Ohio (Place of enlistment) 7 February, 1961 (Date of actual enlistment)

1. I have reviewed all information given above and certify that there have been no changes, to date, except as follows: None

(Applicant sign full name here) X Frank Oscar Reed

55. TO BE COMPLETED IN INK IN THE HANDWRITING OF THE RECRUITING OFFICER

Circumstances relative to juvenile and/or police record indicated above have been investigated and the following action taken:

(1) _____ Being referred to Commandant consideration of a waiver.

(2) _____ Waived by Recruiting Officer and enlisted.

Applicant attained score 72 in AFQT or ~~AQT~~ No. 5-B (Delete one)

James T. Chokas

JAMES T. CHOKAS BMC(P), USCG

OFFICER IN CHARGE

(Signature of recruiting officer) (Rank)

U. S. GOVERNMENT PRINTING OFFICE 16—66651-2

UNITED STATES ARMED FORCES

CONSENT, DECLARATION OF PARENT OR LEGAL GUARDIAN

(FOR THE ENLISTMENT OF A MINOR IN THE U.S. ARMED FORCES)

LAST NAME – FIRST NAME – MIDDLE NAME OF APPLICANT FOR ENLISTMENT	DATE		
	DAY	MONTH	YEAR
PLACE OF APPLICATION FOR ENLISTMENT	SERVICE OR COMPONENT FOR WHICH CONSENT IS GIVEN		
NAME OF PARENT(S) OR LEGAL GUARDIAN SIGNING CONSENT	RELATIONSHIP *(Father, Mother, Legal Guardian)*		

ADDRESS *(Number and street or RFD, City or Town)*	COUNTY	STATE
ADDRESS OF OTHER PARENT IF SEPARATED *(Number and street or RFD, City or Town)*	COUNTY	STATE

PLACE OF BIRTH OF APPLICANT *(City or Town and State)*	DATE OF BIRTH		
	DAY	MONTH	YEAR

I/WE CERTIFY THAT THE ABOVE APPLICANT HAS NO OTHER LEGAL GUARDIAN THAN ME/US, AND I/WE HEREBY CONSENT TO HIS/HER ENLISTMENT IN THE SERVICE OR COMPONENT OF THE ARMED FORCES AS INDICATED ABOVE, SUBJECT TO ALL THE REQUIREMENTS AND LAWFUL COMMANDS OF THE OFFICERS WHO MAY, FROM TIME TO TIME, BE PLACED OVER HIM/HER; AND I/WE CERTIFY THAT NO PROMISE OF ANY KIND HAS BEEN MADE TO ME/US CONCERNING ASSIGNMENT TO DUTY OR PROMOTION DURING HIS/HER ENLISTMENT AS AN INDUCEMENT TO ME/US TO SIGN THIS CONSENT; AND I/WE RELINQUISH ALL CLAIM TO HIS/HER SERVICE AND TO ANY WAGES OR COMPENSATION FOR SUCH SERVICE.

I/WE CERTIFY THAT THE APPLICANT'S BIRTH DATE AS SHOWN ON THIS FORM IS CORRECT.

I/WE THOROUGHLY UNDERSTAND THAT I/WE HAVE CONSENTED TO HIS/HER ENLISTMENT IN THE SERVICE OR COMPONENT OF THE U.S. ARMED FORCES INDICATED ABOVE FOR THE PERIOD OF _____

SIGNATURES OF:

_____ WITNESSING OFFICIAL	_____ PARENT OR LEGAL GUARDIAN
_____ RECRUITING OFFICER OR RECRUITER	_____ OTHER PARENT *(If required)*

UNDERSTANDING, STATEMENT OF PARENT OR LEGAL GUARDIAN *(For the enlistment of a minor in a six-month program)*

I/WE UNDERSTAND THAT THE ABOVE APPLICANT FOR ENLISTMENT IN A RESERVE COMPONENT OF AN ARMED FORCE AND IN A SPECIAL ENLISTMENT PROGRAM PURSUANT TO THE PROVISIONS OF SECTION 262 OF THE ARMED FORCES RESERVE ACT OF 1952, AS AMENDED, MUST PERFORM SIX (6) MONTHS OF ACTIVE DUTY FOR TRAINING, AND MUST SERVE THE REMAINDER OF HIS SPECIAL ENLISTMENT AS A MEMBER OF THE READY RESERVE OF THE ARMED FORCE IN WHICH ENLISTED, UNLESS SOONER TRANSFERRED TO THE STANDBY RESERVE BY A SCREENING PROCESS. I/WE FURTHER UNDERSTAND THAT DURING HIS SERVICE AS A MEMBER OF THE READY RESERVE HE MAY BE REQUIRED TO ATTEND NOT LESS THAN FORTY-EIGHT (48) SCHEDULED DRILLS OR TRAINING PERIODS AND NOT MORE THAN SEVENTEEN (17) DAYS ACTIVE DUTY FOR TRAINING ANNUALLY, OR MAY BE REQUIRED TO PERFORM THIRTY (30) DAYS ACTIVE DUTY FOR TRAINING ANNUALLY IN LIEU THEREOF WHEN AUTHORIZED; THAT FAILURE TO PERFORM REQUIRED TRAINING IN ANY YEAR CAN RESULT IN HIS BEING ORDERED TO PERFORM ADDITIONAL ACTIVE DUTY FOR TRAINING FOR FORTY-FIVE (45) DAYS FOR THAT YEAR OR BEING REPORTED TO SELECTIVE SERVICE AUTHORITIES FOR IMMEDIATE INDUCTION FOR A PERIOD OF TWO YEARS INTO THE ARMED FORCE OF WHICH SUCH RESERVE COMPONENT IS A PART.

SIGNATURES OF:

_____ WITNESSING OFFICIAL	_____ PARENT OR LEGAL GUARDIAN
_____ RECRUITING OFFICER OR RECRUITER	_____ OTHER PARENT *(If required)*

VERIFICATION OF DATE AND PLACE OF BIRTH OF APPLICANT *(For use by recruiting office)*

LAST NAME – FIRST NAME – MIDDLE NAME	PLACE OF BIRTH *(City or Town and State)*	DATE OF BIRTH		
		DAY	MONTH	YEAR
REED, FRANK OSCAR	CLEVELAND, OHIO	13	December	1941

HOW VERIFIED

Sighted Birth Certificate# 18521

REMARKS

NONE

Howard A. Northrup

HOWARD A. NORTHRUP EN1, USCG

SIGNATURE OF RECRUITER

U. S. GOVERNMENT PRINTING OFFICE : 1957 O - 411529

(Recruiting Station)

Budget Bureau No. 22-R049.
Approval Expires 30 June 1952.

JUVENILE AUTHORITIES
CUYAHOGA COUNTY
CLEVELAND, OHIO

Date 24 JANUARY 1961

Dear Sir:

FRANK OSCAR REED who claims to have resided at 27142 COOK ROAD, OLMSTED FALLS, OHIO from 12/13/53 to PRESENT and whose fingerprints and personal description are recorded hereon is an applicant for enlistment in the United States COAST GUARD. It is requested that the following information be furnished from your files. A return envelope is inclosed for your convenience.

FATHER: FRANK A. REED (AGE 51)
MOTHER: ELSIE L. REED (AGE 49)

1 Inclosure
Return Envelope

Very truly yours,
Howard A. Northrup
HOWARD A. NORTHRUP EN1, USCG
(Recruiting Officer)

POLICE RECORD CHECK	CITY AND STATE	DATE
	Cleve_and, Ohio	1-25-61

HAS APPLICANT A POLICE OR JUVENILE RECORD? *(other than minor traffic violation)* ☐ YES ☐ NO IF "YES," WHAT WAS THE OFFENSE OR CHARGE, DISPOSITION, AND SENTENCE?

NO JUVENILE RECORD.

IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? ☐ YES ☐ NO IF "YES," GIVE DETAILS

DOES CIVIL CUSTODY EXIST? ☐ YES ☐ NO IF "YES," SPECIFY

IS APPLICANT MARRIED? ☐ YES ☐ NO ☐ NOT KNOWN

REMARKS

TITLE	SIGNATURE
COURT ASSISTANT*EC	Edward DiLeone

DD FORM 1 AUG 50 369N

ARMED FORCES

LEAVE THIS SPACE BLANK

LAST NAME	FIRST NAME	MIDDLE NAME	RACE
REED,	FRANK	OSCAR	CAUCASIAN

SIGNATURE OF PERSON FINGERPRINTED: Frank Oscar Reed

SERVICE (use capitals or large stamp): U. S. COAST GUARD

HEIGHT (inches): 69"

DATE OF BIRTH: 12/13/41

PLACE OF ENLISTMENT, APPOINTMENT, ETC.: CGCRUITSTA, CLEVELAND, OHIO

SERVICE NO.: 342-193

PLACE OF BIRTH: CLEVELAND, OHIO

DATE OF ENLISTMENT, APPOINTMENT, ETC.: 7 February 1961

COLOR OF EYES: BLUE

SCARS AND MARKS: NONE

COLOR OF HAIR: BROWN

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Howard L. Northrup

WEIGHT: 140

DATE SIGNED BY OFFICIAL TAKING FINGERPRINTS: 7 February 1961

SEX: MALE

LEAVE THIS SPACE BLANK

CLASS.

REF.

1. RIGHT THUMB



2. RIGHT INDEX



3. RIGHT MIDDLE



4. RIGHT RING



5. RIGHT LITTLE



6. LEFT THUMB



7. LEFT INDEX



8. LEFT MIDDLE



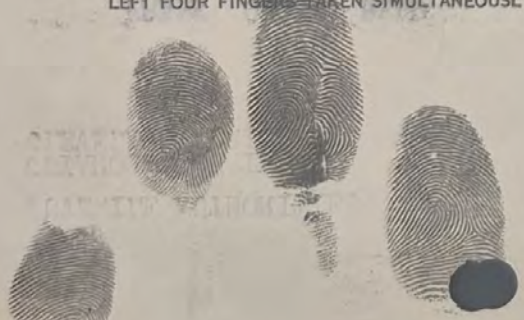
9. LEFT RING



10. LEFT LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

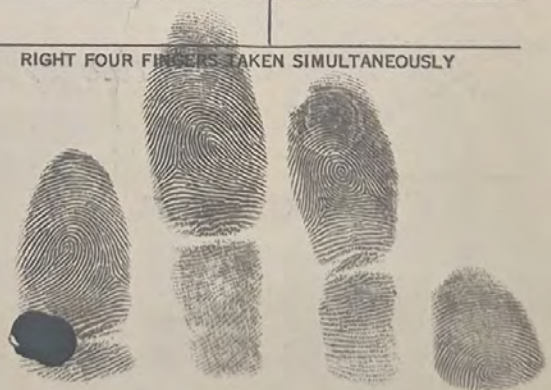


LEFT THUMB

RIGHT THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



(Recruiting Station)

Budget Bureau No. 22-R049.
Approval Expires 30 June 1952.

CHIEF OF POLICE
2001 PAYNE AVENUE
CLEVELAND, OHIO

Date 24 JANUARY 1961

Dear Sir:

FRANK OSCAR REED who claims to have resided at 27142 COOK ROAD, OLMSTED FALLS, OHIO from 12/13/53 to PRESENT and whose fingerprints and personal description are recorded hereon is an applicant for enlistment in the United States COAST GUARD. It is requested that the following information be furnished from your files. A return envelope is inclosed for your convenience.

FATHER: FRANK A. REED (AGE 51)
MOTHER: ELSIE L. REED (AGE 49)

1 Inclosure
Return Envelope

Very truly yours,

Howard A. Northrup

HOWARD A. NORTHRUP ENL, USCG
(Recruiting Officer)

POLICE RECORD CHECK

CITY AND STATE

DATE

HAS APPLICANT A POLICE OR JUVENILE RECORD? *(other than minor traffic violation)* ☐ YES ☐ NO IF "YES," WHAT WAS THE OFFENSE OR CHARGE, DISPOSITION, AND SENTENCE?

NO LOCAL POLICE RECORD
NO CHECK MADE NATIONALLY
1/25/61 R. Healy
CLEVELAND POLICE DEPT.

IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? ☐ YES ☐ NO IF "YES," GIVE DETAILS

DOES CIVIL CUSTODY EXIST? ☐ YES ☐ NO IF "YES," SPECIFY

IS APPLICANT MARRIED? ☐ YES ☐ NO ☐ NOT KNOWN

REMARKS

TITLE

SIGNATURE

DD FORM 1 AUG 50 369N

ARMED FORCES

LEAVE THIS SPACE BLANK

REED, (LAST NAME) FRANK (FIRST NAME) OSCAR (MIDDLE NAME)

RACE: CAUCASIAN

SIGNATURE OF PERSON FINGERPRINTED: Frank Oscar Reed

SERVICE (use capitals or large stamp): U. S. COAST GUARD

HEIGHT (inches): 69"

DATE OF BIRTH: 12/13/41

PLACE OF ENLISTMENT, APPOINTMENT, ETC.: RECRUITSTA, CLEVELAND, OHIO

SERVICE NO.: 342-193

PLACE OF BIRTH: CLEVELAND, OHIO

DATE OF ENLISTMENT, APPOINTMENT, ETC.: 7 February 1961

COLOR OF EYES: BLUE

SCARS AND MARKS: NONE

COLOR OF HAIR: BROWN

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Howard L. Northrup

WEIGHT: 140

DATE SIGNED BY OFFICIAL TAKING FINGERPRINTS: 7 February 1961

SEX: MALE

LEAVE THIS SPACE BLANK

CLASS. _____

REF. _____

1. RIGHT THUMB



2. RIGHT INDEX



3. RIGHT MIDDLE



4. RIGHT RING



5. RIGHT LITTLE



6. LEFT THUMB



7. LEFT INDEX



8. LEFT MIDDLE



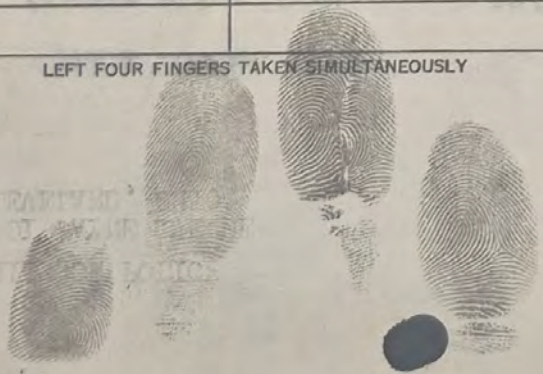
9. LEFT RING



10. LEFT LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



LEFT THUMB



RIGHT THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



(Recruiting Station)

Budget Bureau No. 22-R049.
Approval Expires 30 June 1952.

SHERIFFS OFFICE
CUYAHOGA COUNTY
CLEVELAND, OHIO

Date 24 JANUARY 1961

Dear Sir:

FRANK OSCAR REED who claims to have resided at 27142 COOK ROAD, OLMSTED FALLS, OHIO from 12/13/53 to PRESENT and whose fingerprints and personal description are recorded hereon is an applicant for enlistment in the United States COAST GUARD. It is requested that the following information be furnished from your files. A return envelope is inclosed for your convenience.

FATHER: FRANK A. REED (AGE 51)
MOTHER: ELSIE L. REED (AGE 49)

1 Inclosure
Return Envelope

Very truly yours,

Howard A. Northrup

HOWARD A. NORTHRUP ENI, USCG
(Recruiting Officer)

POLICE RECORD CHECK	CITY AND STATE	DATE

HAS APPLICANT A POLICE OR JUVENILE RECORD? *(other than minor traffic violation)* ☐ YES ☐ NO IF "YES," WHAT WAS THE OFFENSE OR CHARGE, DISPOSITION, AND SENTENCE?

IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? ☐ YES ☐ NO IF "YES," GIVE DETAILS

DOES CIVIL CUSTODY EXIST? ☐ YES ☐ NO IF "YES," SPECIFY

IS APPLICANT MARRIED? ☐ YES ☐ NO ☐ NOT KNOWN

REMARKS

NO RECORD IN CRIMINAL RECORD BUREAU
COMMON PLEAS COURT, CUYAHOGA COUNTY

Harry T. Lalby

Superintendent

TITLE	SIGNATURE

DD FORM 1 AUG 50 369N

ARMED FORCES

LEAVE THIS SPACE BLANK

LAST NAME	FIRST NAME	MIDDLE NAME	RACE
REED,	FRANK	OSCAR	CAUCASIAN

SIGNATURE OF PERSON FINGERPRINTED

Frank Oscar Reed

SERVICE (use capitals or large stamp)

U. S. COAST GUARD

HEIGHT (inches): 69"

DATE OF BIRTH: 12/13/41

PLACE OF ENLISTMENT, APPOINTMENT, ETC.: CGCRUITSTA, CLEVELAND, OHIO

SERVICE NO.: 342-193

PLACE OF BIRTH: CLEVELAND, OHIO

DATE OF ENLISTMENT, APPOINTMENT, ETC.: 7 February 1961

COLOR OF EYES: BLUE

SCARS AND MARKS: NONE

COLOR OF HAIR: BROWN

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Howard K. Northrup

WEIGHT: 140

DATE SIGNED BY OFFICIAL TAKING FINGERPRINTS: 7 February 1961

SEX: MALE

LEAVE THIS SPACE BLANK

CLASS.

REF.

1. RIGHT THUMB



2. RIGHT INDEX



3. RIGHT MIDDLE



4. RIGHT RING



5. RIGHT LITTLE



6. LEFT THUMB



7. LEFT INDEX



8. LEFT MIDDLE



9. LEFT RING



10. LEFT LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



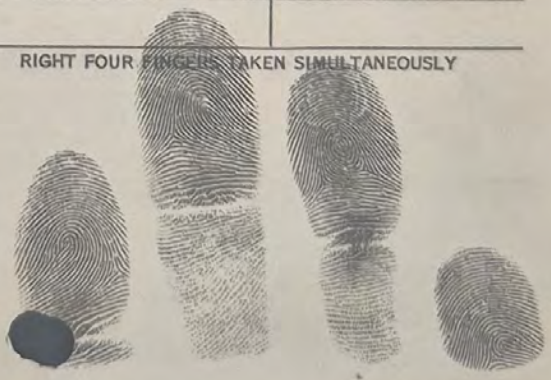
LEFT THUMB



RIGHT THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



(Recruiting Station)

Budget Bureau No. 22-R049.
Approval Expires 30 June 1952.

CHIEF OF POLICE

OLMSTED FALLS, OHIO

Date 24 JANUARY 1961

Dear Sir:

FRANK OSCAR REED who claims to have resided at 27142 COOK ROAD, OLMSTED FALLS, OHIO from 12/13/53 to PRESENT and whose fingerprints and personal description are recorded hereon is an applicant for enlistment in the United States COAST GUARD. It is requested that the following information be furnished from your files. A return envelope is inclosed for your convenience.

FATHER: FRANK A. REED (AGE 51)
MOTHER: ELSIE L. REED (AGE 49)

1 Inclosure
Return Envelope

Very truly yours,

Howard A. Northrup

HOWARD A. NORTHRUP EN1, USCG
(Recruiting Officer)

POLICE RECORD CHECK

CITY AND STATE: Olmsted Township Ohio

DATE: 1/25/61

HAS APPLICANT A POLICE OR JUVENILE RECORD? *(other than minor traffic violation)* ☐ YES ☑ NO IF "YES," WHAT WAS THE OFFENSE OR CHARGE, DISPOSITION, AND SENTENCE?

IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? ☐ YES ☑ NO IF "YES," GIVE DETAILS

DOES CIVIL CUSTODY EXIST? ☐ YES ☑ NO IF "YES," SPECIFY

IS APPLICANT MARRIED? ☐ YES ☑ NO ☐ NOT KNOWN

REMARKS

TITLE: Chief of Police

SIGNATURE: Harry W. Morrison Jr

DD FORM 1 AUG 50 369N

ARMED FORCES

LEAVE THIS SPACE BLANK

LAST NAME	FIRST NAME	MIDDLE NAME	RACE
REED,	FRANK	OSCAR	CAUCASIA.

SIGNATURE OF PERSON FINGERPRINTED

Frank Oscar Reed

SERVICE *(use capitals or large stamp)*

U. S. COAST GUARD

HEIGHT *(inches)*: 69"

DATE OF BIRTH: 12/13/41

PLACE OF ENLISTMENT, APPOINTMENT, ETC.: CGCRUITSTA, CLEVELAND, OHIO

SERVICE NO.: 342-193

PLACE OF BIRTH: CLEVELAND, OHIO

DATE OF ENLISTMENT, APPOINTMENT, ETC.: 7 February 1961

COLOR OF EYES: BLUE

SCARS AND MARKS: NONE

COLOR OF HAIR: BROWN

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Howard L. Northrup

WEIGHT: 140

DATE SIGNED BY OFFICIAL TAKING FINGERPRINTS: 7 February 1961

SEX: MALE

LEAVE THIS SPACE BLANK

CLASS.

REF.

1. RIGHT THUMB



2. RIGHT INDEX



3. RIGHT MIDDLE



4. RIGHT RING



5. RIGHT LITTLE



6. LEFT THUMB



7. LEFT INDEX



8. LEFT MIDDLE



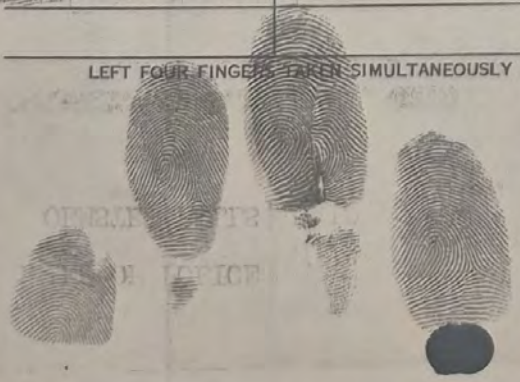
9. LEFT RING



10. LEFT LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



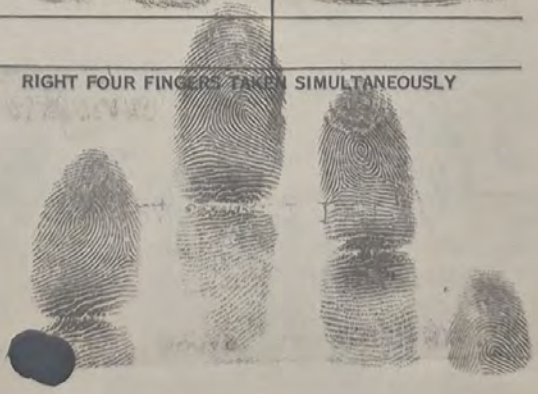
LEFT THUMB



RIGHT THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



DEPARTMENT OF DEFENSE
WASHINGTON 25, D.C.

REQUEST FOR REPORT FROM ~~(EMPLOYER)~~ - (SCHOOL) - ~~(PERSONAL REFERENCE)~~

Budget Bureau No. 22-R050.3
Approval Expires 31 December 1956

DATE 24 JANUARY 1961

TO: PRINCIPAL
OLMSTED FALLS HIGH SCHOOL
OLMSTED FALLS, OHIO

FRANK OSCAR REED — NAME OF APPLICANT

27142 COOK ROAD, OLMSTED FALLS, OHIO — ADDRESS

HAS MADE APPLICATION FOR ENLISTMENT IN THE U.S.COAST GUARD (SERVICE) AND HAS GIVEN YOUR NAME AS A REFERENCE. YOUR HELP IN DETERMINING WHETHER THE APPLICANT MEETS THE SERVICE STANDARDS TO BECOME AN ACCEPTABLE MEMBER OF THE ARMED FORCES WILL BE APPRECIATED.

SERVICE STANDARDS REQUIRE THAT APPLICANTS BE MATURE, INTELLIGENT, AND POSSESS HIGH MORAL QUALIFICATIONS. THOSE APPLICANTS WHO ARE SELECTED WILL HAVE AN OPPORTUNITY TO RECEIVE TRAINING AND SCHOOLING IN TECHNICAL FIELDS TO IMPROVE AND ADVANCE THEIR KNOWLEDGE AND SKILLS IN SUBJECTS ESSENTIAL TO NATIONAL DEFENSE.

ENLISTEES WHO CANNOT ADJUST SATISFACTORILY TO SERVICE LIFE MUST BE DISCHARGED, CAUSING EMOTIONAL DISTRESS TO THE INDIVIDUAL AS WELL AS LOSS TO THE GOVERNMENT. THEREFORE, BY GIVING YOUR FRANK OPINION OF THE SERVICE POTENTIAL OF THE APPLICANT, YOU CAN RENDER A REAL SERVICE TO THE APPLICANT AS WELL AS TO THE DEPARTMENT OF DEFENSE.

ANY INFORMATION RELATIVE TO THIS APPLICANT'S LEADERSHIP QUALIFICATIONS, ABILITY TO WORK HARMONIOUSLY WITH OTHERS, CHARACTER, FAMILY BACKGROUND, AND LOCAL SCHOOL AND CLUB ACTIVITIES WILL BE MOST HELPFUL IN DETERMINING ACCEPTABILITY FOR MILITARY SERVICE. BE ASSURED THAT YOUR STATEMENTS WILL BE HELD IN STRICTEST CONFIDENCE.

THE QUESTIONS LISTED ON THE REVERSE OF THIS FORM ARE OF PARTICULAR INTEREST IN REACHING AN INTELLIGENT CONCLUSION CONCERNING THE QUALIFICATIONS OF THE APPLICANT. ADDITIONAL INFORMATION MAY BE WRITTEN IN THE SPACE PROVIDED FOR REMARKS.

THE RETURN ENVELOPE WHICH REQUIRES NO POSTAGE IS INCLOSED FOR YOUR CONVENIENCE.

IDENTIFICATION DATA

DATE OF BIRTH			SOCIAL SECURITY NUMBER	INCLUSIVE DATES OF EMPLOYMENT OR SCHOOL ATTENDANCE	
DAY	MONTH	YEAR		FROM (Month and Year)	TO (Month and Year)
13	DECEMBER	1941	284-36-6571	1955	1960

RETURN TO (Address)
USCG RECRUITING STATION
STANDARD BUILDING
105 ST. CLAIR AVENUE
CLEVELAND 13, OHIO

SIGNATURE OF RECRUITING OFFICER
James T. Chokas
JAMES T. CHOKAS BMC(P), USCG
OFFICER IN CHARGE

DD FORM 1 JAN 55 370 REPLACES EDITION OF 1 DEC 52 WHICH WILL BE USED UNTIL EXHAUSTED.

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY EMPLOYER, SCHOOL OFFICIAL OR PERSONAL REFERENCE

WHAT IS YOUR RELATIONSHIP TO APPLICANT? (Check one)		HOW LONG HAVE YOU KNOWN APPLICANT? FROM (Month and Year)	TO (Month and Year)	POSITION HELD IN JOB OR HIGHEST GRADE COMPLETED IN SCHOOL
	EMPLOYER	Sept., 1955	Oct., 1960	10th grade
X	SCHOOL OFFICIAL	WHY DID APPLICANT LEAVE JOB OR SCHOOL? HE FELT HE WAS MUCH TOO OLD		
	CHURCH OFFICIAL			
	NEIGHBOR			
	FRIEND			
	OTHER (Specify)			

TO YOUR KNOWLEDGE HAS APPLICANT EVER BEEN MARRIED? ☐ YES ☒ NO

HOW DO YOU RATE APPLICANT'S	CHECK ONE			KNOWN SKILLS POSSESSED	CHECK ONE		
	GOOD	AVERAGE	POOR		GOOD	AVERAGE	POOR
TRUSTWORTHINESS?	✓			READING	✓		
GENERAL INTELLIGENCE?	✓			VOCABULARY	✓		
EMOTIONAL STABILITY?			✓				
ABILITY TO WORK HARMONIOUSLY WITH OTHERS?		✓					
INITIATIVE?		✓					
JUDGMENT?		✓					
SELF-CONFIDENCE?		✓					
HOME ENVIRONMENT?		✓					
LEADERSHIP?		✓					

TO YOUR KNOWLEDGE IS THE APPLICANT ADDICTED TO THE USE OF INTOXICATING LIQUORS OR HARMFUL DRUGS? ☐ YES ☒ NO
IF YES, STATE PARTICULARS.

TO YOUR KNOWLEDGE HAS APPLICANT ANY CHRONIC AILMENTS OR PHYSICAL DEFECTS? ☐ YES ☒ NO IF YES, STATE PARTICULARS.

TO YOUR KNOWLEDGE HAS APPLICANT EVER BEEN DISCHARGED FOR INEFFICIENCY, NEGLECT OF DUTY, OR MORAL UNFITNESS?
☐ YES ☒ NO IF YES, STATE PARTICULARS.

TO YOUR KNOWLEDGE HAS APPLICANT EVER SERVED IN ANY OF THE ARMED FORCES? ☐ YES ☒ NO IF YES, WHICH SERVICE?

DO YOU RECOMMEND THE APPLICANT TO HOLD A POSITION OF TRUST INVOLVING THE SECURITY OF THE UNITED STATES? ☑ YES ☐ NO

REMARKS

DATE	TYPED NAME AND TITLE OF REFERENCE	SIGNATURE
Jan. 25, 1961	Gordon V. Boddy, Principal Olmsted Falls High School	Gordon V. Boddy

DEPARTMENT OF DEFENSE
WASHINGTON 25, D.C.

REQUEST FOR REPORT FROM (EMPLOYER) - ~~(SCHOOL) - (PERSONAL REFERENCE)~~

Budget Bureau No. 22-R050.3
Approval Expires 31 December 1956

DATE
24 JANUARY 1961

TO: MR. RAY JEFFERS
GRAPHIC ADS, INC.
5700 EDGE PARK DRIVE
BROOK PARK VILLAGE, OHIO

FRANK OSCAR REED — NAME OF APPLICANT
27142 COOK ROAD, OLMSTED FALLS, OHIO — ADDRESS

HAS MADE APPLICATION FOR ENLISTMENT IN THE U.S.COAST GUARD (SERVICE) AND HAS GIVEN YOUR NAME AS A REFERENCE. YOUR HELP IN DETERMINING WHETHER THE APPLICANT MEETS THE SERVICE STANDARDS TO BECOME AN ACCEPTABLE MEMBER OF THE ARMED FORCES WILL BE APPRECIATED.

SERVICE STANDARDS REQUIRE THAT APPLICANTS BE MATURE, INTELLIGENT, AND POSSESS HIGH MORAL QUALIFICATIONS. THOSE APPLICANTS WHO ARE SELECTED WILL HAVE AN OPPORTUNITY TO RECEIVE TRAINING AND SCHOOLING IN TECHNICAL FIELDS TO IMPROVE AND ADVANCE THEIR KNOWLEDGE AND SKILLS IN SUBJECTS ESSENTIAL TO NATIONAL DEFENSE.

ENLISTEES WHO CANNOT ADJUST SATISFACTORILY TO SERVICE LIFE MUST BE DISCHARGED, CAUSING EMOTIONAL DISTRESS TO THE INDIVIDUAL AS WELL AS LOSS TO THE GOVERNMENT. THEREFORE, BY GIVING YOUR FRANK OPINION OF THE SERVICE POTENTIAL OF THE APPLICANT, YOU CAN RENDER A REAL SERVICE TO THE APPLICANT AS WELL AS TO THE DEPARTMENT OF DEFENSE.

ANY INFORMATION RELATIVE TO THIS APPLICANT'S LEADERSHIP QUALIFICATIONS, ABILITY TO WORK HARMONIOUSLY WITH OTHERS, CHARACTER, FAMILY BACKGROUND, AND LOCAL SCHOOL AND CLUB ACTIVITIES WILL BE MOST HELPFUL IN DETERMINING ACCEPTABILITY FOR MILITARY SERVICE. BE ASSURED THAT YOUR STATEMENTS WILL BE HELD IN STRICTEST CONFIDENCE.

THE QUESTIONS LISTED ON THE REVERSE OF THIS FORM ARE OF PARTICULAR INTEREST IN REACHING AN INTELLIGENT CONCLUSION CONCERNING THE QUALIFICATIONS OF THE APPLICANT. ADDITIONAL INFORMATION MAY BE WRITTEN IN THE SPACE PROVIDED FOR REMARKS.

THE RETURN ENVELOPE WHICH REQUIRES NO POSTAGE IS INCLOSED FOR YOUR CONVENIENCE.

IDENTIFICATION DATA

DATE OF BIRTH			SOCIAL SECURITY NUMBER	INCLUSIVE DATES OF EMPLOYMENT OR SCHOOL ATTENDANCE	
DAY	MONTH	YEAR		FROM (Month and Year)	TO (Month and Year)
13	DECEMBER	1941	284-36-6571	October 1960	Present

RETURN TO (Address)
USCG RECRUITING STATION
STANDARD BUILDING
105 ST. CLAIR AVENUE
CLEVELAND 13, OHIO

SIGNATURE OF RECRUITING OFFICER
James T. Chokas
JAMES T. CHOKAS BMC(P), USCG
OFFICER IN CHARGE

DD FORM 1 JAN 55 370 REPLACES EDITION OF 1 DEC 52 WHICH WILL BE USED UNTIL EXHAUSTED.

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY EMPLOYER, SCHOOL OFFICIAL OR PERSONAL REFERENCE

WHAT IS YOUR RELATIONSHIP TO APPLICANT? (Check one)	HOW LONG HAVE YOU KNOWN APPLICANT? FROM (Month and Year)	TO (Month and Year)	POSITION HELD IN JOB OR HIGHEST GRADE COMPLETED IN SCHOOL
✓ EMPLOYER	Oct 1960	Feb 1961	
SCHOOL OFFICIAL	WHY DID APPLICANT LEAVE JOB OR SCHOOL?		
CHURCH OFFICIAL			
NEIGHBOR			
FRIEND			
OTHER (Specify)			

TO YOUR KNOWLEDGE HAS APPLICANT EVER BEEN MARRIED? ☐ YES ☑ NO

HOW DO YOU RATE APPLICANT'S	CHECK ONE: GOOD	AVERAGE	POOR	KNOWN SKILLS POSSESSED	CHECK ONE: GOOD	AVERAGE	POOR
TRUSTWORTHINESS?	✓						
GENERAL INTELLIGENCE?	✓						
EMOTIONAL STABILITY?	✓						
ABILITY TO WORK HARMONIOUSLY WITH OTHERS?	✓						
INITIATIVE?	✓						
JUDGMENT?	✓						
SELF-CONFIDENCE?	✓						
HOME ENVIRONMENT?	✓						
LEADERSHIP?	✓						

TO YOUR KNOWLEDGE IS THE APPLICANT ADDICTED TO THE USE OF INTOXICATING LIQUORS OR HARMFUL DRUGS? ☐ YES ☑ NO
IF YES, STATE PARTICULARS.

TO YOUR KNOWLEDGE HAS APPLICANT ANY CHRONIC AILMENTS OR PHYSICAL DEFECTS? ☐ YES ☑ NO IF YES, STATE PARTICULARS.

TO YOUR KNOWLEDGE HAS APPLICANT EVER BEEN DISCHARGED FOR INEFFICIENCY, NEGLECT OF DUTY, OR MORAL UNFITNESS?
☐ YES ☑ NO IF YES, STATE PARTICULARS.

TO YOUR KNOWLEDGE HAS APPLICANT EVER SERVED IN ANY OF THE ARMED FORCES? ☐ YES ☑ NO IF YES, WHICH SERVICE?

DO YOU RECOMMEND THE APPLICANT TO HOLD A POSITION OF TRUST INVOLVING THE SECURITY OF THE UNITED STATES? ☑ YES ☐ NO

REMARKS

DATE	TYPED NAME AND TITLE OF REFERENCE	SIGNATURE
1/31/61		Roy Jeffries

DEPARTMENT OF DEFENSE
WASHINGTON 25, D.C.

REQUEST FOR REPORT FROM ~~(EMPLOYER) - (SCHOOL) -~~ (PERSONAL REFERENCE)

Budget Bureau No. 22-R050.3
Approval Expires 31 December 1956

DATE 24 JANUARY 1961

TO: Rev. Ray M. Wolford
4567 Selhrst
North Olmsted, Ohio

FRANK OSCAR REED — NAME OF APPLICANT

27142 COOK ROAD, OLMSTED FALLS, OHIO — ADDRESS

HAS MADE APPLICATION FOR ENLISTMENT IN THE U.S.COAST GUARD (SERVICE) AND HAS GIVEN YOUR NAME AS A REFERENCE. YOUR HELP IN DETERMINING WHETHER THE APPLICANT MEETS THE SERVICE STANDARDS TO BECOME AN ACCEPTABLE MEMBER OF THE ARMED FORCES WILL BE APPRECIATED.

SERVICE STANDARDS REQUIRE THAT APPLICANTS BE MATURE, INTELLIGENT, AND POSSESS HIGH MORAL QUALIFICATIONS. THOSE APPLICANTS WHO ARE SELECTED WILL HAVE AN OPPORTUNITY TO RECEIVE TRAINING AND SCHOOLING IN TECHNICAL FIELDS TO IMPROVE AND ADVANCE THEIR KNOWLEDGE AND SKILLS IN SUBJECTS ESSENTIAL TO NATIONAL DEFENSE.

ENLISTEES WHO CANNOT ADJUST SATISFACTORILY TO SERVICE LIFE MUST BE DISCHARGED, CAUSING EMOTIONAL DISTRESS TO THE INDIVIDUAL AS WELL AS LOSS TO THE GOVERNMENT. THEREFORE, BY GIVING YOUR FRANK OPINION OF THE SERVICE POTENTIAL OF THE APPLICANT, YOU CAN RENDER A REAL SERVICE TO THE APPLICANT AS WELL AS TO THE DEPARTMENT OF DEFENSE.

ANY INFORMATION RELATIVE TO THIS APPLICANT'S LEADERSHIP QUALIFICATIONS, ABILITY TO WORK HARMONIOUSLY WITH OTHERS, CHARACTER, FAMILY BACKGROUND, AND LOCAL SCHOOL AND CLUB ACTIVITIES WILL BE MOST HELPFUL IN DETERMINING ACCEPTABILITY FOR MILITARY SERVICE. BE ASSURED THAT YOUR STATEMENTS WILL BE HELD IN STRICTEST CONFIDENCE.

THE QUESTIONS LISTED ON THE REVERSE OF THIS FORM ARE OF PARTICULAR INTEREST IN REACHING AN INTELLIGENT CONCLUSION CONCERNING THE QUALIFICATIONS OF THE APPLICANT. ADDITIONAL INFORMATION MAY BE WRITTEN IN THE SPACE PROVIDED FOR REMARKS.

THE RETURN ENVELOPE WHICH REQUIRES NO POSTAGE IS INCLOSED FOR YOUR CONVENIENCE.

IDENTIFICATION DATA

DATE OF BIRTH			SOCIAL SECURITY NUMBER	INCLUSIVE DATES OF EMPLOYMENT OR SCHOOL ATTENDANCE	
DAY	MONTH	YEAR		FROM (Month and Year)	TO (Month and Year)
13	DECEMBER	1941	284-36-6571		

RETURN TO (Address): USCG RECRUITING STATION
STANDARD BUILDING
105 ST. CLAIR AVENUE
CLEVELAND 13, OHIO

SIGNATURE OF RECRUITING OFFICER
James T. Chokas
JAMES T. CHOKAS BMC(P), USCG
OFFICER IN CHARGE

DD FORM 1 JAN 55 370 REPLACES EDITION OF 1 DEC 52 WHICH WILL BE USED UNTIL EXHAUSTED.

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY EMPLOYER, SCHOOL OFFICIAL OR PERSONAL REFERENCE

WHAT IS YOUR RELATIONSHIP TO APPLICANT? (Check one)	HOW LONG HAVE YOU KNOWN APPLICANT? FROM (Month and Year)	TO (Month and Year)	POSITION HELD IN JOB OR HIGHEST GRADE COMPLETED IN SCHOOL
☐ EMPLOYER	Feb. 1959	Jan. 1961	
☐ SCHOOL OFFICIAL	WHY DID APPLICANT LEAVE JOB OR SCHOOL?		
☑ CHURCH OFFICIAL			
☐ NEIGHBOR			
☐ FRIEND			
☐ OTHER (Specify)			

TO YOUR KNOWLEDGE HAS APPLICANT EVER BEEN MARRIED? ☐ YES ☑ NO

HOW DO YOU RATE APPLICANT'S	CHECK ONE: GOOD	AVERAGE	POOR	KNOWN SKILLS POSSESSED	CHECK ONE: GOOD	AVERAGE	POOR
TRUSTWORTHINESS?	✓						
GENERAL INTELLIGENCE?		✓					
EMOTIONAL STABILITY?	✓						
ABILITY TO WORK HARMONIOUSLY WITH OTHERS?	✓						
INITIATIVE?	✓						
JUDGMENT?	✓						
SELF-CONFIDENCE?	✓						
HOME ENVIRONMENT?		✓					
LEADERSHIP?	✓						

TO YOUR KNOWLEDGE IS THE APPLICANT ADDICTED TO THE USE OF INTOXICATING LIQUORS OR HARMFUL DRUGS? ☐ YES ☑ NO
IF YES, STATE PARTICULARS.

TO YOUR KNOWLEDGE HAS APPLICANT ANY CHRONIC AILMENTS OR PHYSICAL DEFECTS? ☐ YES ☑ NO IF YES, STATE PARTICULARS.

TO YOUR KNOWLEDGE HAS APPLICANT EVER BEEN DISCHARGED FOR INEFFICIENCY, NEGLECT OF DUTY, OR MORAL UNFITNESS?
☐ YES ☑ NO IF YES, STATE PARTICULARS.

TO YOUR KNOWLEDGE HAS APPLICANT EVER SERVED IN ANY OF THE ARMED FORCES? ☐ YES ☑ NO IF YES, WHICH SERVICE?

DO YOU RECOMMEND THE APPLICANT TO HOLD A POSITION OF TRUST INVOLVING THE SECURITY OF THE UNITED STATES? ☑ YES ☐ NO

REMARKS

Frank has been active in helping to start a new church in the community where he lives. He has been very active in the Youth work and has taken some leadership in the adult work. We have found him to be very dependable and very conscientious.

DATE	TYPED NAME AND TITLE OF REFERENCE	SIGNATURE
Jan. 26, 1961	Ray M. Wolford, Minister	Ray M. Wolford

DEPARTMENT OF DEFENSE
WASHINGTON 25, D.C.

REQUEST FOR REPORT FROM ~~(EMPLOYER)~~ - ~~(SCHOOL)~~ - (PERSONAL REFERENCE)

Budget Bureau No. 22-R050.3
Approval Expires 31 December 1956

DATE 24 JANUARY 1961

TO: Mrs. Frank Kolarik
27137 Cook Road
Olmsted Falls 38, Ohio

FRANK OSCAR REED — NAME OF APPLICANT

27142 COOK ROAD, OLMSTED FALLS, OHIO — ADDRESS

HAS MADE APPLICATION FOR ENLISTMENT IN THE U.S.COAST GUARD (SERVICE) AND HAS GIVEN YOUR NAME AS A REFERENCE. YOUR HELP IN DETERMINING WHETHER THE APPLICANT MEETS THE SERVICE STANDARDS TO BECOME AN ACCEPTABLE MEMBER OF THE ARMED FORCES WILL BE APPRECIATED.

SERVICE STANDARDS REQUIRE THAT APPLICANTS BE MATURE, INTELLIGENT, AND POSSESS HIGH MORAL QUALIFICATIONS. THOSE APPLICANTS WHO ARE SELECTED WILL HAVE AN OPPORTUNITY TO RECEIVE TRAINING AND SCHOOLING IN TECHNICAL FIELDS TO IMPROVE AND ADVANCE THEIR KNOWLEDGE AND SKILLS IN SUBJECTS ESSENTIAL TO NATIONAL DEFENSE.

ENLISTEES WHO CANNOT ADJUST SATISFACTORILY TO SERVICE LIFE MUST BE DISCHARGED, CAUSING EMOTIONAL DISTRESS TO THE INDIVIDUAL AS WELL AS LOSS TO THE GOVERNMENT. THEREFORE, BY GIVING YOUR FRANK OPINION OF THE SERVICE POTENTIAL OF THE APPLICANT, YOU CAN RENDER A REAL SERVICE TO THE APPLICANT AS WELL AS TO THE DEPARTMENT OF DEFENSE.

ANY INFORMATION RELATIVE TO THIS APPLICANT'S LEADERSHIP QUALIFICATIONS, ABILITY TO WORK HARMONIOUSLY WITH OTHERS, CHARACTER, FAMILY BACKGROUND, AND LOCAL SCHOOL AND CLUB ACTIVITIES WILL BE MOST HELPFUL IN DETERMINING ACCEPTABILITY FOR MILITARY SERVICE. BE ASSURED THAT YOUR STATEMENTS WILL BE HELD IN STRICTEST CONFIDENCE.

THE QUESTIONS LISTED ON THE REVERSE OF THIS FORM ARE OF PARTICULAR INTEREST IN REACHING AN INTELLIGENT CONCLUSION CONCERNING THE QUALIFICATIONS OF THE APPLICANT. ADDITIONAL INFORMATION MAY BE WRITTEN IN THE SPACE PROVIDED FOR REMARKS.

THE RETURN ENVELOPE WHICH REQUIRES NO POSTAGE IS INCLOSED FOR YOUR CONVENIENCE.

IDENTIFICATION DATA

DATE OF BIRTH			SOCIAL SECURITY NUMBER	INCLUSIVE DATES OF EMPLOYMENT OR SCHOOL ATTENDANCE	
DAY	MONTH	YEAR		FROM (Month and Year)	TO (Month and Year)
13	DECEMBER	1941	284-36-6571		

RETURN TO (Address): USCG RECRUITING STATION
STANDARD BUILDING
105 ST. CLAIR AVENUE
CLEVELAND 13, OHIO

SIGNATURE OF RECRUITING OFFICER
James T. Chokas
JAMES T. CHOKAS BMC(P), USCG
OFFICER IN CHARGE

DD FORM 1 JAN 55 370 REPLACES EDITION OF 1 DEC 52 WHICH WILL BE USED UNTIL EXHAUSTED.

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY EMPLOYER, SCHOOL OFFICIAL OR PERSONAL REFERENCE

WHAT IS YOUR RELATIONSHIP TO APPLICANT? (Check one)	HOW LONG HAVE YOU KNOWN APPLICANT? FROM (Month and Year)	TO (Month and Year)	POSITION HELD IN JOB OR HIGHEST GRADE COMPLETED IN SCHOOL
☐ EMPLOYER	2 1953	1 1961	
☐ SCHOOL OFFICIAL	WHY DID APPLICANT LEAVE JOB OR SCHOOL?		
☐ CHURCH OFFICIAL			
☑ NEIGHBOR			
☐ FRIEND			
☐ OTHER (Specify)			

TO YOUR KNOWLEDGE HAS APPLICANT EVER BEEN MARRIED? ☐ YES ☑ NO

HOW DO YOU RATE APPLICANT'S	CHECK ONE			KNOWN SKILLS POSSESSED	CHECK ONE		
	GOOD	AVERAGE	POOR		GOOD	AVERAGE	POOR
TRUSTWORTHINESS?	✓						
GENERAL INTELLIGENCE?		✓					
EMOTIONAL STABILITY?		✓					
ABILITY TO WORK HARMONIOUSLY WITH OTHERS?	✓						
INITIATIVE?		✓					
JUDGMENT?	✓						
SELF-CONFIDENCE?	✓						
HOME ENVIRONMENT?	✓						
LEADERSHIP?	✓						

TO YOUR KNOWLEDGE IS THE APPLICANT ADDICTED TO THE USE OF INTOXICATING LIQUORS OR HARMFUL DRUGS? ☐ YES ☑ NO
IF YES, STATE PARTICULARS.

TO YOUR KNOWLEDGE HAS APPLICANT ANY CHRONIC AILMENTS OR PHYSICAL DEFECTS? ☐ YES ☑ NO IF YES, STATE PARTICULARS.

TO YOUR KNOWLEDGE HAS APPLICANT EVER BEEN DISCHARGED FOR INEFFICIENCY, NEGLECT OF DUTY, OR MORAL UNFITNESS?
☐ YES ☑ NO IF YES, STATE PARTICULARS.

TO YOUR KNOWLEDGE HAS APPLICANT EVER SERVED IN ANY OF THE ARMED FORCES? ☐ YES ☑ NO IF YES, WHICH SERVICE?

DO YOU RECOMMEND THE APPLICANT TO HOLD A POSITION OF TRUST INVOLVING THE SECURITY OF THE UNITED STATES? ☑ YES ☐ NO

REMARKS

DATE	TYPED NAME AND TITLE OF REFERENCE	SIGNATURE
		Mrs Frank Kolarik

UNITED STATES COAST GUARD

Address reply to:
Officer in Charge
CG Recruiting Station
Standard Building
105 St Clair Avenue
Cleveland 13, Ohio

P14-4/P20-2/MM
7 February 1961

From: Officer in Charge, CG Recruiting Station, Cleveland, Ohio
To: Commandant (PE-3)

Subj: REED, Frand O. (342-193) SR, USCG ; enlistment papers; forwarding of

Ref: (a) Article 1-G-25, Personnel Manual

1. In accordance with reference (a), enlistment papers on subject man are forwarded herewith:

0	Photographs
1	CG 3301, Enlistment Contract (Original)
1	CG 3301 (A) (C) Certificate of Obligated Service (Original)
1	CG 2520, Application for Enlistment (Original)
1	DD 373, Consent of Parent or Guardian/Birth Verification
0	Statement from Wife
1	Statement that Orders for Induction not Received
0	CG 3145, Request for Statement of Creditable Service
1	DD Form 98, Loyalty Certificate
4	DD Form 369, Fingerprint Record (Endorsed by police authorities)
2	DD Form 370, Request for Report from (Employer) (School)
2	DD Form 370, Character Reference
2	DD Form 93, Record of Emergency Data
1	Std. Form 88, Report of Medical Examination
1	Std. Form 89, Report of Medical History
1	CG 2515, Fingerprint Record
1	CG 2765, Request for Information - CG Intelligence
1	DD Form 369, Fingerprint Record (For FBI use)
	Letter of Instructions
	Affidavit relative to BAQ
	ORTUPS Assignment letter (copy)

James T. Chokas

JAMES T. CHOKAS

UNITED STATES COAST GUARD

Address reply to:
Officer in Charge
CG Recruiting Station
Standard Building
105 St Clair Avenue
Cleveland 13, Ohio

P14-4/P20-2/MM
7 February 1961

From: Officer in Charge, CG Recruiting Station, Cleveland, Ohio
To: Commandant (PE-3)

Subj: REED, Frand O. (342-193) SR, USCG ; enlistment papers; forwarding of

Ref: (a) Article 1-G-25, Personnel Manual

1. In accordance with reference (a), enlistment papers on subject man are forwarded herewith:

0	Photographs
1	CG 3301, Enlistment Contract (Original)
1	CG 3301 (A) (C) Certificate of Obligated Service (Original)
1	CG 2520, Application for Enlistment (Original)
1	DD 373, Consent of Parent or Guardian/Birth Verification
0	Statement from Wife
1	Statement that Orders for Induction not Received
0	CG 3145, Request for Statement of Creditable Service
1	DD Form 98, Loyalty Certificate
4	DD Form 369, Fingerprint Record (Endorsed by police authorities)
2	DD Form 370, Request for Report from (Employer) (School)
2	DD Form 370, Character Reference
2	DD Form 93, Record of Emergency Data
1	Std. Form 88, Report of Medical Examination
1	Std. Form 89, Report of Medical History
1	CG 2515, Fingerprint Record
1	CG 2765, Request for Information - CG Intelligence
1	DD Form 369, Fingerprint Record (For FBI use)
1	Letter of Instructions
	Affidavit relative to BAQ
	ORTUPS Assignment letter (copy)

James T. Chokas
JAMES T. CHOKAS

UNITED STATES COAST GUARD

AFFIDAVIT RELATIVE TO
SELECTIVE SERVICE INDUCTION

Date: 7 February 1961

Place: Cleveland, Ohio

I, FRANK OSCAR REED SAY THAT I HAVE NOT AT ANYTIME UP TO AND INCLUDING ~~THIS DATE~~ RECEIVED A NOTICE TO REPORT FOR INDUCTION OR EXAMINATION UNDER ~~THE~~ PROVISIONS OF THE RESERVE FORCES ACT OF 1955.

Frank Oscar Reed
FRANK OSCAR REED
(Signature of Individual)

WITNESSED THIS 7th DAY OF FEBRUARY, 1961 A.D.

James T. Chokas
JAMES T. CHOKAS, BMC(P), USCG
(Recruiting Officer)

IV.—QUESTIONS

(For each answer checked "Yes" under question 2 set forth a full explanation under "Remarks" below)

	YES	NO
1. I have read the list of names of organizations, groups, and movements set forth under Part II of this form and the explanation which precedes it.	X	
2. Concerning the list of organizations, groups and movements set forth under Part II above:		
a. Are you now a member of any of the organizations, groups, or movements listed?		X
b. Have you ever been a member of any of the organizations, groups, or movements listed?		X
c. Are you now employed by any of the organizations, groups, or movements listed?		X
d. Have you ever been employed by any of the organizations, groups, or movements listed?		X
e. Have you ever attended any meeting of any of the organizations, groups, or movements listed?		X
f. Have you ever attended any social gathering of any of the organizations, groups, or movements listed?		X
g. Have you ever attended any gathering of any kind sponsored by any of the organizations, groups, or movements listed?		X
h. Have you prepared material for publication by any of the organizations, groups, or movements listed?		X
i. Have you ever corresponded with any of the organizations, groups, or movements listed or with any publication thereof?		X
j. Have you ever contributed money to any of the organizations, groups, or movements listed?		X
k. Have you ever contributed services to any of the organizations, groups, or movements listed?		X
l. Have you ever subscribed to any publication of any of the organizations, groups, or movements listed?		X
m. Have you ever been employed by a foreign government or any agency thereof?		X
n. Are you now a member of the Communist Party of any foreign country?		X
o. Have you ever been a member of the Communist Party of any foreign country?		X
p. Have you ever been the subject of a loyalty or security hearing?		X
q Are you now or have you ever been a member of any organization, association, movement, group or combination of persons not on the Attorney General's list which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?		X
r. Have you ever been known by any other last name than that used in signing this questionnaire?		X

REMARKS

none

REMARKS (Continued)

CERTIFICATION

In regard to any part of this questionnaire concerning which I have had any question as to the meaning, I have requested and have obtained a complete explanation. I certify that the statements made by me under Part IV above and on any supplemental pages hereto attached, are full, true, and correct.

TYPED FULL NAME OF PERSON MAKING CERTIFICATION	SERVICE NUMBER (If any)	SIGNATURE OF PERSON MAKING CERTIFICATION
Frank Oscar Reed	242-193	X Frank Oscar Reed
TYPED NAME OF WITNESS	**DATE**	**SIGNATURE OF WITNESS**
HOWARD A. NORTHRUP EN1, USCG	1/24/61	Howard A. Northrup, EN1

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
REED, Frank Oscar	342-193	SR	12-13-41	Protestant

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
27142 Cook Road Olmsted Falls, Ohio	☐ Yes ☒ No NA (DATE LAST ENTRY)	NA 9. SOCIAL SECURITY NO. 284-36-6571

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) None	

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
None					

12. FATHER Fred Andress Reed	ADDRESS Same as Item #6
13. MOTHER Elsie Lucille Reed	ADDRESS Same as Item #6
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM	ADDRESS

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH None	ADDRESS

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		PRINCIPAL Elsie Lucille Reed	Same as Item #6	Mother
		CONTINGENT Fred Andress Reed	Same as Item #6	Father
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P.L. 147, 84th Congress), WHICH INCLUDES ENLISTED MEMBERS' SAVINGS DEPOSITS. PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Elsie Lucille Reed	Same as Item #6	Mother
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100	Elsie Lucille Reed	Same as Item #6	Mother

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
USCG Recruiting Station, Cleveland, Ohio	7 FEB 61

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
James T. Chokas JAMES T. CHOKAS, BMC(P), USCG	Frank Oscar Reed FRANK OSCAR REED

DD FORM 1 Aug 59 **93-1**

Previous Editions are obsolete.

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
REED, Frank Oscar	342-193	SR	12-13-41	Protestant

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
27142 Cook Road Olmsted Falls, Ohio	☐ Yes ☒ No NA (DATE LAST ENTRY)	NA
		9. SOCIAL SECURITY NO. 284-36-6571

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) None	

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
None					

12. FATHER Fred Andress Reed	ADDRESS Same as Item #6	
13. MOTHER Elsie Lucille Reed	ADDRESS Same as Item #6	
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM	ADDRESS	

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH None	ADDRESS

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		PRINCIPAL Elsie Lucille Reed	Same as Item #6	Mother
		CONTINGENT Fred Andress Reed	Same as Item #6	Father
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P.L. 147, 84th Congress), WHICH INCLUDES ENLISTED MEMBERS' SAVINGS DEPOSITS. PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Elsie Lucille Reed	Same as Item #6	Mother
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100	Elsie Lucille Reed	Same as Item #6	Mother

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
USCG Recruiting Station, Cleveland, Ohio	7 FEB 61

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
James T. Chokas JAMES T. CHOKAS, BMC(P), USCG	Frank Oscar Reed FRANK OSCAR REED

DD FORM 1 Aug 59 **93-1**

Previous Editions are obsolete.

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 4-55)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

Cape St. Elias LTSTA, Alaska (Ship or station) (Location) On 27 March 1964 (Date) the below-named individual was

☐ Discharged ☐ Released from active duty ☐ Transferred to the reserve ☐ Retired ☒ Deceased ☐ Temporarily physically retired ☐ Other (Specify in remarks)

This individual was: ☐ Released from active duty ☐ Continued on active duty Normal date of expiration of enlistment ____ (Day) ____ (Month) ____ (Year)

Reason ____ **Type discharge certificate** ____

Authority:

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at CGCRUITSTA, Cleveland, Ohio (Place) ON 7 February 1961 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from Cleveland, Ohio (Place) ON 7 February 1961 (Date)

Home address at time of enlistment, induction, or order to active duty 27142 Cook Road, Olmsted Falls, Cuyahoga, Ohio

TRAVEL DATA

I hereby elect travel allowance to ____ (Location)

Place of ____ (See travel instructions)

SIGNATURE ____

MISCELLANEOUS DATA

☐ Reenlisted on board ☐ Elected cash settlement for THIRTY (Words) (30) (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter checkage for ____ Days excess leave From ____ To ____

Completed 03 years service for pay purposes on 2-6-64 Payment of discharge gratuity ☐ Is directed ☐ Is not directed

REMARKS

SIGNATURE DATA

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
D. F. BRADTKE	CHSCLK-2, CHMILPERSBR	460-64

DISBURSING DATA

Travel allowance credited, $____ Cash settlement for unused accrued leave (____ days) $____ DUE AT DISCHARGE, $____

Computation: PERSONAL FUNDS, $____

GRATUITY CREDITED, $____

Ship or station **NAME OF A. C. O.**

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
REED	Frank	Oscar	342-193	EN3

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 4-55)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

Cape St. Elias LTSTA, Alaska (Ship or station) (Location) On 27 March 1964 (Date) the below-named individual was

☐ Discharged ☐ Released from active duty ☐ Transferred to the reserve ☐ Retired ☒ Deceased ☐ Temporarily physically retired ☐ Other (Specify in remarks)

This individual was: ☐ Released from active duty ☐ Continued on active duty Normal date of expiration of enlistment _____ (Day) (Month) (Year)

Reason _____ **Type discharge certificate** _____

Authority:

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at CGCRUITSTA, Cleveland, Ohio (Place) ON 7 February 1961 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from Cleveland, Ohio (Place) ON 7 February 1961 (Date)

Home address at time of enlistment, induction, or order to active duty 27142 Cook Road, Olmsted Falls, Cuyahoga, Ohio

TRAVEL DATA

I hereby elect travel allowance to _____ (Location)

Place of _____ (See travel instructions)

SIGNATURE _____

MISCELLANEOUS DATA

☐ Reenlisted on board ☐ Elected cash settlement for THIRTY (Words) (30) (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter checkage for _____ Days excess leave From _____ To _____

Completed 03 years service for pay purposes on 2-6-64 Payment of discharge gratuity ☐ Is directed ☐ Is not directed

REMARKS

SIGNATURE DATA

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
D. F. BRADTKE	CHSCLK-2, CHMILPERSBR	460-64

DISBURSING DATA

Travel allowance credited, $_____ Cash settlement for unused accrued leave (_____ days) $_____ DUE AT DISCHARGE, $_____

Computation: PERSONAL FUNDS, $_____

GRATUITY CREDITED, $_____

Ship or station **NAME OF A. C. O.**

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
REED	Frank	Oscar	342-193	EN3

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH
Edition of 4-52 may be used.

16—66654-8

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 4-55)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

Cape St. Elias LTSTA, Alaska (Ship or station) (Location) On 27 March 1964 (Date) the below-named individual was

☐ Discharged ☐ Released from active duty ☐ Transferred to the reserve ☐ Retired ☒ Deceased ☐ Temporarily physically retired ☐ Other (Specify in remarks)

This individual was: ☐ Released from active duty ☐ Continued on active duty Normal date of expiration of enlistment _____ (Day) (Month) (Year)

Reason _____ **Type discharge certificate** _____

Authority:

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at CGCRUITSTA, Cleveland, Ohio (Place) ON 7 February 1961 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from Cleveland, Ohio (Place) ON 7 February 1961 (Date)

Home address at time of enlistment, induction, or order to active duty 27142 Cook Road, Olmsted Falls, Cuyahoga, Ohio

TRAVEL DATA

I hereby elect travel allowance to _____ (Location)

Place of _____ (See travel instructions)

SIGNATURE _____

MISCELLANEOUS DATA

☐ Reenlisted on board ☐ Elected cash settlement for THIRTY (Words) (30) (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter checkage for _____ Days excess leave From _____ To _____

Completed 03 years service for pay purposes on 2-6-64 Payment of discharge gratuity ☐ Is directed ☐ Is not directed

REMARKS

SIGNATURE DATA

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
D. F. BRADTKE	CHSCLK-2, CHMILPERSBR	460-64

DISBURSING DATA

Travel allowance credited, $_____ Cash settlement for unused accrued leave (_____ days) $_____ DUE AT DISCHARGE, $_____

Computation:

PERSONAL FUNDS, $_____

GRATUITY CREDITED, $_____

Ship or station | **NAME OF A. C. O.**

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
REED	Frank	Oscar	342-193	EN3

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH
Edition of 4-52 may be used.

16—66654-8

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 4-55)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

Cape St. Elias LTSTA, Alaska (Ship or station) (Location) On 27 March 1964 (Date) the below-named individual was

☐ Discharged ☐ Released from active duty ☐ Transferred to the reserve ☐ Retired ☒ Deceased ☐ Temporarily physically retired ☐ Other (Specify in remarks)

This individual was: ☐ Released from active duty ☐ Continued on active duty Normal date of expiration of enlistment _____ (Day) (Month) (Year)

Reason _____ **Type discharge certificate** _____

Authority:

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at CGRECRUITSTA, Cleveland, Ohio (Place) ON 7 February 1961 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from Cleveland, Ohio (Place) ON 7 February 1961 (Date)

Home address at time of enlistment, induction, or order to active duty 27142 Cook Road, Olmsted Falls, Cuyahoga, Ohio

TRAVEL DATA

I hereby elect travel allowance to _____ (Location)

Place of _____ (See travel instructions)

SIGNATURE _____

MISCELLANEOUS DATA

☐ Reenlisted on board ☐ Elected cash settlement for THIRTY (Words) (30) (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter checkage for _____ Days excess leave From _____ To _____

Completed 03 years service for pay purposes on 2-6-64 Payment of discharge gratuity ☐ Is directed ☐ Is not directed

REMARKS

SIGNATURE DATA

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
D. F. BRUNTE	CHSCLK-2, CGMLPERSBR	460-64

DISBURSING DATA

Travel allowance credited, $_____ Cash settlement for unused accrued leave (_____ days) $_____ DUE AT DISCHARGE, $_____

Computation: PERSONAL FUNDS, $_____

GRATUITY CREDITED, $_____

Ship or station	NAME OF A. C. O.

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
REED	Frank	Oscar	342-193	EM3

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH
Edition of 4-52 may be used.

1

16—66654-3

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 4-55)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

Cape St. Elias LORAN, Alaska (Ship or station) (Location) On 27 March 1964 (Date) the below-named individual was

☐ Discharged ☐ Released from active duty ☐ Transferred to the reserve ☐ Retired ☒ Deceased ☐ Temporarily physically retired ☐ Other (Specify in remarks)

This individual was: ☐ Released from active duty ☐ Continued on active duty Normal date of expiration of enlistment _____ (Day) (Month) (Year)

Reason _____ **Type discharge certificate** _____

Authority:

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at CGRUITSTA, Cleveland, Ohio (Place) ON 7 February 1961 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from Cleveland, Ohio (Place) ON 7 February 1961 (Date)

Home address at time of enlistment, induction, or order to active duty 27162 Cook Road, Olmsted Falls, Cuyahoga, Ohio

TRAVEL DATA

I hereby elect travel allowance to _____ (Location)

Place of _____ (See travel instructions)

SIGNATURE _____

MISCELLANEOUS DATA

☐ Reenlisted on board ☐ Elected cash settlement for THIRTY (Words) (30) (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter checkage for _____ Days excess leave From _____ To _____

Completed 02 years service for pay purposes on 2-6-64 Payment of discharge gratuity ☐ Is directed ☐ Is not directed

REMARKS

SIGNATURE DATA

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
D. F. BRADZE	CHSCLK-2, CHIEFPERSDR	460-64

DISBURSING DATA

Travel allowance credited, $_____ Cash settlement for unused accrued leave (_____ days) $_____ DUE AT DISCHARGE, $_____

Computation: PERSONAL FUNDS, $_____

GRATUITY CREDITED, $_____

Ship or station	NAME OF A. C. O.

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
REED	Frank	Oscar	342-193	EM3

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH
Edition of 4-52 may be used.

16—66654-3

Treasury Department
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE

- ☐ WITH LEAVE
  - ☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
  - ☐ SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
  - ☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
  - ☐ S&FD pay to be checked, leave within the United States
  - ☐ S&FD pay not to be checked, leave outside United States
  - ☐ WITHOUT LEAVE not excused as unavoidable
  - ☐ COMMUTED RATIONS or BAS, if any, are to be checked
  - ☐ OVER LIBERTY not excused as unavoidable

Credit leave rations and/or check pay in accordance with the Comptroller's Manual

	HOUR	DATE
DEPARTURE		
ARRIVED U. S.*		
LEAVE OR LIBERTY EXPIRED		
DEPARTED U. S.*		
RETURNED TO COAST GUARD JURISDICTION		
NUMBER DAYS CHARGED TO LEAVE RECORD		

** These items to be completed in connection with leave to visit the United States only*

2. CHANGE RATE

TO	FROM	EFFECTIVE DATE

AUTHORITY	DATE AUTH. REC'D

3. CHANGE IN SERVICE FOR PAY PURPOSES

** Career Compensation Act of 1949 Statement of service filed in service record*

ON 2-6-64

	YEARS	MOS.	DAYS
* OTHER SERVICE	00	00	00
COAST GUARD SERVICE	03	00	00
COMPLETED NET SERVICE OF	03	00	00

4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be furnished for this period.

5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

FROM *(Hour & Date)*	TO *(Hour & Date)*	AT $	PER DAY

6. QUARTERS ALLOWANCE *(No Government Quarters available)*

FROM	TO	AT $	PER DAY
		AT $	PER MO.

7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS ☐ OTHER *(Specify)*

8. MISCELLANEOUS PAY ORDERS

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below named individual for the reason(s) and period(s) stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
P. D. CORSON	LT, USCG, Executive Officer	

SHIP OR STATION	SERVICE NUMBER OF A. C. O.
USCGC SEDGE (WAGL-402) Cordova, Alaska	

NAME *(Last)*	*(First)*	*(Middle)*	SERVICE NUMBER	RATE
REED,	Frank	Oscar	342-193	FNEN

INDIVIDUAL ORDER TO ADJUST PAY RECORD

☆ U. S. GOVERNMENT PRINTING OFFICE: 1963-672236

Treasury Department
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE

	HOUR	DATE
DEPARTURE		
ARRIVED U. S.*		
LEAVE OR LIBERTY EXPIRED		
DEPARTED U. S.*		
RETURNED TO COAST GUARD JURISDICTION		
NUMBER DAYS CHARGED TO LEAVE RECORD		

* *These items to be completed in connection with leave to visit the United States only*

☐ WITH LEAVE

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

☐ SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable

☐ S&FD pay to be checked, leave within the United States

☐ S&FD pay not to be checked, leave outside United States

☐ WITHOUT LEAVE not excused as unavoidable

☐ COMMUTED RATIONS or BAS, if any, are to be checked

☐ OVER LIBERTY not excused as unavoidable

Credit leave rations and/or check pay in accordance with the Comptroller's Manual

2. CHANGE RATE

TO	FROM	EFFECTIVE DATE
EN3	FNEN	16 FEB 64

AUTHORITY	DATE AUTH. REC'D
CCGD17 ADV AUTH 4-64	2-6-64

3. CHANGE IN SERVICE FOR PAY PURPOSES

* *Career Compensation Act of 1949 Statement of service filed in service record*

ON COMPLETED NET SERVICE OF

	YEARS	MOS.	DAYS
* OTHER SERVICE			
COAST GUARD SERVICE			

4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be furnished for this period.

5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

FROM *(Hour & Date)*	TO *(Hour & Date)*	AT $	PER DAY

6. QUARTERS ALLOWANCE *(No Government Quarters available)*

FROM	TO	AT $	PER DAY
		AT $	PER MO.

7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS ☐ OTHER *(Specify)*

8. MISCELLANEOUS PAY ORDERS

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below named individual for the reason(s) and period(s) stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
P. D. CORSON	LT, USCG, EXECUTIVE OFFICER	

SHIP OR STATION	SERVICE NUMBER OF A. C. O.
USCGC SEDGE (WAGL 402), CORDOVA, ALASKA	

NAME *(Last)*	*(First)*	*(Middle)*	SERVICE NUMBER	RATE
REED	FRANK	OSCAR	342-193	EN3

☆ U. S. GOVERNMENT PRINTING OFFICE: 1963-672236

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
☐ WITHOUT LEAVE, not excused as unavoidable
☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE		
LEAVE OR LIBERTY EXPIRED		
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

ON 6 February 1963 (*Date*) COMPLETED

	YEARS	MONTHS	DAYS
OTHER SERVICE*	00	00	00
COAST GUARD SERVICE	02	00	00
NET SERVICE OF	02	00	00

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own:

☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM _____ (*Number*) ONLY	SIGNATURE P. D. CORSON	GRADE AND TITLE LT, USCG - XO	C. O. ORDER NO.
SHIP OR STATION USCGC SEDGE (WAGL-402), Cordova, Alaska		NAME OF A. C. O.	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
REED,	Frank	Oscar	342-193	FN

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable

☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable

☐ WITHOUT LEAVE, not excused as unavoidable

☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE		
LEAVE OR LIBERTY EXPIRED		
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO FN (*Rate*) FROM FA (*Rate*)

EFFECTIVE 16 April 1963 (*Date change effected*) AUTHORITY Article 5-C-11, Pers Manual AUTHORITY RECEIVED 4/7/63 (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 2 (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	P. D. CORSON	LT, USCG, XO	

SHIP OR STATION	NAME OF A. C. O.
USCGC SEDGE (WAGL-402), Cordova, Alaska	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
REED,	Frank	Oscar	342-193	FN

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE

- [ ] WITH LEAVE
- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] S&FD pay to be checked, leave within the United States
- [ ] S&FD pay not to be checked, leave outside United States
- [ ] WITHOUT LEAVE not excused as unavoidable
- [ ] COMMUTED RATIONS or BAS, if any, are to be checked
- [ ] OVER LIBERTY not excused as unavoidable

Credit leave rations and/or check pay in accordance with the Comptroller's Manual

	HOUR	DATE
DEPARTURE	1417	11/17/62
ARRIVED U. S.*		
LEAVE OR LIBERTY EXPIRED	1101	12/17/62
DEPARTED U. S.*		
RETURNED TO COAST GUARD JURISDICTION		
NUMBER DAYS CHARGED TO LEAVE RECORD		26 (04tt)

* *These items to be completed in connection with leave to visit the United States only*

2. CHANGE RATE

TO	FROM	EFFECTIVE DATE

AUTHORITY	DATE AUTH. REC'D

3. CHANGE IN SERVICE FOR PAY PURPOSES

* *Career Compensation Act of 1949 Statement of service filed in service record*

ON

	YEARS	MOS.	DAYS
* OTHER SERVICE			
COAST GUARD SERVICE			
COMPLETED NET SERVICE OF			

4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be furnished for this period.

5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

FROM *(Hour & Date)*	TO *(Hour & Date)*	AT $ PER DAY

6. QUARTERS ALLOWANCE *(No Government Quarters available)*

FROM	TO	AT $ PER DAY	AT $ PER MO.

7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own

- [ ] INTEMPERATE USE OF DRUGS
- [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS
- [ ] OTHER *(Specify)*

8. MISCELLANEOUS PAY ORDERS

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below named individual for the reason(s) and period(s) stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
C. M. HUTCHINS	CHSCLK, W-4, USCG, PO	

SHIP OR STATION	SERVICE NUMBER OF A. C. O.
U. S. Coast Guard Base, Seattle, Wn.	

NAME *(Last)*	*(First)*	*(Middle)*	SERVICE NUMBER	RATE
REED	Frank	O.	342-193	FA

☆ U. S. GOVERNMENT PRINTING OFFICE: 1959—501019

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE

[X] WITH LEAVE

[ ] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable

[ ] S&FD pay to be checked, leave within the United States

[ ] S&FD pay not to be checked, leave outside United States

[ ] WITHOUT LEAVE not excused as unavoidable

[ ] COMMUTED RATIONS or BAS, if any, are to be checked

[ ] OVER LIBERTY not excused as unavoidable

Credit leave rations and/or check pay in accordance with the Comptroller's Manual

	HOUR	DATE
DEPARTURE	0900	5 Apr 62
ARRIVED U. S.*		
LEAVE OR LIBERTY EXPIRED	0900	21Apr 62
DEPARTED U. S.*		
RETURNED TO COAST GUARD JURISDICTION	0741	21Apr 62
NUMBER DAYS CHARGED TO LEAVE RECORD		15

** These items to be completed in connection with leave to visit the United States only*

2. CHANGE RATE

TO	FROM	EFFECTIVE DATE

AUTHORITY	DATE AUTH. REC'D

3. CHANGE IN SERVICE FOR PAY PURPOSES

** Career Compensation Act of 1949 Statement of service filed in service record*

ON COMPLETED NET SERVICE OF

	YEARS	MOS.	DAYS
* OTHER SERVICE			
COAST GUARD SERVICE			

4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be furnished for this period.

5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

FROM *(Hour & Date)*	TO *(Hour & Date)*	AT $ PER DAY

6. QUARTERS ALLOWANCE *(No Government Quarters available)*

FROM	TO	AT $ PER DAY / AT $ PER MO.

7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS [ ] OTHER *(Specify)*

8. MISCELLANEOUS PAY ORDERS

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below named individual for the reason(s) and period(s) stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
M. B. BERRY	ENS, USCGR, PERSONNEL OFFICER	

SHIP OR STATION	SERVICE NUMBER OF A. C. O.
USCG GROUP GALVESTON	27671

NAME *(Last)*	*(First)*	*(Middle)*	SERVICE NUMBER	RATE
REED	FRANKLIN	O.	342-193	FA

INDIVIDUAL ORDER TO ADJUST PAY RECORD

☆ U.S. GOVERNMENT PRINTING OFFICE: 1958—J-456948

S/R

Treasury Department
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE

[X] WITH LEAVE

[X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable

[ ] S&FD pay to be checked, leave within the United States

[ ] S&FD pay not to be checked, leave outside United States

[ ] WITHOUT LEAVE not excused as unavoidable

[ ] COMMUTED RATIONS or BAS, if any, are to be checked

[ ] OVER LIBERTY not excused as unavoidable

	HOUR	DATE
DEPARTURE	0906	8-9-61
ARRIVED U. S.*		
LEAVE OR LIBERTY EXPIRED	0730	8-24-61
DEPARTED U. S.*		
RETURNED TO COAST GUARD JURISDICTION	0655	8-24-61
Number Days Charged to Leave Record		14

** These items to be completed in connection with leave to visit the United States only*

Credit leave rations and/or check pay in accordance with the Comptroller's Manual

2. CHANGE RATE

TO	FROM	EFFECTIVE DATE

AUTHORITY	Date Auth. Rec'd

3. CHANGE IN SERVICE FOR PAY PURPOSES

** Career Compensation Act of 1949 Statement of service filed in service record*

ON

	Years	Mos.	Days
* OTHER SERVICE			
COAST GUARD SERVICE			
COMPLETED NET SERVICE OF			

4. COMMUTED RATIONS

FROM *(Date)* TO *(Date)*

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be furnished for this period.

5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

FROM *(Hour & Date)*	TO *(Hour & Date)*	AT $ PER DAY

6. QUARTERS ALLOWANCE *(No Government Quarters available)*

FROM	TO	AT $ PER DAY / AT $ PER MO.

7. MISCONDUCT

The below named individual has been incapacitated for duty from _____ *(Date of Admission)* to _____ *(Date of Discharge)*

as a result of his own [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS [ ] OTHER *(Specify)*

8. MISCELLANEOUS PAY ORDERS

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below named individual for the reason(s) and period(s) stated above.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
P. A. WOOLFORD	LTJG, Personnel Officer	

SHIP OR STATION	SERVICE NUMBER OF A. C. O.
USCG Base, Galveston, Texas	

NAME *(Last)*	*(First)*	*(Middle)*	SERVICE NUMBER	RATE
REED,	Frank	O.	342-193	FA

☆ U. S. GOVERNMENT PRINTING OFFICE: 1959-528496

TREASURY DEPARTMENT
U.S. COAST GUARD
CG-[illegible]8 (Rev. 3-59)

PERMANENT MOTOR VEHICLE OPERATOR'S RECORD

1. HOME ADDRESS: 27142 Cook Rd., Olmsted Falls 38 Ohio

2. DATE OF BIRTH: 12-13-41

TESTED FOR—	QUALIFYING SCORE	DATE LAST TESTED	RESULTS	NAME OF EXAMINER
3. COLOR PERCEPTION	CAN DISTINGUISH RED, YELLOW, AND GREEN	2-15-62	☒ SATISFACTORY ☐ UNSATISFACTORY	Gerald L. Brown
4. HEARING	HEARS SPOKEN VOICE WITH BETTER EAR AT 15 FEET		LEFT 15/15 RIGHT 15/15 ☐ WITH ☒ WITHOUT HEARING AID	
5. VISION	20/30 REQUIRED		LEFT 20/20 RIGHT 20/20 BOTH 20/20 ☐ WITH ☒ WITHOUT GLASSES	
6. FIELD OF VISION	75° EACH SIDE OF FOCUS LINE REQUIRED		AVERAGE OF 3 TRIALS: 90 0°	
7. DEPTH PERCEPTION			AVERAGE OF 3 TRIALS: 1/2 11/16	
8. REACTION	____ SECONDS OR ____ FEET		AVERAGE OF 3 TRIALS .40 SEC./FT.	
9. ROAD TEST			NUMBER OF ERRORS: 16	
10. WRITTEN EXAMINATION			85 5/8 %	
11. ORAL EXAMINATION			____ %	
12. OTHER TESTS				

13. PRIOR DRIVING EXPERIENCE

SIZE AND TYPE VEHICLE	YEARS	MILEAGE	NUMBER ACCIDENTS	CAUSE AND CONSEQUENCE OF EACH ACCIDENT
Passenger	4	80,000		

14. TYPES OF VEHICLES FOR WHICH QUALIFIED:
- ☒ PASSENGER, PICK-UP, PANEL TRUCKS
- ☐ TRUCKS OVER ¾ TON
- ☐ SEMITRAILER, SINGLE AXLE
- ☐ SEMITRAILER, TANDEM AXLE
- ☐ BUSSES
- ☐ EMERGENCY VEHICLES (*Fire trucks and ambulances*)

15. QUALIFIED ON BASIS OF:
- ☒ TESTS
- ☐ PREVIOUS MILEAGE AND STATEMENT

16. RESTRICTIONS:
- ☐ MUST WEAR GLASSES
- ☐ OTHER (*Describe*)

17. PERMITS ISSUED

PERMIT NO.	DATE ISSUED	EXP. DATE	UNIT ASSIGNED	SIGNATURE AND DUTY TITLE OF ISSUING OFFICER
08-510310-3400	4-24-62	2-6-65	CG Base Galveston, Tex.	John R. Lilly JOHN R. LILLY, Issuing Officer

NAME: (*Last—First—Middle*) REED, Frank O.

SERVICE NO. 342-193

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

USCGC SEDGE (WAGL 402), CORDOVA, ALASKA

15 FEBRUARY 1964 - TRANSFERRED TO CAPE ST. ELIAS LTSTA FASDU. COMPLETED A TOTAL OF ONE YEAR, ONE MONTH AND TWENTY-SIX SEA DUTY WHILE ATTACHED TO THIS COMMAND.

P. D. CORSON, LT, USCG
EXECUTIVE OFFICER

27 March 1964 - Reported drowned and washed to sea during tidal wave at Cape St. Elias LTSTA, Alaska. SEE CCGD17 MSG 280835Z (MAR 64) Presumed dead.

D. F. BRADTKE, CHSCLK-2, USCG
Chief, Military Personnel Branch

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
15 FEBRUARY 1964	CCGD17 Msg Ø51625Z (FEB 64)		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
FNEN	11-1-63	P.D. CORSON	LT,USCG,EXECUTIVE OFFICER

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
Cape St. Elias LTSTA	2-15-64	G.H.LAWRENCE,CDR,USCG,CHPERSDIV

NAME (Last)	(First)	(Middle)	SERVICE NO.
REED	FRANK	OSCAR	342-193

ADMINISTRATIVE REMARKS

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

USCGC SEDGE (WAGL 402), CORDOVA, ALASKA

15 FEBRUARY 1964 - TRANSFERRED TO CAPE ST. ELIAS LTSTA FASDU. COMPLETED A TOTAL OF ONE YEAR, ONE MONTH AND TWENTY-SIX SEA DUTY WHILE ATTACHED TO THIS COMMAND.

P. D. CORSON, LT, USCG
EXECUTIVE OFFICER

27 March 1964 - Reported drowned and washed to sea during tidal wave at Cape St. Elias LTSTA, Alaska. SEE CCGD17 MSG 280835Z (MAR 64) Presumed dead.

D. F. BRADTKE, CHSCLK-2, USCG
Chief, Military Personnel Branch

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
15 FEBRUARY 1964	CCGD17 Msg 051625Z (FEB 64)		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
FNEN	11-1-63	P. D. CORSON	LT,USCG,EXECUTIVE OFFICER

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
Cape St. Elias LTSTA	2-15-64	G.H.LAWRENCE,CDR,USCG,CHPERSDIV

NAME (Last)	(First)	(Middle)	SERVICE NO.
REED	FRANK	OSCAR	342-193

ADMINISTRATIVE REMARKS

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

U.S. COAST GUARD BASE, GALVESTON, TEXAS

CG BASE, Galveston, Texas

I have read the Code of Conduct for Members of the Armed Forces of the United States and all questions concerning the same have been carefully explained to me.

Date JAN 14 1962 Signature Frank O. Reed

CG BASE, Galveston, Texas

I have read articles 2, 3, 7, through 15, 25, 27, 31, 37, 38, 55, 77 through 134, 137 through 139 of the Uniform Code of Military Justice as required by Article 137 of the Manual for Courts-Martial, United States, 1951, and questions concerning same have been carefully explained to me.

Date JAN 14 1962 Frank O. Reed
(Signature)

1 November 1962 - CAPTAINS MAST

DATE OF OFFENSE:- - - - - - - - - - - - - - - - 29 October 1962
DATE OF MAST:- - - - - - - - - - - - - - - - - 1 November 1962
OFFENSE:- Violation Article 91, UCMJ
PUNISHMENT AWARDED:- - - - - - - - - - - - - To perform extra duty at two hours per day, for a period of five days.

M. B. Berry
M. B. BERRY
By direction

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
17 November 1962	CCGD8 ETO No 5-63 of 8-7-62, HQ ETO 5-63		
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE
FA	5-5-61	M. B. BERRY, ENS, USCGR,	By direction

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

USCG BASE, SEATTLE, WASHINGTON RPTD 1101, 17 DEC 62 FOR TD AND FFT

DPTD 12-21-62 TO CGC SEDGE, CORDOVA, ALASKA FASDU

C. M. HUTCHINS
CHSCLK, W-4, USCG, Personnel Officer

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
CGC SEDGE (WAGL-402	21 DEC 62	B. D. CORSON, LT, USCG, XO

NAME (Last)	(First)	(Middle)	SERVICE NO.
REED	Frank	Oscar	342-193

ADMINISTRATIVE REMARKS

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

USCG BASE (RECEN), Government Island, Alameda, California

18 Feb 1961 — Articles 2, 3, 7 through 15, 25, 37, 38, 55, 77 through 134 and 137 through 139 of the Uniform Code of Military Justice were explained this date in compliance with Article 137, UCMJ.

2 May 1961 — Satisfactorily completed two day course in Fire Fighting at U. S. Navy Damage Control Training Center, Treasure Island, San Francisco, California.

13 Apr 1961 — Training and instruction in the Code of Conduct for members of the Armed Forces of the United States completed this date.

27 Apr 1961 — Subject has completed 26 hours of small arms training, qualified as follows:
a. Cal. 30 M1 Rifle, fired 1000" familiarization course.
b. ~~Cal. .45 Pistol, XXXXXXXXXX "D"~~ _____.

3 May 1961 — Satisfactorily completed RED CROSS BASIC SURVIVAL swimming course.

5 May 1961 — Satisfactorily completed twelve week course in recruit training.

J. C. TAGGART
By direction

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
5 May 1961	66616/99203051X		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
FA	5 May 1961	J. C. TAGGART, ENS, USCGR	Personnel Officer

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

OCCGD8(ADMIN) - Rptd this office 1640, 19 May 1961 TDFFT from CGRECEN, Alameda, Calif 24 May 1961 having used 10 lv and 04 tt enroute. AUTH: TONO 66616/99203051X.

Tr to CG BASE GALVESTON, Texas fasdu 0900, 24 May 1961. Authorized 01 days travel time enroute. AUTH: TONO 66616/99203051X.

R. E. DASH, LTJG, USCG
By direction

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)	
BASE, GALVESTON	25 May 1961	P.A. WOOLFORD, LTJG, USCGR, PO	
NAME (Last)	**(First)**	**(Middle)**	**SERVICE NO.**
REED	Frank	O.	342-193

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

USCG Recruiting Station, Cleveland, Ohio

7 FEB 61 - Enlisted this date in the U. S. Coast Guard in the rating of SR for a period of FOUR (4) years. Transferred to RECEN Alameda, California for recruit training.

James T. Chokas
JAMES T. CHOKAS, EMC(P), USCG
Recruiting Officer

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
7 FEB 61	COMDT (PTP-2) ltr P14-4 of 25 JAN 61		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
SR	7 FEB 61	James T. Chokas JAMES T. CHOKAS	BMC(P), USCG, OINC

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
USCG BASE (RECEN) ALAMEDA, CALIF.	2-7-61	R. N. Larson, CHSCLK, W-3 By dir. CG Base (RECEN), Alameda, Calif.

NAME (Last)	(First)	(Middle)	SERVICE NO.
REED,	Frank	Oscar	342-193

ADMINISTRATIVE REMARKS

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (Rev. 12-57)

MARKS

1. Date the Mark is effective	2. Reason	3. Rate	4. Profi-ciency	5. Leader-ship	6. Conduct	7. Ship or Station	8. Signature
5-5-61	T	FA	RUT	- -	4.0	CG BASE(RECEN) ALAMEDA, CALIF.	J. C. TAGGART, ENS, USCGR Personnel Supervisor
31 July 61	P	FA	3.3	3.3	4.0	CG BASE GALVESTON	L.G. HAVERLAND, CAPT, CO
31 Jan 62	P	FA	3.3	3.2	4.0	CG BASE, GALVESTON	L.G. HAVERLAND, CAPT, CO
31 Jul 62	P	FA	3.3	- -	4.0	CG Base, Galveston	J.L. KLENK, LCDR, CO
18 Nov 1962	T	FA	3.4	3.3	4.0	CGBase, Galveston	Acting C.E. SHARP, CAPT, CO
31 JAN 63	P	FA	3.2		4.0	CGC SEDGE (WAGL-402)	G. B. JONES, LCDR, CO
31 JUL 63	P	FN	3.5	3.4	4.0	CGC SEDGE (WAGL-402)	G. B. JONES, LCDR, CO
31 JAN 64	P	FNEN	3.5	3.4	4.0	CGC SEDGE (WAGL-402)	G. B. JONES, LCDR, CO

NAME (Last) REED, (First) Frank (Middle) Oscar | SERVICE NO. 342-193

MARKS

PREVIOUS EDITIONS ARE OBSOLETE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (Rev. 10-58)

LEAVE RECORD

DATE	CREDIT BROUGHT FORWARD FROM PREVIOUS RECORD	DAYS	AUTHENTICATED BY
7 February 1961		-00-	JAMES T. CHOKAS, BMC(P), USCG

LEAVE TAKEN (Inclusive dates) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	BALANCE DAYS	SHIP OR STATION	SIGNATURE
NO LEAVE TAKEN AT THIS COMMAND.							CG BASE(RECEN) ALAMEDA, CALIF	J DC STAGGARD, ENS, USCGR Personnel Supervisor
(Used O4tt enroute,) 6 MAY 61	19 MAY 61	10	RT			-10	OCCGD-8	R. E. DASH, LTJG, BYDIR
NO LEAVE TAKEN SINCE DATE OF LAST ENTRY. LV RATS CREDITED ARE NOT IN EXCESS OF LEAVE TAKEN.						-10	OCCGD-8	R. E. DASH, LTJG, BYDIR
				ANCR 30 JUN 61	12	02	USCG BASE GALV. TEX.	P.A. WOOLFORD, LTJG
10 Aug 61	23 Aug 61	14	A			-12	USCG Base Galv. Tex.	P.A. WOOLFORD, LTJG
6 April 1962	20 Apr 62	15	A			-27	USCG BASE GALV., TEXAS	M. B. BERRY ENS, P.O.
				ANCR 30JUN62	30	03	USCG BASE GALV. TEX.	M. B. BERRY, ENS, PO
NO LEAVE TAKEN SINCE DATE OF LAST ENTRY. LV RATS CREDITED NOT IN EXCESS OF LEAVE TAKEN.							CG Base Galv., Texas	M.B.BERRY, ENS, USCGR, By
18 NOV 62 (O4tt)	17 DEC 62	26	A			-23	CG Base Seattle, Wn.	C. M. HUTCHINS dir. CHSCLK, W-4, USCG, PO
NO LEAVE TAKEN SINCE 17 DEC 62				TR 12-21-62			CG Base Seattle, Wn.	C. M. HUTCHINS CHSCLK, W-4, USCG, PO
				ANCR 30 JUN 63	30	, 7	CGC SEDGE	P.D. CORSON, LT, USCG, XO
				27 MAR 64	22½	29½	LTSTA CAPE ST ELIAS	D. E. BRADLEE, CHSCLK, W-2 Chief Military Personnel Branch
							30 Days Leave	

DEDUCTIBLE TIME (Inclusive dates)

PERIOD (Inclusive dates) FROM	TO	REASON (AOL, AOM, etc.)	TIME LOST BASIC PAY AND LEAVE MONTHS	DAYS	EXTENSION OF ENLISTMENT DAYS	SHIP OR STATION	SIGNATURE

NORMAL DATE OF EXPIRATION OF ENLISTMENT

NAME (Last)	(First)	(Middle)	SERVICE NO.
REED,	Frank	Oscar	342-193

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (Rev. 11-57)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

DATE	RATING	DESIG-NATOR	OTHER QUALI-FICATION	AUTHORITY	SIGNATURE (Grade and Title)	UNIT
5-5-61	SA		Art. 5-C-12 PERS. MANUAL		J. C. TAGGART, ENS, USCGR Personnel Supervisor	CG BASE(RECEN) ALAMEDA, CALIF.
5-5-61	FA		Art. 5-C-45(d)(1) PERS. MANUAL		J. C. TAGGART, ENS, USCGR Personnel Supervisor	
4/16/63	FN		Art 5-C-11 Pers. Manual		P. D. CORSON, LT, USCG, XO	CGC SEDGE
2-16-64	EN3		CCGD17 ADV Auth: 4-64		P. D. CORSON, LT, USCG, XO	CGC SEDGE

2. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED:

3. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING / NUMBER IN CLASS		FINAL MARK (Std Score)

GRADUATED (If no, give reason) ☐ YES ☐ NO

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING / NUMBER IN CLASS		FINAL MARK (Std Score)

GRADUATED (If no, give reason) ☐ YES ☐ NO

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING / NUMBER IN CLASS		FINAL MARK (Std Score)

GRADUATED (If no, give reason) ☐ YES ☐ NO

SIGNATURE

4. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

AFQT 5B 79% STANDARD TESTS SCORES

GCT	MECH	ARI	CLER
66	56	50	49

HIGHEST SCHOOL LEVEL ATTAINED: HS3

LANGUAGE QUALIFICATIONS: None

5. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

DATE COMPLETED	NAME OF COURSE	MARK	SIGNATURE
3/4/63	FN-4	88	P.D.CORSON,LT,USCG
23 SEP 63	EN3-4	85%	P. D. CORSON,LT,USCG

6. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

DATE COMPLETED	NAME OF COURSE	MARK	SIGNATURE

NAME (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
REED,	Frank	Oscar	342-193	SR

5-5-61	SA		Art. 5-C-12 PERS. MANUAL	J. C. TAGGART, ENS, USCGR Personnel Supervisor		UNIT
5-5-61	FA		Art. 5-C-45(d)(1) PERS. MANUAL	J. C. TAGGART, ENS, USCGR Personnel Supervisor		CG BASE(RECEN) ALAMEDA, CALIF.
4/16/63	FN		Art 5-C-11 Pers. Manual	P. D. CORSON, LT, USCG, XO		
2-16-64	EN3		CCGD17 ADV Auth: 4-64	P. D. CORSON, LT, USCG, XO		CGC SEDGE
				P. D. CORSON, LT, USCG, XO		CGC SEDGE

2. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED:

3. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING / NUMBER IN CLASS		FINAL MARK (Std Score)

GRADUATED (If no, give reason) ☐ YES ☐ NO

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING / NUMBER IN CLASS		FINAL MARK (Std Score)

GRADUATED (If no, give reason) ☐ YES ☐ NO

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING / NUMBER IN CLASS		FINAL MARK (Std Score)

GRADUATED (If no, give reason) ☐ YES ☐ NO

SIGNATURE

4. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

AFQT 5B 79% STANDARD TESTS SCORES

GCT	MECH	ARI	CLER
66	56	50	49

HIGHEST SCHOOL LEVEL ATTAINED: HS3

LANGUAGE QUALIFICATIONS: None

5. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

DATE COMPLETED	NAME OF COURSE	MARK	SIGNATURE
3/4/63	FN-4	88	P.D.CORSON,LT,USCG
23 SEP 63	EN3-4	85%	P. D. CORSON,LT,

6. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

DATE COMPLETED	NAME OF COURSE	MARK	SIGNATURE

NAME (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
REED,	Frank	Oscar	342-193	SR

CLASSIFICATION TRAINING AND RATING SHEET

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303B (11-60)

QUALIFICATIONS FOR ADVANCEMENT RECORD

INSTRUCTIONS

CG-3303B shall be utilized to record the successful completion of practical factors by enlisted personnel of the Coast Guard as outlined in the Enlisted Ratings Qualifications Manual, CG-311.

Upon successful completion of required qualifications under practical factors and recommendation for advancement, the applicant shall be examined by responsible officers and a mark assigned both in Military Requirements and Professional Qualifications. *(See Enlisted Ratings Qualifications Manual for qualifications listed under Examination Subjects.)* The average of these two marks shall constitute the final mark entered as examination score on Form CG-3303A which shall be completed and forwarded in accordance with current instructions. Form CG-3303B shall be retained in the service record of the applicant until discharge without reenlistment, at which time it shall be destroyed.

MILITARY REQUIREMENTS-PRACTICAL FACTORS

(Refer to Chapter 4, Enlisted Ratings Qualifications Manual)

NO.	UNIT	DATE COMPLETED	INITIALS	NO.	UNIT	DATE COMPLETED	INITIALS
1.	Sedge	7-30-63	Adz	2.	Sedge	9-2063	JS
4.		9-20-63	Jac	10.			
4.	Sedge	9-1-63	[illegible]	11.	CGC Sedge	9/2/63	RDM
12.				12.			
13.				13.			
14.	Sedge	9/10/63	[illegible]	14.	Sedge	9-20-63	Jac
15.				15.	Sedge	9-20-63	[illegible]
16.	Sedge	9-20-63	Jac	16.	Sedge	9-3/63	ERG.

PROFESSIONAL QUALIFICATIONS-PRACTICAL FACTORS

(Refer to Chapter 5, Enlisted Ratings Qualifications Manual, Article 5- 12)

NO.	UNIT	DATE COMPLETED	INITIALS	NO.	UNIT	DATE COMPLETED	INITIALS
1.	CGC SEDGE (WAGW-402)	8-20-63	[illegible]	8.	Sedge	9-20-63	[illegible]
2.			[illegible]	9.			
3.			[illegible]	10.			
4.			[illegible]	11.			
5.			[illegible]	12.			
6.			[illegible]	13.			
7.			[illegible]	14.			

(Continue on reverse)

EXAMINATION SUBJECTS		
	MILITARY REQUIREMENTS MARK: 3.7	SIGNATURE OF EXAMINING OFFICER: [illegible], BOSN
	PROFESSIONAL QUALIFICATIONS MARK: 3.7	SIGNATURE OF EXAMINING OFFICER: [illegible] CHIEF MACH W-2
	TOTAL ABOVE ITEMS: 7.4	FINAL AVERAGE MARK (Total divided by 2): 3.7

NAME OF APPLICANT (Last, first, middle initial)	SERVICE NUMBER	PRESENT RATE
REED, FRANK OSCAR	342-193	FN

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303B (11-60)

QUALIFICATIONS FOR ADVANCEMENT RECORD

INSTRUCTIONS

CG-3303B shall be utilized to record the successful completion of practical factors by enlisted personnel of the Coast Guard as outlined in the Enlisted Ratings Qualifications Manual, CG-311.

Upon successful completion of required qualifications under practical factors and recommendation for advancement, the applicant shall be examined by responsible officers and a mark assigned both in Military Requirements and Professional Qualifications. (See *Enlisted Ratings Qualifications Manual for qualifications listed under Examination Subjects.*) The average of these two marks shall constitute the final mark entered as examination score on Form CG-3303A which shall be completed and forwarded in accordance with current instructions. Form CG-3303B shall be retained in the service record of the applicant until discharge without reenlistment, at which time it shall be destroyed.

MILITARY REQUIREMENTS-PRACTICAL FACTORS

(Refer to Chapter 4, Enlisted Ratings Qualifications Manual)

NO.	UNIT	DATE COMPLETED	INITIALS	NO.	UNIT	DATE COMPLETED	INITIALS
1.	Sedge	3-27-63	[illegible]	9.	Sedge WAGL 402	3-22-63	JS
2.				10.	Sedge	3-25-63	REP
3.	SEDGE	3-22-63	HQIC	11.			
4.	SEDGE	3-23-63	T.A.C.	12.	SEDGE	3-22-63	[illegible]
5.	SEDGE	3-25-63	H.L.R.	13.	Sodge	3-25-63	[illegible]
6.	Sedge	3 25-63	[illegible]	14.			
7.	Sedge WAGL 402	3-22-63	JS	15.			
8.	SEDGE WAGL 402	3-25-63	[illegible]	16.	Sedge WAGL 402	3-23-63	[illegible]

PROFESSIONAL QUALIFICATIONS-PRACTICAL FACTORS

(Refer to Chapter 5, Enlisted Ratings Qualifications Manual, Article 5-)

NO.	UNIT	DATE COMPLETED	INITIALS	NO.	UNIT	DATE COMPLETED	INITIALS
1.	USCGC SEDGE (WAGL-402)	3 1 MAR 1963	[illegible]	8.	USCGC SEDGE (WAGL-402)	3 1 MAR 1963	[illegible]
2.	USCGC SEDGE (WAGL-402)	3 1 MAR 1963	[illegible]	9.	USCGC SEDGE (WAGL-402)	3 1 MAR 1963	[illegible]
3.	USCGC SEDGE (WAGL-402)	3 1 MAR 1963	[illegible]	10.	USCGC SEDGE (WAGL-402)	3 1 MAR 1963	[illegible]
4.	USCGC SEDGE (WAGL-402)	3 1 MAR 1963	[illegible]	11.			
5.	USCGC SEDGE (WAGL-402)	3 1 MAR 1963	[illegible]	12.			
6.	USCGC SEDGE (WAGL-402)	3 1 MAR 1963	[illegible]	13.			
7.	USCGC SEDGE (WAGL-402)	3 1 MAR 1963	[illegible]	14.			

(Continue on reverse)

EXAMINATION SUBJECTS	MILITARY REQUIREMENTS MARK: 3.3	SIGNATURE OF EXAMINING OFFICER: [illegible], BOSN
	PROFESSIONAL QUALIFICATIONS MARK: 3.5	SIGNATURE OF EXAMINING OFFICER: [illegible] CHMACH.
	TOTAL ABOVE ITEMS: 6.8	FINAL AVERAGE MARK (Total divided by 2): 3.4

NAME OF APPLICANT (Last, first, middle initial)	SERVICE NUMBER	PRESENT RATE
REED, FRANK O.	342-193	FA

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303A (Rev. 11-60)

RECOMMENDATION FOR ADVANCEMENT OR CHANGE IN RATE

RECEIVED
5 APR 1963
PERSONNEL BRANCH
17th Coast Guard District

INSTRUCTIONS

ITEMS 1 through 5, and ITEM 7. Self-explanatory.

ITEM 6 - TOTAL MONTHS OF SEA DUTY. Complete in accordance with Article 5-C-19, Personnel Manual.

ITEM 8 - DATE SCORE COMPUTED TO. For E-7 use date given in Personnel Instruction which announces examination. For E-5 and E-6 use date eligibility lists are established. Refer to Article 5-C-32, Personnel Manual.

ITEM 9 - EXAMINATION SCORE. Headquarters will enter score for E-7. For E-5 and E-6 enter score attained in the examination subjects and listed as FINAL AVERAGE MARK on Form CG-3303B.

ITEM 10 - PERFORMANCE MARKS *(Both P and L marks).* For E-7 compute the average marks for the preceding TWO YEARS. For E-6 compute the average marks for the preceding ONE YEAR. For E-5 compute the average marks for the preceding SIX MONTHS.

ITEM 11 - ACTIVE SERVICE. Include all active duty in the armed forces and their reserve components. No credit shall be given for any periods of active duty for training except for those periods of active training duty of six months duration. For personnel who were assigned to an organized reserve unit of the Coast Guard, refer to Article 5-C-9, Personnel Manual.

ITEM 12 - TIME IN GRADE *(CG or Navy)* Navy time in grade shall be supported by documentary evidence showing inclusive dates.

ITEM 13 - AWARDS. Refer to Article 5-C-22, Personnel Manual.

ITEM 14 - Will be entered at Headquarters for E-7.

1. NAME *(Last, first, middle initial)*	2. UNIT	3. SERVICE NUMBER	4. PRESENT RATE
REED, Frank O.	USCGC SEDGE (WAGL 402)	342-193	FA

5. I REQUEST TO BE EXAMINED FOR: *(Check and complete)*		6. TOTAL MONTHS OF SEA DUTY	7 ORIGINAL RECOMMENDATION FOR THIS RATE
[X]	ADVANCEMENT TO: FN		[X] YES [ ] NO
[ ]	CHANGE IN RATE TO:		
DATE: 31 March 1963	SIGNATURE OF APPLICANT: FRANK O. REED		

			FACTOR	CREDIT	MAXIMUM
8. DATE SCORE COMPUTED TO:					
9. EXAMINATION SCORE	3.4		x 20	68.00	80
10. PERFORMANCE MARKS	a. PROFICIENCY		x 10		40
	b. LEADERSHIP		x 10		40
11. ACTIVE SERVICE *(To nearest month)*		MOS	÷ 6		40
12. SERVICE IN GRADE *(To nearest month)*		MOS	÷ 2		40
13. LIST AWARDS AND DATE RECEIVED					10
14. TOTAL SCORE				68.00	250

15. I HAVE REVIEWED AND TAKE NO EXCEPTION TO THE ENTRIES IN ITEMS 1 THROUGH 14 OF THIS FORM.	CANDIDATE'S SIGNATURE: Frank O. Reed FRANK O. REED
16. FROM: COMMANDING OFFICER USCGC SEDGE (WAGL 402) TO: SEVENTEENTH COAST GUARD DISTRICT	VIA (1) (2)

I CERTIFY that all the above information is correct and has been obtained from the service record; that the candidate has successfully completed all practical factors and examination subjects for this advancement or change in rate as evidenced on Form CG-3303B; that the candidate meets the requirements for advancement and/or change in rate.

Correspondence or training course for this change of rate has been completed. *(Check box)*

[X] YES [ ] NO *(Explain under remarks)*

DATE	SIGNATURE
31 March 1963	C. D. JONES, LCDR, USCG

17. FIRST ENDORSEMENT *(Check appropriate box)*

FROM:	TO:
[ ] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED *(State reasons)*	
DATE	SIGNATURE

18. SECOND ENDORSEMENT *(Check appropriate box)*

FROM: COMMANDER, Seventeenth CG DISTRICT	TO: CO, CGC SEDGE (WAGL-402)
[X] RETURNED [X] AUTHORIZED [ ] NOT AUTHORIZED *(Comment under remarks)*	
[ ] FORWARDED [ ] APPROVED [ ] DISAPPROVED *(Comment under remarks)*	
DATE: 5 April 1963	SIGNATURE *(By direction)*: D. F. BRADTKE

REMARKS *(Indicate by number the item to which explanation applies. Continue on reverse)*

Advance REED to FN effective 16 April 1963
Auth: Article 5-C-11, CG Personnel Manual

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
REED, Frank Oscar	342-193	FA	12-13-41	P

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
27142 Cook Road Olmsted Falls, Ohio	☐ Yes ☒ No NA (DATE LAST ENTRY)	NA 9. SOCIAL SECURITY NO. 284-36-6571

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) none	

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
none					

12. FATHER Fred Andress Reed	ADDRESS Same as #6
13. MOTHER Elsie Lucille Reed (deceased)	ADDRESS
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM Alec Dan Reed	ADDRESS same as #6

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH none	ADDRESS

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY *(P. L. 881 84th Congress).*		Fred Andress Reed	Same as #6	Father
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES *(P. L. 147, 84th Congress).* PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Fred Andress Reed	Same as #6	Father
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100	Fred Andress Reed	Same as #6	Father

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
USCG Base, Galveston, Texas	30 August 61

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
P. A. Woolford P. A. WOOLFORD, LTJG, USCGR, PO	Frank Oscar Reed Frank Oscar Reed

DD FORM 1 Dec 56 **93-1**

Previous Editions are obsolete.

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301A (Rev. 12-56)

CERTIFICATE OF OBLIGATED SERVICE

(FOR PERSONNEL ENLISTING IN THE REGULAR COAST GUARD)

NAME	SERIAL NO.	DATE
REED, Frank Oscar	342-193	7 February 1961

1. I certify that the following methods of completing my military obligation in the Coast Guard under the Reserve Forces Act of 1955 have been explained to me prior to my taking the oath of enlistment:

   a. By enlistment in the Regular Coast Guard which method requires a total of SIX YEARS combined service on active duty and in the Reserve - the last year of which may be in the Standby Reserve.

   b. By enlistment for six years in the Coast Guard Reserve which method requires a total of SIX YEARS combined service on active duty and inactive duty in the Reserve, at least two years of which must be spent on active duty. The last year of the six year total may be spent in the Standby Reserve.

   c. By enlistment for eight years in the Coast Guard Reserve which method requires six months active duty for training plus service in the Ready Reserve such that the total service is eight years.

2. I certify that:

F.O.R.X a. ☐ I have had no previous military service, active or inactive.

   b. ☐ I became a member of the ..... subsequent to 9 August 1955, that is, on ..... and am now serving in an inactive duty status. I understand that discharge therefrom will be requested.

   c. I understand that under the provisions of the UMT & S Act, as amended, and the Reserve Forces Act of 1955:

      (1) That upon completion of active duty, if I do not reenlist, I will be transferred to the Coast Guard Reserve and be required to serve therein for a total period of six years from 7 February 1961, date of my original entry into the Armed Forces and that when so transferred I will be placed in the Ready Reserve and required to serve satisfactorily therein for a period which when added to my active service will total five years and then I will be eligible for transfer to Standby Reserve and if I apply I will be so transferred.

      (2) That, if assigned to the Ready Reserve under the provisions of c. (1) hereof I will, unless relieved by competent authority, be required to participate in inactive duty training amounting to attendance at and satisfactory performance of at least 90% of all scheduled drills or training periods prescribed and not more than seventeen consecutive days of active duty for training each year, or, in lieu thereof, I may be required to perform not more than thirty consecutive days of active duty for training each year when authorized.

      (3) That, if in any year I fail to satisfactorily perform the training duty specified in c. (2) hereof, I may be ordered to perform without my consent not more than 45 consecutive days of additional active duty for training in lieu thereof.

3. I certify that:

   a. ☐ I have previously served in the ..... from ..... to ..... and have been discharged therefrom. I therefore understand that I am only obligated to serve for the period of my contract of enlistment.

   b. ☐ I became a member of the ..... on or before 9 August 1955, that is, on ..... and am now serving in an inactive duty status. I understand that discharge therefrom will be requested. I therefore understand that if I do not reenlist, and if I have some obligated service remaining, I will be transferred to the Coast Guard Reserve and be required to serve therein until I have completed a total of eight years service from ....., date of my original entry into the Armed Forces. If I have no obligated service remaining, I understand that I will be discharged upon completion of my enlistment.

F.O.R.X 4. I understand that I am enlisting in the Regular Coast Guard for FOUR years of active duty.

5. In regard to the Uniform Code of Military Justice I understand:

   a. That I am subject to the Uniform Code of Military Justice while on active duty and active duty for training.

   b. That Article 2 of the Uniform Code of Military Justice provides, inter alia:
   "The following persons are subject to this code: ***

   (3) Reserve personnel while on inactive duty training authorized by written orders which are voluntarily accepted by them, which orders specify that they are subject to this code; ***"

   c. That in accordance with paragraph 2.c. (3) hereof if I fail to satisfactorily perform training duty, I become subject to the Uniform Code of Military Justice.

PREVIOUS EDITIONS ARE OBSOLETE

(See Reverse side)

6. Now, therefore, I, FRANK OSCAR REED, do certify:

a. That I have read and understand the above.

b. That this Certificate constitutes a part of my enlistment contract.

c. That I am obligated to remain in the REGULAR COAST GUARD and/or Coast Guard Reserve until I have completed a total of SIX years service from 7 February 1961.

d. That I do agree that if I am transferred to the Coast Guard Reserve in fulfillment of my obligated service, I will accept without delay written orders assigning me to inactive duty training in the Coast Guard Reserve with the full knowledge that the said written orders will specify that I am subject to the Uniform Code of Military Justice while performing inactive duty training.

DATE 7 February 1961	SIGNATURE X Frank Oscar Reed FRANK OSCAR REED
DATE 7 February 1961	WITNESS BY James T. Chokas JAMES T. CHOKAS, HMC(P), USCG

INSTRUCTIONS

1. This Certificate will be executed by each MAN ORIGINALLY ENLISTING or REENLISTING in the REGULAR COAST GUARD at a Recruiting Station regardless of his age. It is not to be altered or amended for use for Reserve Personnel.

2. This form is so arranged that either paragraph 2. or 3. only will be applicable. Accordingly, whichever of these two paragraphs is not applicable shall be lined out. In whichever paragraph is applicable, the man being enlisted shall be required to place his initials in the appropriate block. In all cases, only one of the two blocks will apply, as follows:

   a. Applicants who have had no prior service or who became members of the National Guard or of a Reserve component subsequent to 9 August 1955 and who are so serving when they apply for enlistment in the Regular Coast Guard have a military obligation which requires a total of six years service and satisfactory participation in Reserve training. Accordingly, for such applicants, paragraph 2. will be executed.

   b. Applicants who have been completely separated from prior military service do not, by enlistment in the Coast Guard, acquire a military obligation. Accordingly, for such applicants, paragraph 3. a. will be executed.

   c. Applicants who became members of the National Guard or of a Reserve component on or before 9 August 1955 and who are so serving, incurred at the time of their original enlistment therein a military obligation which required a total of eight years service. Although they do not by enlistment in the Coast Guard acquire a new military obligation, they are not relieved of the obligation previously acquired. They are not, however, required to satisfactorily participate in Reserve training. Accordingly, for such applicants, paragraph 3. b. will be executed.

3. In paragraph 6. c., the blank spaces shall be completed as follows:

   a. If paragraph 2. a. was initialled by the applicant, the figure six shall be the date of his enlistment in the Coast Guard.

   b. If paragraph 2. b. was initialled by the applicant, the figure six shall be inserted for years of service and the date shall be the date of his original enlistment in the losing Reserve componant.

   c. If paragraph 3. a. was initialled by the applicant, the term of his enlistment in the Coast Guard shall be inserted for years of service and the date shall be the date of his enlistment in the Coast Guard.

   d. If paragraph 3. b. was initialled by the applicant, the figure eight shall be inserted for years of service and the date shall be the date of his original enlistment in the losing Reserve component.

4. This Certificate will be executed in duplicate. The original will be forwarded to the Commandant (PE) with the rest of the man's papers. The duplicate will be placed in the service record as page 1. a.

5. In the event of immediate reenlistment in the REGULAR COAST GUARD the duplicate copy will be removed from the closed-out service record and inserted in the new service record except in those cases where the man has fulfilled his obligation.

GPO 887613

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (Rev. 2-54)

ENLISTMENT CONTRACT
U. S. COAST GUARD

TYPE OF ENLISTMENT (Check): X REGULAR | RESERVE

1. NAME (Last, first, middle)	2. RATE (Abbreviate)	3. SERVICE NO.
REED, Frank Oscar	SR	342-193

4. PLACE OF BIRTH (City and State)	5. DATE OF BIRTH	6. RELIGION
Cleveland, Ohio	13 December 1941	Protestant

7. MARITAL STATUS (Married, single, widowed, divorced, separated)	8. CITIZENSHIP (Check or complete)					9. YEARS OF EDUCATION
		X	NB		NZ	OTHER (Specify) - - - - -	HS3
Single						

10. PERMANENT HOME ADDRESS (See Instructions on reverse)
27142 Cook Road, Olmsted Falls, Cuyahoga, Ohio

11. DATE OF ENLISTMENT			12. NATURE OF ENLISTMENT (Check)			13. ENLISTED FOR (Number of years)	14. TEST SCORE
DAY	MONTH	YEAR	X	FIRST	REENLISTMENT	FOUR (4)	AFQT 5B 79%
7	February	1961	15. PRIOR SERVICE (Check)			16. ACCEPTED (City and State)	
				YES	X NO	Cleveland, Ohio	

17. ENLISTED (Unit, city and State)	18. SEL. SERV. LOCAL BOARD NO. (City, county, State)	19. SEL. SERV. REGIS. NO.
CGCRUITSTA, Cleveland, Ohio	#31, Cleveland, Cuyahoga, Ohio	33-31-41-813

20. DATE OF LAST ENLISTMENT			21. BRANCH OF SERV.	22. PRIOR ACT. DY.		23. TYPE OF DISCHARGE	24. DATE LAST DISCHARGED		
DAY	MONTH	YEAR		YEARS	MONTHS		DAY	MONTH	YEAR
-	- - - - - - - -	- - - -	- - - - - - - -	- - -	- - - - -	- - - - - - - - - - - - - - - -	- - -	- - - - - - - -	- - - -

25. PRIOR NET SERV. FOR PAY PURPOSES			26. DATE TRANS.			27. TRANSFERRED TO (Check and complete)				
YEARS	MONTHS	DAYS	DAY	MONTH	YR.	LOCATION		FOR ACTIVE DUTY		FOR INACTIVE DUTY
-00-	-00-	-00-	7	FEB	61	CO, CGRECEN, Alameda, Calif.	X			

28. DESCRIPTION SSN 284-36-6571

RACE (See Instructions)	SEX	COLOR EYES	COLOR HAIR	HEIGHT	WEIGHT	COMPLEXION
Caucasian	Male	Blue	Brown	68"	135	Fair

29. DISTINGUISHING MARKS AND SCARS
None

I am not drawing, nor have I a claim pending, on account of my own military service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with JAMES T. CHOKAS, BMC(P), USCG of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { 4 years from 7 February, 1961 / during minority until - - - - - - , 1 - - - } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to and retained on active duty in accordance with law.

Fifth: I understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Enlistment: I, FRANK OSCAR REED do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Signature in own handwriting (surname to right) Frank Oscar Reed FRANK OSCAR REED

Subscribed and sworn to before me this 7th day of February, A. D. 19 61 Citizenship substantiated and contract perfected.

Signature and Grade James T. Chokas Official Title Recruiting Officer

JAMES T. CHOKAS, BMC(P), USCG

READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

INSTRUCTIONS

Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for "Naturalized", in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3). Enter full address, including name of county in which residence is located.

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

U. S. GOVERNMENT PRINTING OFFICE 16—66721-2

ENLISTED PERSONNEL DATA CARD REPORTS CONTROL SYMBOL FSS-6069

CG-3291 (Rev. 3-59) PREVIOUS EDITIONS MAY BE USED

1. NAME LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
~~NAME~~ REED,	Frank	O.	342-193	FNEN	

5. DATE ENLISTED	6. TERM ENL/EXT	7. DATE EXP. ENL/EXT.	8. ACTIVE DUTY DATE	9. TERM REQ. ACT. DUTY	10. EXPECTED RELEASE DATE	11. DATE PREPARED
2-7-61	4 Yrs	2-6-65	-	-	-	2-7-61

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RESIDENCE
12-13-41	Cau	None	-	Olmsted Falls, Ohio	-	Ohio

19. CIVILIAN EDUCATION	20. LANGUAGE QUALIFICATIONS	21. CIVILIAN OCCUPATION	22. SPECIAL SKILLS, LICENSES, ETC.
HS3	None	Commerical Artist	Those of trade

23. TEST SCORES	FORM NUMBER	GCT	ARI	MECH	CLER	ETST	RCT	SPMT
AFQT 5B 79%	SCORE	66	50	56	49			

24. EXPERIENCE (Months)

	ASHORE	AFLOAT
WITHIN CONUS:		
OUTSIDE CONUS:		

CODING SPACE

A.
B.
C.
D.
E.
F.
G.

25. SERVICE PRIOR TO THIS ENLISTMENT

a. BRANCH:

b. ACTIVE SERVICE — YRS. | MOS. | DAYS

c. OTHER SERVICE — YRS. | MOS. | DAYS

d. TOTAL NET SERVICE FOR PAY — YRS. | MOS. | DAYS

26. SERVICE FOR BASIC PAY

COMP. 03 YRS. ON 2-6-64

27. SERVICE FOR RETIREMENT WILL COMPLETE 30 YEARS

ON 2-6-91

28. OFF DUTY STUDY (CGI, USAFI courses, etc.)

FN-4 4 MAR 63 88%
EN3-4 23 SEP 63 85%
None

29. SERVICE AND CIVILIAN SCHOOLS COMPLETED UNDER ORDERS

None

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
FA	Perm	5-5-61
FN	"	4/16/63
FNEN	"	11-1-63

31. REMARKS

31a. SSAN 284-36-6571

32. RPTD DIST.

33. RPTD UNIT

1. NAME LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
REED,	Frank	O.	342-193	FNEN	