TRANSMITTAL SLIP	NOTE: This form will be used only for transmitting UNCLASSIFIED reports and records that do not require additional actions to be indicated on the form. It can not be used to require official actions to be taken on material attached for transmission as no command line and official signature can be applied.	
FROM: Hqs 4520th USAF Hosp, Nellis AFB, Nev	OFFICE OF ORIGIN: SA	DATE DISPATCHED: 3 Dec 58
TO: U.S. Public Health Service Camp Mercury, Nevada		Use when transmitting reports RCS
SUBJECT OR TITLE: DD 481-3 - Clinical Record - Lt Col Ralph H. Tanimoto		DATE OF REPORT 403457
ATTACHMENTS: 1 Incl DD 481-3 - Tanimoto		TIME & DATE CLEARED STAT SVS

ATC FORM 85
APR 57

(Continue on reverse side)

CLINICAL RECORD COVER SHEET

8811

1. ADMISSION NOTES	2. WARD	3. TYPE OF CASE	4. LAST NAME — FIRST NAME — MIDDLE INITIAL		
A or N: No 1615 hrs	3	☐ DIS ☒ INJ ☐ BC	TANIMOTO, Ralph H		
	5. SEX	6. RELIGION	7. PREV. ADM.	8. REGISTER NO.	9. SERVICE NO.	10. GRADE
	M	O	☐ YES ☒ NO	24740	PHS 10601	Lt Col
	11. RATING OR DESIG.	12. DEPARTMENT	13. ORGANIZATION AND BRANCH OF SERVICE			14. FLYING STATUS
	None	USPHS	Public Health Service			No
	15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE		16. AGE	17. RACE	18. LENGTH OF SERVICE	19. DATE OF ADMISSION
	(W) Kay Tanimoto 1848-10 Ave Honolulu, Hawaii		44	O	3 yrs	18 Oct 58
			20. SOURCE OF ADMISSION From Duty			
			NOTE: Enter flying Status for AF Military Personnel only. For Civilians, etc., show type (*Dep. of EM, etc.*) in space 13.			
	21. ADMITTING OFFICER (MC) LORRIS M ROWERS, CAPT USAF		22. CONTINUATION OF ITEMS 13 AND 20. Camp Mercury, Nev.			

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

Dg 1. 8501 Concussion of brain, mild. LD: Yes

AI: Sometime during the morning of 18 Oct 58, Camp Mercury, Nevada, patient fell from a "runway". Further details are unknown. Was performing assigned duties as Sanitary Engineer, was not on a military reservation.

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 3 IN HOSPITAL OR INFIRMARY 3 SUBSISTING ELSEWHERE ____ QUARTERS OR DISPENSARY ____ LEAVE ____ OTHER ____

28. NATURE OF DISPOSITION: Duty

29. DATE OF DISPOSITION: 21 Oct 58

30. SIGNATURE OF ATTENDING PHYSICIAN: /s/JOHN W MILLS, CAPT USAF (MC)

31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER: Willard V Gregory, WILLARD V GREGORY, CAPT USAF (MSC)

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: 4520th USAF Hospital, Nellis Air Force Base, Nevada

33. REGISTER NUMBER: 24740

DD FORM 1 SEP 52 481-3 Replaces DD 481 (4 part set) which may be used.

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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 diagnosis 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, Aggrevated by Service," etc.

35. CAUSE OF DEATH			
(Do not enter more than one cause per line for items Ia, b, and c)	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
	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

[illegible] BROCKED [illegible] SHEET

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