CLINICAL RECORD COVER SHEET

1. ADMISSION NOTES	2. WARD	3. TYPE OF CASE	4. LAST NAME — FIRST NAME — MIDDLE INITIAL
	311	☐ DIS ☐ INJ ☐ BC	Lofton Aaron L.

5. SEX	6. RELIGION	7. PREV. ADM.	8. REGISTER NO.	9. SERVICE NO.	10. GRADE
M	P	☐ YES ☐ NO		[redacted]	Pvt

11. RATING OR DESIG.	12. DEPARTMENT	13. ORGANIZATION AND BRANCH OF SERVICE	14. FLYING STATUS
	Army	401st AAF BU (W-K)	

15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE	16. AGE	17. RACE	18. LENGTH OF SERVICE	19. DATE OF ADMISSION
Aaron Lofton (F) Post Office #64 Summit, Miss	21	(illegible)	1 Yr	

20. SOURCE OF ADMISSION

NOTE: Enter flying Status for AF Military Personnel only. For Civilians, etc., show typo (*Dep. of EM, etc.*) in space 13.

21. ADMITTING OFFICER	22. CONTINUATION OF ITEMS 13 AND 20.

23. DIAGNOSES (*See instructions for recording as shown on reverse side, Include all required related data*)

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES (*Show date for each; show anesthetic for each operation*)

25. SELECTED ADMINISTRATIVE DATA (*Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.*)

26. PHYSICAL PROFILE

TYPE	SERIAL						SUFFIX					
	P	U	L	H	E	S	R	T	D	O	N	☐ PROFILE IS UNCHANGED
PREVIOUS												
REVISED												

27. DAYS DURATION THIS FACILITY

ALL _____ IN HOSPITAL OR INFIRMARY _____ SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE _____ OTHER _____

28. NATURE OF DISPOSITION	29. DATE OF DISPOSITION

30. SIGNATURE OF ATTENDING PHYSICIAN	31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	33. REGISTER NUMBER

DD FORM 1 MAY 51 481 Replaces WD AGO Form 8-33, 1 Apr 45, which is obsolete.

16—64559-2

34. ADDITIONAL REMARKS (*Show item number to which extended entry applies. Group all continuations of a particular item.*)

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully—including causative agent, how, when, where, doing what, for injuries—in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (*previously recorded*) or "Not PR." Similarly, any other condition which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admission. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of venereal disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered 11 May 1951." For each diagnosis line-of-duty status must be shown in accordance with separate directives, thus "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

35. CAUSE OF DEATH	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC., IT MEANS THE *DISEASE, INJURY, or COMPLICATIONS* WHICH CAUSED DEATH.	*Ia.* DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(*Do not enter more than one cause per line for items Ia, b and c*)	ANTECEDENT CAUSES	*b.* DUE TO (*Or as the consequence of*)	
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (*Item Ia*) STATING THE UNDERLYING CAUSE LAST.	*c.* DUE TO (*Or as the consequence of*)	
	THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CAUSING DEATH.	II. OTHER SIGNIFICANT CONDITIONS	

36. AUTOPSY PERFORMED (*If "YES," indicate date and place*)	37. HOUR AND DATE OF DEATH
38. EXACT PLACE OF DEATH	39. SIGNATURE OF PHYSICIAN

U. S. GOVERNMENT PRINTING OFFICE : 1951 O—[illegible]

CLINICAL RECORD COVER SHEET

1. ADMISSION NOTES
15[illegible]
No. evid of A or
N

2. WARD

3. TYPE OF CASE ☐ DIS ☐ INJ ☐ BC

4. LAST NAME—FIRST NAME—MIDDLE INITIAL [illegible]

5. SEX [illegible]

6. RELIGION [illegible]

7. PREV. ADM. ☐ YES ☐ NO

8. REGISTER NO. [illegible]

9. SERVICE NO. [redacted]

10. GRADE [illegible]

11. RATING OR DSGN

12. DEPARTMENT [illegible]

13. ORGANIZATION AND BRANCH OF SERVICE [illegible]

14. FLYING STATUS

15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE
Afron Lofton (F)
[illegible]
[illegible]

16. AGE [illegible]

17. RACE [illegible]

18. LENGTH OF SERVICE 1 [illegible]

19. DATE OF ADMISSION 6 [illegible]

20. SOURCE OF ADMISSION [illegible]

NOTE: Enter flying status for AF Military Personnel only. For Civilians, etc., show type (*Dep of EM, etc.*) in space 13.

21. ADMITTING OFFICER [illegible], Capt [illegible]

22. CONTINUATION OF ITEMS 13 AND 20 (13) [illegible] 056.1[illegible]

23. DIAGNOSES (*See instructions for recording as shown on reverse side. Include all required related data*)

Dg.1 (7032) Observation medical for Histoplasmosis. No Disease found.
LOD Yes.

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES (*Show date for each; show anesthetic for each operation*)

25. SELECTED ADMINISTRATIVE DATA (*Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.*)

26. PHYSICAL PROFILE

TYPE	SERIAL						SUFFIX					
	P	U	L	H	E	S	R	T	D	O	N	☐ PROFILE IS UNCHANGED
PREVIOUS												
REVISED												

27. DAYS DURATION THIS FACILITY
ALL 7 IN HOSPITAL OR INFIRMARY 7 SUBSISTING ELSEWHERE ____ QUARTERS OR DISPENSARY ____ LEAVE ____ OTHER ____

28. NATURE OF DISPOSITION Duty

29. DATE OF DISPOSITION 13 Aug 56

30. SIGNATURE OF ATTENDING PHYSICIAN

31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER [illegible]

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY US A[illegible] [illegible]ARY FO[illegible]T KOBBE, CANAL ZONE

33. REGISTER NUMBER 11045

DD FORM 1 MAY 51 481-3 (*4 PART*) c0-16—71266-1 4

34. ADDITIONAL REMARKS *(Show item number to which extended entry applies. Group all continuations of a particular item)*

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully—including causative agent, how, when, where, doing what, for injuries—in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" *(previously recorded)* or "Not PR." Similarly, any other condition which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admission. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of venereal disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered, 11 May 1951." For each diagnosis line of duty status must be shown in accordance with separate directives, thus: "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

35. CAUSE OF DEATH	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHEMA, ETC. IT MEANS THE *DISEASE, INJURY or COMPLICATIONS* WHICH CAUSED DEATH.	Ia. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH.	INTERVAL BETWEEN ONSET AND DEATH
(Do not enter more than one cause per line for items Ia, b, and c)	ANTECEDENT CAUSES	b. DUE TO *(Or as the consequence of)*	
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE *(Item Ia)* STATING THE UNDERLYING CAUSE LAST.	c. DUE TO *(Or as the consequence of)*	
	THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CAUSING DEATH.	II. OTHER SIGNIFICANT CONDITIONS	

36. AUTOPSY PERFORMED *(If "Yes" indicate date and place)*	37. HOUR AND DATE OF DEATH
38. EXACT PLACE OF DEATH	39. SIGNATURE OF PHYSICIAN

CLINICAL RECORD COVER SHEET

1. ADMISSION NOTES	2. WARD	3. TYPE OF CASE	4. LAST NAME — FIRST NAME — MIDDLE INITIAL
1540R No Evid of A or N LD-Yes Dg 1: (1342) Histoplasmoisis 84 2132	30	☒ DIS ☐ INJ ☐ BC	LOFTON, Aaron I

5. SEX	6. RELIGION	7. PREV. ADM.	8. REGISTER NO.	9. SERVICE NO.	10. GRADE
M	P	☐ YES ☒ NO	69[illegible]035	[redacted]	PVT2

11. RATING OR DESIG.	12. DEPARTMENT	13. ORGANIZATION AND BRANCH OF SERVICE	14. FLYING STATUS
-	Army	ASA (8616)	-

15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE	16. AGE	17. RACE	18. LENGTH OF SERVICE	19. DATE OF ADMISSION
Aaron Lofton (F) Box 64 Summit, Mississippi	21	Cau	1 6/12	6 Aug 1956

20. SOURCE OF ADMISSION To be recorded by USA Disp Ft Kobbe, CZ

NOTE: Enter flying Status for AF Military Personnel only. For Civilians, etc., show type *(Dep. of EM, etc.)* in space 13.

21. ADMITTING OFFICER	22. CONTINUATION OF ITEMS 13 AND 20
F Hinamn CAPT/hg	(13)USARCARIB Ft Kobbe, CZ 056.10

23. DIAGNOSES *(See instructions for recording as shown on reverse side. Include all required related data)*

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES *(Show date for each; show anesthetic for each operation)*

25. SELECTED ADMINISTRATIVE DATA *(Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)*

26. PHYSICAL PROFILE

TYPE	SERIAL						SUFFIX					
	P	U	L	H	E	S	R	T	D	O	N	☐ PROFILE IS UNCHANGED
PREVIOUS												
REVISED												

27 DAYS DURATION THIS FACILITY

ALL _____ IN HOSPITAL OR INFIRMARY _____ SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE _____ OTHER _____

28. NATURE OF DISPOSITION	29. DATE OF DISPOSITION

30. SIGNATURE OF ATTENDING PHYSICIAN	31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	33. REGISTER NUMBER

DD FORM 1 NOV 51 481—1 REPLACES WD MD FORM 55A, 1 FEB 45, WHICH IS OBSOLETE.

Standard Form 502
Rev. Feb. 1951
Promulgated
By Bureau of the Budget
Circular A—32

MR 66824

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION: August 6, 1956	DATE OF DISCHARGE: August 13, 1956	NUMBER OF DAYS HOSPITALIZED:

(Sign and date at end of narrative)

X-Ray No. 220-375 Chart No. 695035

History: This 21 year old army private complained of slight chest pain on very deep breathing in the middle of the chest, of one day's duration. In May of 1956, though feeling well, he had had a survey film taken. He was advised to have a large one made and this showed prominence of the right hilum.

Past History: Revealed ocassional wheezing with URI's long ago and ocassional hay fever.-

Physical Examination: This was normal except for a slight rib depression in the right anterior axillary line.

Laboratory: Routine hematology was normal; ESR was 19 mm.;urinalysis and stool examination were normal. Serum calcium was 10.0 mgs. %; A/G ratio was 4.54/2.14 . Routine serology and heterophile agglutinums were negative. An EKG. was within normal limits. Chest x-rays showed hilar adenopathy on the right. X-Rays of the hands were normal.-

Course in the Hospital: Patient was completely afebrile. The chest pain disappeared during the first day. Histoplasmin and PPD #2 were positive.

Impression: Observation pulmonary lesion. 300-001
This work up failed to reveal the etiology of the hilar adenopathy.

Disposition: 1) Return to duty.
2) Return to the Chest clinic in 4 weeks.-
3) Obtain chest films taken in Jackson, Miss. in 1955.-

W. Strauss M. D.

Walter G. Strauss, M. D.
Chest Service
Gorgas Hospital

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

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
WALTER G. STRAUSS, M. D.	8/21/56	RA24919772	US ARMY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
LOFTON AARON I.	695035	30

GORGAS
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

NARRATIVE SUMMARY
Standard Form 502

34. ADDITIONAL REMARKS (*Show item number to which extended entry applies. Group all continuations of a particular item.*)

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully—including causative agent, how, when, where, doing what, for injuries—in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (*previously recorded*) or "Not PR." Similarly, any other condition which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admission. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of venereal disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered 11 May 1951." For each diagnosis line-of-duty status must be shown in accordance with separate directives, thus "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

35. CAUSE OF DEATH	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC., IT MEANS THE *DISEASE, INJURY, or COMPLICATIONS* WHICH CAUSED DEATH.	Ia. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(Do not enter more than one cause per line for items Ia, b and c)	ANTECEDENT CAUSES	*b.* DUE TO (*Or as the consequence of*)	
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (*Item Ia*) STATING THE UNDERLYING CAUSE LAST.	*c.* DUE TO (*Or as the consequence of*)	
	THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CAUSING DEATH.	II. OTHER SIGNIFICANT CONDITIONS	

36. AUTOPSY PERFORMED (*If "YES," indicate date and place*)	37. HOUR AND DATE OF DEATH
38. EXACT PLACE OF DEATH	39. SIGNATURE OF PHYSICIAN

U. S. GOVERNMENT PRINTING OFFICE 16-10 71290-1

CLINICAL RECORD COVER SHEET

1. ADMISSION NOTES	2. WARD	3. TYPE OF CASE	4. LAST NAME—FIRST NAME—MIDDLE INITIAL
LgHOR No. evid of A or N		☒ DIS ☐ INJ ☐ BC	Lofton Aaron T

5. SEX	6. RELIGION	7. PREV. ADM.	8. REGISTER NO.	9. SERVICE NO.	10. GRADE
M	P	☐ YES ☒ NO	11045	[redacted]	Pvt

11. RATING OR DSGN	12. DEPARTMENT	13. ORGANIZATION AND BRANCH OF SERVICE	14. FLYING STATUS
	Army	ASA (616th)	

15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE	16. AGE	17. RACE	18. LENGTH OF SERVICE	19. DATE OF ADMISSION
Aaron Lofton (F) Box 64 Sumit, Mississippi	21	CAU	1 6/12	6 Aug 56

20. SOURCE OF ADMISSION: Direct Abs SK Com ex Mon, QZ

NOTE: Enter flying status for AF Military Personnel only. For Civilians, etc., show type (*Dep of EM, etc.*) in space 13.

21. ADMITTING OFFICER	22. CONTINUATION OF ITEMS 13 AND 20
WL. Hinman, Capt/MC	(13) USARCARIB MOS 056.10

23. DIAGNOSES (*See instructions for recording as shown on reverse side. Include all required related data*)

Dg.1 (7932) Observation medical for Histoplasmosis. No Disease found.
LOD Yes.

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES (*Show date for each; show anesthetic for each operation*)

25. SELECTED ADMINISTRATIVE DATA (*Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.*)

26. PHYSICAL PROFILE

TYPE	SERIAL						SUFFIX					
	P	U	L	H	E	S	R	T	D	O	N	☒ PROFILE IS UNCHANGED
PREVIOUS												
REVISED												

27. DAYS DURATION THIS FACILITY

ALL 7 IN HOSPITAL OR INFIRMARY 7 SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE _____ OTHER _____

28. NATURE OF DISPOSITION	29. DATE OF DISPOSITION
Duty	13 Aug 56

30. SIGNATURE OF ATTENDING PHYSICIAN	31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER
W. L. Hinman, Capt MC	Geo Hinman 1st Sgt

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	33. REGISTER NUMBER
US ARMY DISPENSARY FORT KOBBE, CANAL ZONE	11045

DD FORM 1 MAY 51 481-3 (4 PART) 69-16—71266-1

CERTIFICATE OF CLEARANCE AND/OR SECURITY DETERMINATION UNDER EO 10450

(SR 380-160-1, SR 380-160-10 or SR 620-220-1)

PART I BASIC INFORMATION

FROM: *(Originating headquarters)*	DATE	DOSSIER NUMBER
Hq., The ASA Tng Cen, 8622 DU, Ft Devens, Mass.	12 May 1955	[illegible]

LAST NAME - FIRST NAME - MIDDLE INITIAL	MILITARY OR CIVILIAN GRADE	SERVICE OR SOCIAL SECURITY NUMBER
LOFTON, Aaron I.	Pvt	[redacted]

DATE OF BIRTH *(Day, Month, Year)*	PLACE OF BIRTH *(City, county, state, country)*	CIVILIAN JOB TITLE *(If any)*
	Lincoln County, Mississippi	none

PART II SECURITY CLEARANCE

DATE INVESTIGATION COMPLETED *(Day, Month, Year)*	TYPE OF INVESTIGATION CONDUCTED	AGENCY OR COMMAND WHICH CONDUCTED INVESTIGATION
22 April 1955	Background	Third Army

HIGHEST CLASSIFICATION OR TYPE OF INFORMATION TO WHICH ACCESS IS AUTHORIZED *(Top Secret, Secret, Confidential, or Cryptologic duties)*	DATE INTERIM CLEARANCE GRANTED *(Day, Month, Year)*	DATE FINAL CLEARANCE GRANTED *(Day, Month, Year)*
TOP SECRET	-----	12 May 1955

THIS IS TO CERTIFY THAT THE ABOVE NAMED INDIVIDUAL HAS BEEN CLEARED ☒ UNDER THE PROVISIONS OF SR 380-160-1 FOR ACCESS TO CLASSIFIED INFORMATION AS INDICATED ABOVE; ☐ UNDER THE PROVISIONS OF SR 380-160-10 FOR ASSIGNMENT TO CRYPTOLOGIC DUTIES. REQUIRED SECURITY OATH FOR PERSONNEL UNDER THE JURISDICTION OF THE ARMY ESTABLISHMENT IS ATTACHED AS INCLOSURE ONE.

PART III SECURITY DETERMINATION UNDER EO 10450 - *(CIVILIAN EMPLOYEES ONLY)*

DATE INVESTIGATION COMPLETED *(Day, Month, Year)*	TYPE OF INVESTIGATION CONDUCTED	AGENCY OR COMMAND WHICH CONDUCTED INVESTIGATION

SENSITIVE POSITION ☐ CHECK AND COMPLETE PARTS I, II AND V

NON-SENSITIVE POSITION ☐ CHECK AND COMPLETE PARTS I, III, AND V

PART IV REMARKS

PART V OFFICIAL MAKING CERTIFICATION

ORGANIZATION	PLACE	DATE
Hq., The ASA Tng Cen, 8622 DU	Ft Devens, Mass.	12 May 1955

TYPED NAME, GRADE AND SERVICE NUMBER	SIGNATURE
LUTHER KELLER II, Lt Col, [redacted]	Luther Keller II

DISTRIBUTION: *(SR 380-160-1, SR 380-160-10 or SR 620-220-1 as appropriate)*

1 Copy 201
1 Copy GAS-22, CRF
1 Copy TAG

RECORDS OF INTERIM CLEARANCE WILL NOT BE FORWARDED TO DEPARTMENT OF THE ARMY; SEE SR 380-160-1

DA FORM [illegible] 873 REPLACES EDITION OF 1 JAN 53, WHICH IS OBSOLETE

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
5' 11"	143	Brown	Green		98.6

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

		SYS.	DIAS.
SITTING		110	70
RECUMBENT			
STANDING (*3 min.*)			

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
72				

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/	20-2 CORR. TO 20/	BY	S. CX	J-1 CORR. TO	BY
LEFT 20/	20-1 CORR. TO 20/	BY	S. CX	J-1 CORR. TO	BY

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

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT Normal LEFT Normal	Normal-Pseudo-Ischo		CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
Normal			Normal

70. HEARING

RIGHT WV /15 SV /15

LEFT WV /15 SV /15

71. AUDIOMETER

	250 *250*	500 *512*	1000 *1024*	2000 *2048*	3000 *2896*	4000 *4096*	8000 *8192*	
RIGHT	5	5	10	10		55	45	8
LEFT	0	5	20	15		60	80	13

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

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

Hospitalized WRAH.

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

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

71 Deafness, perceptive type, bilateral, very mild, possibly due to acoustic trauma. Hearing: Average Loss: AS: 13db; AD: 8db. Speech reception score: AS: 10 db; AD: 5 db; AU: 5 db. Discrimination: AS: 92%; AD: 92%. Unchanged. LOD: YES

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

None

76. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	3	1	1

77. EXAMINEE (*Check*)

☒ IS ☐ IS NOT QUALIFIED FOR Separation

PHYSICAL CATEGORY

A	B	C	E
		X	

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

79. TYPED OR PRINTED NAME OF PHYSICIAN — H. HOWARD SKOLNICK, MD — **SIGNATURE** — H. Howard Skolnick MD

80. TYPED OR PRINTED NAME OF PHYSICIAN — **SIGNATURE**

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) — FREDERICK A. HELIG, LT. COL., DC — **SIGNATURE** — Frederick A. Helig Lt Col MC

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

Standard Form 88
(Rev. Aug. 1950)
Promulgated by
Bureau of the Budget
Circular A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
Lofton, Aaron I.	Sp3	[redacted]

4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
PO Box 64, Summit, Miss.	Separation	29 Oct 57

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cau	3		Army	HHD-WRAH

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
	Lincoln Co., Miss.	Aaron I. Lofton, Father, Same as # 4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
Walter Reed Army Hospital, Wash. 12, D.C.	

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*)
X		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.)

22 Partial loss of hearing, bilateral; Hospital Diagnosis, H3.

(*Continue in item 73*)

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

O.—*Restorable teeth* I.—*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
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Class 2

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.017			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg	Neg	Essen. Negative	WRAH, 29 Oct 57 Normal	Cardiolipin Flocculation Negative
48. EKG		49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS	

16—62288-1

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	✓	B. INABILITY TO PERFORM CERTAIN MOTIONS
	✓	C. INABILITY TO ASSUME CERTAIN POSITIONS
	✓	D. OTHER MEDICAL REASONS (*If yes, give reasons*)
	✓	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	✓	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (*If yes, give details*)
	✓	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (*If yes, state reason and give details*)
	✓	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (*If yes, state reason and give details*)
	✓	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (*If yes, describe and give age at which occurred*)
	✓	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*)
	✓	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (*If yes, specify when, where, and give details*)
✓		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*) — chest Clinic, Gorgas Hospital, Ancon, Canal Zone
	✓	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (*If yes, which illnesses*)
	✓	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date and reason for rejection*)
	✓	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*)
✓		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*) — Pending on Condition of hearing at a later date

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
Albert T. Lofton	Albert T. Lofton

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

Partial loss of hearing, hospitalized
Whooping cough, childhood- no sequela
Asthma, hay fever, EPTS, mild
ENT, running ears, fungus, treated and cured
Indigestion, mild, improved.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
M. D. AID SKILNICK, MD	25 Oct 57		

U. S. GOVERNMENT PRINTING OFFICE : 1952 —O-213344

Standard Form 89
(Rev. Aug. 1950)
Promulgated by
Bureau of the Budget
Circular A-24

REPORT OF MEDICAL HISTORY

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.
Lorton, Aaron I.	SD-3	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
P.O. Box 64, Summit, Miss.	Induction	29 OCT 57

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN)	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
M	Caucasian		Army	

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
	Lincoln Co., Miss.	Aaron I. Lorton - Father - Box 64, Summit, Miss.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION

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

18. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH
FATHER	40	Good		
MOTHER	47	Good		
SPOUSE				
BROTHERS AND SISTERS	20	Good		
CHILDREN				

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

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

21. HAVE YOU EVER *(Check each item)*						22. FEMALES ONLY: A. HAVE YOU EVER—			B. COMPLETE THE FOLLOWING:	
✓		WORN GLASSES		✓	ATTEMPTED SUICIDE			BEEN PREGNANT		AGE AT ONSET OF MENSTRUATION
	✓	WORN AN ARTIFICIAL EYE		✓	BEEN A SLEEP WALKER			HAD A VAGINAL DISCHARGE		INTERVAL BETWEEN PERIODS
	✓	WORN HEARING AIDS		✓	LIVED WITH ANYONE WHO HAD TUBERCULOSIS			BEEN TREATED FOR A FEMALE DISORDER		DURATION OF PERIODS
	✓	STUTTERED OR STAMMERED		✓	COUGHED UP BLOOD			HAD PAINFUL MENSTRUATION		DATE OF LAST PERIOD
	✓	WORN A BRACE OR BACK SUPPORT		✓	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			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)*
1	MONTHS 2 yr. 6 mo.	Interior Decorator	☒ RIGHT HANDED ☐ LEFT HANDED

WALTER REED ARMY MEDICAL CENTER
Washington 12, D. C.

DEPENDENTS RECEIVING MEDICAL CARE

S T A T E M E N T

1. Reference: AR 40-121, Dependent Medical Care

2. I, Aaron I. Lofton SP3 RA 24 919 772
(Name) (Rank) (SN)

having been (~~dxxxxxxxxxx~~ (separated) ~~x(xxxxxxxx~~ from active service on 1 November 1957, ~~xxxxxx~~ (do not) have a dependent receiving
(Date)

medical care in a (military) (civilian) medical facility.

3. a. Name and address of dependent(s):

b. Name and address of (military) (civilian) medical facility or physician:

4. Forwarding address after release from active duty.

Aaron I. Lofton
(Signature)

* Para (3) must be completed if a dependent is receiving medical care.

WRAMC FORM C-70
15 Dec 56

Standard Form 510
Rev. August 1954
Promulgated
By Bureau of the Budget
Circular A—32

CLINICAL RECORD

NURSING NOTES
(Sign all notes)

DATE	HOUR	MEDICATION—TREATMENT	OBSERVATIONS
10/16	2300		pt was admitted to ward amb. c no complaints T.P.R 98° 64-16 B.P. Dr. i Nurse notified. Kirkstead
10/17	0530		good night & admission Kirkstead
	2000		good day. Washed pt good night - Kirkstead
10/18	0530		

Continue on reverse side

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*

Lofton, Aaron I.
U.S. NAVAL HOSPITAL
CHARLESTON, S.C.

REGISTER NO.	WARD NO.
118732	H-1

NURSING NOTES
Standard Form 510

16—56173-4 †

DOCTOR'S ORDERS (*Date and sign all orders*)

TEMPERATURE–PULSE–RESPIRATION						NURSE'S NOTES
DATE AND TIME	T	P	R	STOOLS	WEIGHT	MEDICATION AND NURSE'S NOTES

U. S. GOVERNMENT PRINTING OFFICE 16—61555-2

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)*

Bilateral inguinal hernia detected last month on right for approx one year. Uses truss.

COMPLETE PHYSICAL EXAMINATION IS ESSENTIALLY NEGATIVE EXCEPT FOR THE FOLLOWING:

Reducible L hernia bilaterally. Scars average operating width.

PROGRESS *(Enter date of discharge and final diagnosis)*

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
[illegible]	10-16-57		

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*

Lofton, Aaron E.,
U.S. NAVAL HOSPITAL
CHARLESTON. S.C.

REGISTER NO.	WARD NO.
	41

ABBREVIATED CLINICAL RECORD
Standard Form 539

U. S. GOVERNMENT PRINTING OFFICE 16—61555-3

CLINICAL CHART COVER
6ND-HOSP-NB-42 (Rev. 12/52)

U. S. NAVAL HOSPITAL
U. S. NAVAL BASE
CHARLESTON, S.C.

FOR ADMISSION ROOM USE

HOSPITAL REGISTER NO.: 118332

WARD: H-1

NAME: (Last) LOFTON (First) AARON (Middle) ISAAC (Service No.) (Rank/Rate/Status) SP3/USA

ADMISSION DIAGNOSIS: DEAFNESS NEC

DIAGNOSIS NUMBER: 3999

ADMITTED: (Time) 2230 (Date) 10/16/57 [X] AMBULATORY [ ] STRETCHER

RELIGION: PROT

SEX: MALE

NEXT OF KIN: (Name) (Relationship) (Address)

DISCIPLINARY STATUS: (For Service Active Duty Patients Only)

[ ] NO DISCIPLINARY ACTION PENDING

[ ] IS A _____ COURT MARTIAL PRISONER

[ ] DISCIPLINARY ACTION PENDING AT DUTY STATION

[ ] NO INFORMATION RECEIVED WITH RECORDS. WHEN RECEIVED WILL BE FURNISHED TO WARD BY PERSONNEL-RECORDS DIVISION BY MEANS OF DAILY REPORT OF DISCIPLINARY STATUS OF STAFF AND PATIENT PERSONNEL.

FOR WARD USE

HT 6'

TEMPERATURE	PULSE	RESPIRATION	BLOOD PRESSURE	WEIGHT	AGE
98	64	16	110/80	140	22

CROSS RECORD SUMMARY (For cross indexing purposes)
(To be completed by Ward Medical Officer)

DIAGNOSIS AND NUMBER

SURGICAL OPERATIONS

SPECIAL STUDY (Check One)

[ ] NO SPECIAL STUDY
[ ] CORD BLADDER
[ ] ESOINOPHELLIA (over 5%)
[ ] BLINDNESS
[ ] DEATH AFTER 72 HOURS
[ ] BOARD CASE DR.
[ ] DEAFNESS
[ ] PENICILLIN RX FOR SYPHILIS
[ ] BURN AND BODY SURFACES
[ ] AMPUTATION
[ ] RETROCECAL
[ ] SYSTOLIC B/P UNDER 90mm.

OTHER _____ (Anethesia or Surgery)

CHANGES IN DISCIPLINARY STATUS SUBSEQUENT TO ADMISSION

Enter date and check mark if Daily Report of Disciplinary Status of Staff and Patient Personnel effects this patient.

_____ (Date) DISCIPLINARY ACTION PENDING AT DUTY STATION

[ ] YES [ ] NO

[ ] DISCIPLINARY ACTION PENDING THIS HOSPITAL

_____ (Date) AWARDED _____ COURT MARTIAL

[ ] NO FURTHER DISCIPLINARY ACTION PENDING. (Punishment and/or sentence completed)

SERIOUS/CRITICAL

Personnel- Records Office notified to obtain services of spiritual advisor

_____ (Time) _____ (Date)

DISPOSITION

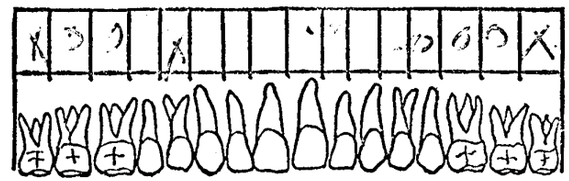
WARD USE	RECORD OFFICE USE
TRANSFERRED TO WARD (Date)	
TRANSFERRED TO WARD (Date)	
TRANSFERRED TO WARD (Date)	

12/52-3572-NAVY-6NDP&PO-3M

REPORT OF DENTAL SURVEY

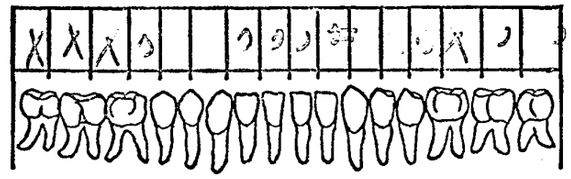
UPPER TEETH*

RIGHT 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 LEFT



LOWER TEETH*

RIGHT 16 15 14 13 12 11 10 9 | 9 10 11 12 13 14 15 16 LEFT



CLASS 2

OCCLUSION E V

CALCULUS: SLIGHT, MEDIUM, HEAVY

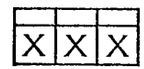
PERIODONTOCLASIA V

DENTAL FOCI SUSPECTED ☐ YES ☒ NO

OTHER CONDITIONS

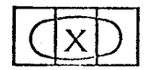
DATE	SIGNATURE OF DENTAL OFFICER
4 FEB 1955	[signature]

*RESTORABLE CARIOUS TEETH BY O
NONRESTORABLE CARIOUS TEETH BY /
MISSING NATURAL TEETH BY X



TEETH REPLACED BY DENTURE (*Horizontal line*)

TEETH REPLACED BY FIXED BRIDGE (*Oval to include abutments*)



DA FORM 15 MAR 45 8-116 (*Formerly WD AGO*)

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.

16—20622-4 GPO

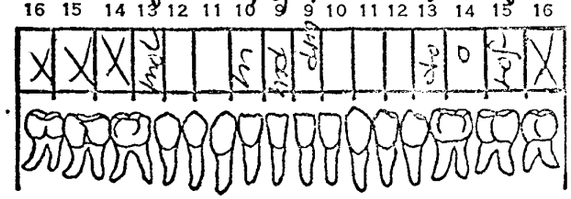
REPORT OF DENTAL SURVEY

UPPER TEETH*

RIGHT 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 LEFT

LOWER TEETH*

RIGHT 16 15 14 13 12 11 10 9 | 9 10 11 12 13 14 15 16 LEFT



CLASS 2

OCCLUSION Good

CALCULUS: SLIGHT, MEDIUM, HEAVY

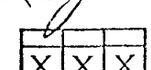
PERIODONTOCLASIA None

DENTAL FOCI SUSPECTED ☐ YES ☒ NO

OTHER CONDITIONS

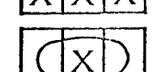
DATE	SIGNATURE OF DENTAL OFFICER
5 Oct 55	Capt. R. Jones

*RESTORABLE CARIOUS TEETH BY O
NONRESTORABLE CARIOUS TEETH BY /
MISSING NATURAL TEETH BY X



TEETH REPLACED BY DENTURE (*Horizontal line*)

TEETH REPLACED BY FIXED BRIDGE (*Oval to include abutments*)



DA FORM 15 MAR 45 8-116 (*Formerly WD AGO*)

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.

16—20622-4 GPO

REGISTER OF DENTAL PATIENTS

1. LAST NAME, FIRST NAME, MIDDLE INITIAL: Lofton, Aaron, I

2. REGISTER NO.:

3. ARMY SERIAL NO.: RA24919772

4. GRADE: Pvt-1

5. ORGANIZATION AND ARM OR SERVICE: Co. B 49th ABN ENGR BN

6. AGE: 20

7. RACE: Cau

8. LENGTH OF SERV.: 2 wks

9. DATE OF ADM.: FEB 4 1955

10. SOURCE OF ADMISSION*: DENTAL EXAMINING STATION FORT JACKSON, S. C.

*Required only when stencil procedure is used.

11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

12. DATES AND NATURE OF TREATMENTS AND OPERATIONS

13. RESULTS AND REMARKS

SIGNATURE OF DENTAL OFFICER

16—20622-3

REGISTER OF DENTAL PATIENTS

1. LAST NAME, FIRST NAME, MIDDLE INITIAL: LOFTON, AARON I.

2. REGISTER NO.:

3. ARMY SERIAL NO.: RA 24919772

4. GRADE:

5. ORGANIZATION AND ARM OR SERVICE:

6. AGE:

7. RACE:

8. LENGTH OF SERV.:

9. DATE OF ADM.: OCT 1955

10. SOURCE OF ADMISSION*: DENTAL CLINIC #1 EL PASO, TEXAS

*Required only when stencil procedure is used.

11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

12. DATES AND NATURE OF TREAT AND OPERATIONS

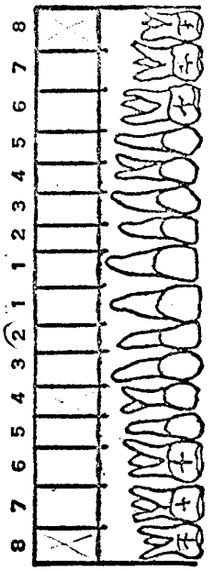
13. RESULTS AND REMARKS

SIGNATURE OF DENTAL OFFICER

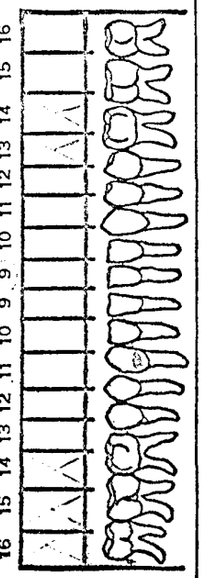
16—20622-3

REPORT OF DENTAL SURVEY

UPPER TEETH* — RIGHT 8 7 6 5 4 3 2 1 — LEFT 1 2 3 4 5 6 7 8



LOWER TEETH* — RIGHT 16 15 14 13 12 11 10 9 — LEFT 9 10 11 12 13 14 15 16



CLASS

OCCLUSION /

PERIODONTOCLASIA /

DENTAL FOCI SUSPECTED ☐ YES ☐ NO

OTHER CONDITIONS

CALCULUS: SLIGHT, MEDIUM, HEAVY

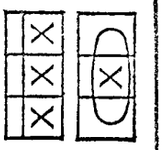
DATE 17 Dec 45

SIGNATURE OF DENTAL OFFICER

*RESTORABLE CARIOUS TEETH BY O
NONRESTORABLE CARIOUS TEETH BY /
MISSING NATURAL TEETH BY X

TEETH REPLACED BY DENTURE (*Horizontal line*)

TEETH REPLACED BY FIXED BRIDGE (*Oval to include abutments*)



WD AGO FORM 8-116
15 MAR 1945

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.

16—20622-2 ☆ GPO

CHECK OUT WARD_____ DATE_____

You are hereby directed to proceed immediately and check out in numerical order at the activities indicated below. This is to settle all necessary matters in connection with your discharge from the U. S. Naval Hospital.

Read and understood_____(Patient)

(No. in order of check-out.)	(Initial)	
1. WARD	_____	
RECORD OFFICE (incl. PERS. ACCTG.)	_____	
POST OFFICE	_____	
LIBRARY	_____	
DISBURSING OFFICE	_____	
AGENT CASHIER	_____	DISPOSITION OF
CIVIL READJUSTMENT OFFICE (SEPARATEE)	_____	RECORDS
WELFARE AND RECREATION OFFICE	_____	HR/DR_____
RED CROSS OFFICE	_____	SR _____
VETERANS OFFICE (VAB ONLY)	_____	PR _____
MAINTENANCE/ELECTRICAL SHOP	_____	305 _____
BAG ROOM	_____	CSC _____
MASTER-AT-ARMS	_____	_____
_____	_____	(Post No. of
_____	_____	S.T.O. to indi-
OFFICER OF THE DAY (Info. clerk to note change)	_____	cate disposition.

This check out must be completed before allowing departure from the hospital, and a responsible officer will sign this form at the bottom as indication of proper clearance. This slip should be filed with patient's case record.

REGISTER OF DENTAL PATIENTS

1. LAST NAME, FIRST NAME, MIDDLE INITIAL	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE	5. ORGANIZATION AND ARM OR SERVICE	6. AGE	7. RACE	8. LENGTH OF SERV.	9. DATE OF ADM.	10. SOURCE OF ADMISSION*
LOFTON, Aaron		[redacted]	PFC	Hqs Det ASA 8616th Ft Kobbe	22	Cau	1 11/12	12 Dec 56	

*Required only when stencil procedure is used.

11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	12. DATES AND NATURE OF TREATMENTS AND OPERATIONS	13. RESULTS AND REMARKS
Adm R	Exam XR# 12 Dec 56	
Car R-1 D	OS	
Car R-2 M	OS 12 Dec 56	ARK Cl-1

SIGNATURE OF DENTAL OFFICER

16—20622-3

NAME (LAST) (FIRST) (MIDDLE)	HOSP. REGISTER NO.	PREV. ADM. DATE	U. S. NAVAL HOSP.	WARD
LOFTON AARON ISAAC	118332		CHAS. S.C.	ENT

DUTY STATUS	AV. STATUS	RACE		RELIG.	MAR. STATUS	(STATE) BIRTH (DATE) (AGE)	PRES. ENLISTM	TE	EXPIR. (VAB DISCH) DATE	TOTAL SERVICE YRS. MOS.
ACT		C		P	S	MISS 22	1/24/55		1/23/58	2/9

(TIME) ADMISSION (DATE)	FROM	AUTH.
2230 10/16/57	CORGAS HOSP. ANCON CANAL ZONE	LTR. ( ) PHONE ( ) P-10 ( ) RON

RECORDS REC'D MARK '1' IF REQUESTED	POST DATE	ACT. NOTIF.-EMER.	HOW PATIENT ARRIVED (AMBULANCE NAME, ADDRESS, ETC. FOR CLAIMS)
			AMBULTORY

HR/DR	SR	PR	305/CSC	'G'	ORD.	DISC. LTR.	BAG	OTHER	OFFICER'S PR LOCATION (OR OCCUPATION, IF VAB)	GOVT. INS. (AMT)	DEPENDENTS

NEXT OF KIN (OR DEPENDENT OF) (NAME IN FULL) (RATE)	PRESENT ADDRESS	TELEPHONE	RELATIONSHIP
LOFTON AARON	BOX 64 SUMMIT MISS		FATHER

MOTHER'S MAIDEN NAME (IN FULL)		BIRTHPLACE	MISC. (1) PLACE OF ENLIST. (2.) SOCIAL SECURITY NO. (3.) VETERAN'S ORGANIZATION, ETC.
NURNERY AGNES LOU	(LV)	MISS	
FATHER'S NAME (IN FULL)		BIRTHPLACE	
LOFTON AARON ALTON	(LV)	MISS	

PATIENT'S LEGAL RESIDENCE-TIME (OR IN CASE OF EMERGENCY NOTIFY: NAME, ADDRESS, TELEPHONE)

SAME AS NOK

ADMISSION DIAGNOSIS	NUMBER	DISCHARGE DIAGNOSIS	NUMBER
DEAFNESS NEC	3999		

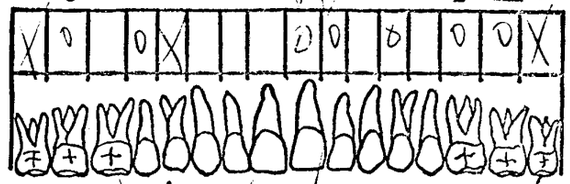
DISP.	DATE	TO WHERE	MISC. (SICK DAYS)	DATE S. L. BEGAN

NAME (LAST) (FIRST) (MIDDLE)	S.	C.	RATE (INCL. VAB.)	CLASS/BRANCH	SERVICE OR VAB 'C' NO.	WARD
LOFTON AARON ISAAC			SP3	USA	[redacted]	H-1

REPORT OF DENTAL SURVEY

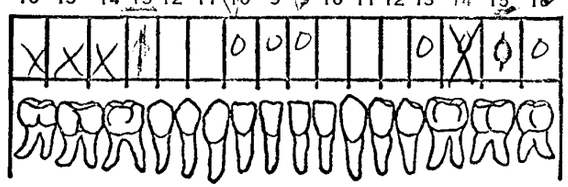
UPPER TEETH*

RIGHT 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 LEFT



LOWER TEETH*

RIGHT 16 15 14 13 12 11 10 9 | 9 10 11 12 13 14 15 16 LEFT



CLASS 2

OCCLUSION N

PERIODONTOCLASIA N

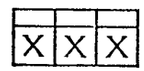
DENTAL FOCI SUSPECTED ☐ YES ☑ NO

OTHER CONDITIONS

CALCULUS: SLIGHT, MEDIUM, HEAVY

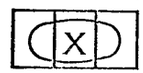
DATE	SIGNATURE OF DENTAL OFFICER
26 April 1945	Major M. M. Gleason

*RESTORABLE CARIOUS TEETH BY O
NONRESTORABLE CARIOUS TEETH BY /
MISSING NATURAL TEETH BY X



TEETH REPLACED BY DENTURE (*Horizontal line*)

TEETH REPLACED BY FIXED BRIDGE (*Oval to include abutments*)



DA FORM 15 MAR 45 8-116 (*Formerly WD AGO*)

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.

16—20622-4 GPO

REPORT OF DENTAL SURVEY

UPPER TEETH*

RIGHT 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 LEFT

LOWER TEETH*

RIGHT 16 15 14 13 12 11 10 9 | 9 10 11 12 13 14 15 16 LEFT

CLASS 350

OCCLUSION

PERIODONTOCLASIA

DENTAL FOCI SUSPECTED ☐ YES ☑ NO

OTHER CONDITIONS

CALCULUS: SLIGHT, MEDIUM, HEAVY

DATE	SIGNATURE OF DENTAL OFFICER
31 Oct 45	

*RESTORABLE CARIOUS TEETH BY O
NONRESTORABLE CARIOUS TEETH BY /
MISSING NATURAL TEETH BY X
TEETH REPLACED BY DENTURE (*Horizontal line*)
TEETH REPLACED BY FIXED BRIDGE (*Oval to include abutments*)

WD AGO FORM 8-116 15 MAR 1945

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.

16—20622-2 GPO

1. LAST NAME, FIRST NAME, MIDDLE INITIAL: LOFTON, AARON I

2. REGISTER NO. | 3. ARMY SERIAL NO. [redacted] | 4. GRADE: Pvt

5. ORGANIZATION AND ARM OR SERVICE: Co B Proc Bn ASA

6. AGE: 20 | 7. RACE: Cau | 8. LENGTH OF SERV.: 4/12 | 9. DATE OF ADM.: 26Apr 55

10. SOURCE OF ADMISSION*: DENTAL CLINIC #1 FT BENNING

*Required only when stencil procedure is used.

REGISTER OF DENTAL PATIENTS

11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	12. DATES AND NATURE OF TREATMENTS AND OPERATIONS	13. RESULTS AND REMARKS
Adm R	Exam " 2	2 MMG
PBW	XR#3202	26Apr
Car L4 dof	Consult	7 Jul 2 HES
" L5 o	OA	CN
" L6 ol	"	
" L7 o	" anes	7 Jul 2 RS
Car R-13-ol	OA Agno3 Anes	
Car L-15-dofl	OA Agno3 Anes	21 Jul 2 GH
Car L-1 dlm	OS	
Car L-2 d	OS	
Car L-2 m	OS	
Car L-9 d	OS	
Car R-9 m	OS	
Car R-10 m	OS	
Car L*15 o	OA	
Car R-5 mo	OA	
Car R-7 o	OA	
Car L-13 do	OA	5 Oct 20-1 JTS

SIGNATURE OF DENTAL OFFICER: Harry E Ramsey D.C.

16—20622-3

REGISTER OF DENTAL PATIENTS

1. LAST NAME, FIRST NAME, MIDDLE INITIAL: LOFTON, AARON I.

2. REGISTER NO. | 3. ARMY SERIAL NO. [redacted] | 4. GRADE: Pvt

5. ORGANIZATION AND ARM OR SERVICE: Co B Proc Bn ASA

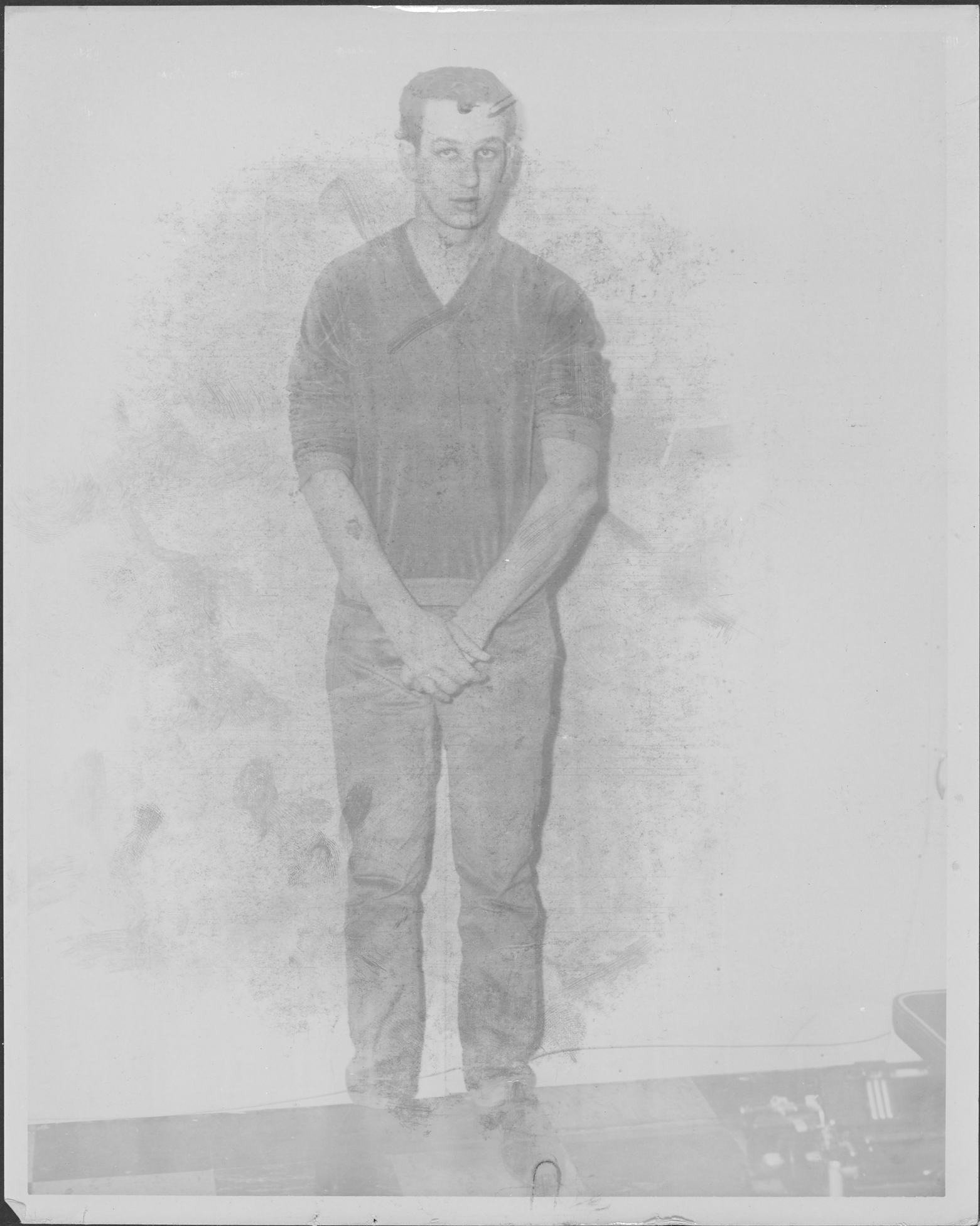
6. AGE: 20 | 7. RACE: Cau | 8. LENGTH OF SERV.: 10/12 | 9. DATE OF ADM.: 31 Oct 55

10. SOURCE OF ADMISSION*

*Required only when stencil procedure is used.

11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	12. DATES AND NATURE OF TREATMENTS AND OPERATIONS	13. RESULTS AND REMARKS
Adm R	Exam ARC 31 Oct	55
Car L-1 L	TE anes 31 Oct 55	TEC 1-2-0
Car L-2 D	S	
Car L-1 M	S Anes 18 Nov 55	L2 Cl 3-0 to 1
Car L-2 M	OS	
Car L-2 C	OS anes 16 April 56	ARM Cl-3-0 to 1
[redacted]	Gp Prix 26 April 56	MAW Cl-1

SIGNATURE OF DENTAL OFFICER



Name:	BILLY RAY KING
Sex:	Male
Race:	White
Date of Birth:	
Place of Birth:	St. Joseph, Louisiana
Height:	6' 1"
Weight:	185 lbs.
Hair:	Dark Brown (curly)
Eyes:	Blue
Complexion:	Medium to Ruddy
Residence:	102 Arlington, Lake Providence, Louisiana
Occupation:	Deck hand -Tow Boat
Education:	7th Grade
Marital Status:	Single
Employer:	KGW Towing Company, Greenville, Mississippi

ME 44-1987-1A-93

Name:	BILLY RAY KING
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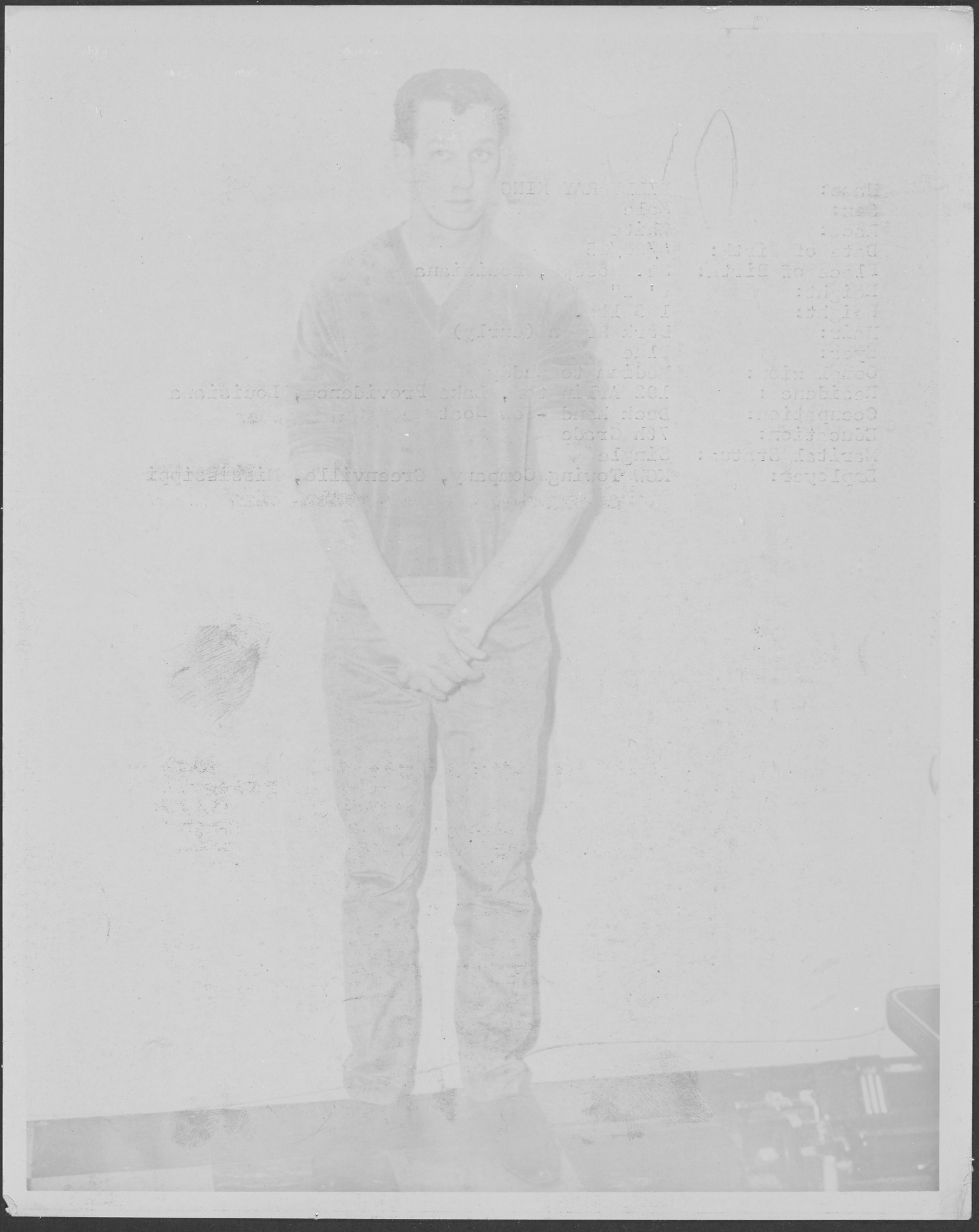

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