

Part C - IDENTIFYING DATA (Must be typed or printed clearly in ink.)

NAME OF PATIENT (Last Name) Schad (First Name) Edward (Middle Name) H MALE FEMALE 2

STREET ADDRESS RDI Kirkvill Rd Bridgeport CITY Bridgeport COUNTY Madison

STATE NY ZIP CODE 13030 DATE OF BIRTH Aug 24, 1920 PLACE OF BIRTH Syracuse U.S. CITIZEN Yes No

NAMES OF LIVING RELATIVES OF PATIENT (If No Relatives, Nearest Known Friend)	AGE	STREET ADDRESS	CITY & STATE
FATHER			
MOTHER			
HUSBAND OF WIFE	<u>Mark E Schad</u>	<u>52 RDI Kirkvill Rd</u>	<u>Bridgeport NY</u>
CHILDREN	<u>Jerry Schad</u>	<u>26 Jly Rd R.D. 9</u>	<u>Chittenango</u>
"	<u>Tommy Schad</u>	<u>21</u>	<u>Fort Rely Kan</u>
"	<u>Susan Schad</u>	<u>23 Bear Rd Cgts</u>	<u>North Syracuse</u>
"	<u>Edward H Schad</u>	<u>29</u>	<u>Utah</u>

PREVIOUS HOSPITALIZATIONS FOR MENTAL ILLNESS

NAME OF HOSPITAL	LOCATION (City & State)	DATE OF ADMISSION	LENGTH OF ST
<u>Syracuse Veterans Hosp</u>	<u>Syracuse, NY</u>	<u>Feb 16, 1960</u>	<u>3 wks</u>

TO BE COMPLETED BY HOSPITAL

Admission
 Change in Status

I have examined the above named patient, and confirm the need for immediate care and treatment for mental illness.

Signature of Admitting Physician

HOSPITAL	DATE OF ADMISSION OR CHANGE	SERVICE-WARD
IDENTIFICATION NUMBER	CONSECUTIVE NUMBER	SOCIAL SECURITY NO.
RECEIVED FROM		
VETERAN-WAR SERVICE-U.S. FORCES 7 <input type="checkbox"/> Yes 1 <input type="checkbox"/> No 9 <input type="checkbox"/> Not Ascertained		ETHNIC GROUP: 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Negro 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Chi 5 <input type="checkbox"/> Filipino 6 <input type="checkbox"/> Japanese 8 <input type="checkbox"/> Other
RELIGION: 1 <input type="checkbox"/> Protestant 2 <input type="checkbox"/> Roman Catholic 3 <input type="checkbox"/> Greek Orthodox 4 <input type="checkbox"/> Jewish 5 <input type="checkbox"/> Other 6 <input type="checkbox"/> None 8 <input type="checkbox"/> Unascertained		OCCUPATION
MARITAL STATUS: Single 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Separated 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Unascertained 8 <input type="checkbox"/>		ADMISSION STATUS: Two Physicians 20 <input type="checkbox"/> One Physician 22 <input type="checkbox"/> Health Officer 23 <input type="checkbox"/> Informal 31 <input type="checkbox"/> Voluntary 32 <input type="checkbox"/> Minor Voluntary 33 <input type="checkbox"/>

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REPORT OF CONTACT		VA OFFICE	IDENTIFICATION NOS. (C, X, V, K, etc.)
NOTE: This form must be filled out in ink or on typewriter, as it becomes a permanent record in ex-servicemen's folders.			SSN 134 10 6782 C-5 450 700 DOB 2/24/20
LAST NAME—FIRST NAME—MIDDLE NAME OF VETERAN (Type or print)		DATE	
SCHAD, Edward H., Sr.		3/3/70	
ADDRESS OF VETERAN			
VAH, Syracuse, NY - elope status			
PERSON CONTACTED		TYPE OF CONTACT (Check)	
Mr. Rust		<input type="checkbox"/> PERSONAL <input checked="" type="checkbox"/> TELEPHONE	
ADDRESS OF PERSON CONTACTED		TELEPHONE NO.	
VAH, Syracuse, NY			
BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN			
<p>Above veterans eloped from VAH, Syracuse yesterday (3/2/70) he went home and attempted to choke his sister to death. The local Health Officer - (Mr. Rust did not say where, except about 20 miles from the hospital) is willing to issue an HOC. Mr. Rust would like to have him committed to our hospital direct. Advised this could be done. Mr. Rust will have the HOC made out to us. He could not advise when the veteran might be here since it will be up to local authorities to provide transportation and he did not know how they would go about this.</p> <p>When Mr. Schad arrives he will be a Transfer from VA H spital, Syracuse, NY.</p> <p style="text-align: right;">3-3-70 8:10PM</p> <p>State Police (our Hdqs in Cdga) calling regarding admission to this hospital above pt. Pt. being examined by a doctor in Bridgeport, ^{or Bridgewater} and it is the Oneida State Police checking this out thru S.P. here. (Town could be Bridgewater which is in Oneida County.) They were wondering about transportation - relayed the above info. to them. They will see if VAH Syra will hold pt overnight and we will pick up from there tomorrow. (They didn't know pt had eloped from VAH Syracuse.) Said they would call back if Syra agrees to hold patient.</p> <p style="text-align: right;">LHenry, M.A.A.</p>			
DIVISION OR SECTION	DATE EXECUTED	EXECUTED BY	
MED. ADMIN. DIV.	3/3/70	O. WRIGHT, Coding Clerk	

VA FORM 119
MAY 1953

EXISTING STOCKS OF VA FORM 119,
NOV 1946, WILL BE USED.

U. S. GOVERNMENT PRINTING OFFICE

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SCHAD, EDWARD H. SR.
 C5450700 DB 2 24 20
 134 10 67 82

New Adm to 37B

FACE	SEX	HEIGHT
COLOR OF HAIR	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5 FT. 7 1/2 IN.
CLASSSES (No. of points)	COLOR OF EYES	WEIGHT
REMOVABLE DENTURES	ARTIFICIAL EYE	145 LBS.
<input type="checkbox"/> UPPER <input type="checkbox"/> LOWER	<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	CANE
<i>restoration</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
		CUTCHES
		<input type="checkbox"/> YES <input type="checkbox"/> NO

(Patient's Name, Social Security No., Ward/No., Date)
 PHOTOGRAPH APPLIANCES AND SIGNATURE AIDS
 YES NO (If "Yes," specify)
 LOCATION AND DESCRIPTION (See reverse)

RASHES	
SCARS	Back of head. Soft little fingers
BRUISES (Old or new)	
INJURIES (Old or new)	
MARKS OF OTHER IDENTIFICATION	

T.P.R.
 101 - 104 - 24

BATHED YES NO SIGNATURE OF EMPLOYEE
 VA FORM 10-2386 FEB 1965 EXISTING STOCK OF VA FORM 10-2386, MAR 1965, WILL BE USED. IDENTIFICATION OF PATIENT ON ADMISSION

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SCHAD, EDWARD H., SR 134 10 5782 7E S 450 700 6047A PSY WW2 DIR 2 10 70 SOUTH RD BRIDGEPORT NY 13030 P-NONE M M MABLE COLE WIFE P 24 20 S.A. 633 5373 AIR FORCE 32378461 7 31 42 TO 10 6 45 NO SC 21.00 NERVES BFLO, NY DX PARANOID PSYCHOSIS	NAME AND LOCATION OF STATION VA HOSPITAL SYRACUSE NY	TYPE <input type="checkbox"/> HOSPITAL <input type="checkbox"/> DOMICILIARY <input type="checkbox"/> INITIAL <input type="checkbox"/> NURSING CARE <input checked="" type="checkbox"/> PRE-BED <input type="checkbox"/> RESTOREE <input type="checkbox"/> SUBSEQUENT <input type="checkbox"/> SPECIAL
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PART I - ORAL EXAMINATION

1. ORAL HISTORY AND CLINICAL OBSERVATIONS

*3/4/70 A.M.F. not on
 U.S.A. eff. 3/2/70
 J. W. D.
 J. H. S.*

2. CHART

LEGEND O - Caries Restorable / - Non-Restorable X - Missing XXX - Replaced by Denture [XXX] - Replaced by Bridge	<table border="1"> <tr> <td></td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">R I C H T</td> <td colspan="16">_____</td> </tr> <tr> <td></td> <td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">L E F T</td> <td colspan="16">_____</td> </tr> </table>		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	R I C H T	_____																	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	L E F T	_____															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																																																					
R I C H T	_____																																																																				
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																																																					
L E F T	_____																																																																				

3. ROENTGENOGRAMS

A. PERIAPICAL (No.)	B. BITE-WING (No.)	C. OTHER (Specify, Give No.)	D. PANORAMIC (No.)
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4. DIAGNOSES

5. SIGNATURE OF EXAMINING DENTIST	6. DATE
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PART II - MEDICAL REVIEW

NOTE To Physician - Please complete Part II and return this form to Dental Service so appropriate dental treatment may be prescribed and completed within the total treatment regimen for the patient. See item 1. Signature signifies approval or disapproval for dental treatment.

7. PRINCIPAL AND OTHER MEDICAL AND/OR PSYCHIATRIC DIAGNOSES

8. REMARKS (Include special precautions and specify if any dental treatment is contraindicated to necessary hospital care)

9. MEDICAL AND/OR PSYCHIATRIC FINDINGS <input type="checkbox"/> PROLONGED BLEEDING <input type="checkbox"/> DRUG SENSITIVITY <input type="checkbox"/> ANTIBIOTIC SENSITIVITY <input type="checkbox"/> ASSAULTIVE <input type="checkbox"/> SUICIDAL <input type="checkbox"/> HAS SEIZURES <input type="checkbox"/> NON-COMPETENT	11. SIGNATURE OF PHYSICIAN	12. DATE
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10. ESTIMATED HOSPITAL STAY REMAINING

BENEFICIARY'S LAST NAME - FIRST NAME - MIDDLE NAME, SOCIAL SECURITY NO., WARD NO., NAME OF STATION

ORAL EXAMINATION AND TREATMENT RECORD
 MEDICAL RECORD - DENTAL

VA FORM 10-2995 APR 1968 EXISTING 1 OF VA FORM 10-2995, FEB 1965, N. - BE USED

3-23-70

TO CO
3-19-70

CO INDEX

REQUEST FOR INSURANCE STATUS - GOVERNMENT LIFE INSURANCE
PART I - (To be completed by VA Hospital or Regional Office)

INSTRUCTIONS - Request for insureds having USGLI, ("K" numbers) send to VA Center, Philadelphia; those involving NSLI should be sent to Insurance Activity having jurisdiction of the records. Where jurisdiction is not known, send to Insurance Activity based on the Insured's address.

1. INSURANCE ACTIVITY
TO VA Center, Philadelphia, Pa.
 VA Center, St. Paul, Minn.

3. INSURANCE FILE NO.
(Include letter prefix)
N3672420
~~IV UNKNOWN~~

2. STATION (Name and location)
RETURN TO CONTACT OFFICE, V.A. Hosp. Canand., NY 14424

4. CLAIM NO.
5450700
c. 5 450 700

5. FIRST NAME - MIDDLE NAME - LAST NAME OF INSURED
Edward H. ~~ARON~~ SCHAD SR.

6. SERVICE NO.
32 378 461

7. MAILING ADDRESS FOR INSURANCE PURPOSES (Number and street or rural route, city, State and ZIP code no.)
RD 1, Kirkville Rd., Bridgeport, NY 13082

The veteran named above has been hospitalized.

Admitted here 3-4-70

8. STATUS REQUESTED
 ALL INSURANCE CONTRACTS EXCEPT EXPIRED "N" EXPIRED "N" CONTRACTS (Check only when it appears that Total Disability ~~is~~ have commenced before December 31, 1953.)

9. PREPARED BY (Signature and title)
A.R. BOCH, CR
10. DATE
3-9-70

PART II

11. RECORDS OF THIS OFFICE SHOW (Check appropriate box)
 INSURANCE HAS BEEN ISSUED "N" INSURANCE ONLY NO INSURANCE HAS BEEN ISSUED

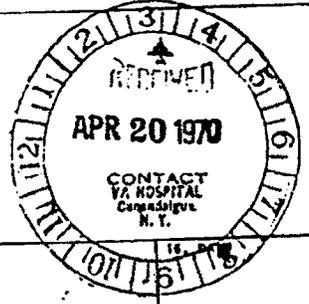
PART III - (To be completed by Insurance Accounts)

POLICY NO. (Include letter prefix) (A)	AMOUNT OF INSURANCE (B)	EFFECTIVE DATE (C)	PLAN (D)	AMT. PREM. INCLUDING TDIP (If any) (E)	MODE (F)	LAST MONTH PAID (G)	DATE NEXT PREMIUM DUE (H)	DIV. CREDIT AVAILABLE TO PAY PREMIUM (I)	METHOD OF PREMIUM PAYMENT (J)
									(Check) <input type="checkbox"/> DIRECT <input type="checkbox"/> DIVIDEND CREDIT <input type="checkbox"/> DIS. WAIVER <input type="checkbox"/> PAYROLL DED. <input type="checkbox"/> SEC. 724 WAIVER <input type="checkbox"/> DED. FROM VA BENEFIT PAYMT <input type="checkbox"/> ALLOT. FROM SERVICE PAY <input type="checkbox"/> ALLOT. FROM RETIRED PAY

PART IV - (To be completed by Underwriting and Claims Division)

12. DISABILITY BENEFITS STATUS
 DISABILITY CLAIM DENIED BECAUSE INSURANCE LAPSED BEFORE BEGINNING DATE OF TOTAL DISABILITY (Give date of denial:) DISABILITY CLAIM PENDING (Give status)

13. REMARKS
Files
APB



14. PREPARED BY (Signature and title)
15. INSURANCE ACTIVITY
 VA CENTER PHILADELPHIA, PA VA CENTER ST. PAUL, MINN.

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CLINICAL RECORD	Report on <u>DIAGNOSTIC OR DISPOSITION STAFF</u> or Continuation of S. F. _____ (Strike out one line) (Specify type of examination or date)
DATE OF STAFFING <u>4/13/70</u> (Sign and date)	

DATE OF ADMISSION	COMPETENCY (STAFF OPINION)	SERVICE CONNECTED	COMMITTED		
3/4/70	Competent	/			
GUARDIAN	INSTITUTIONAL AWARD	AMOUNT OF COMPENSATION OR PENSION		OTHER INCOME	BALANCE ON DEPOSIT
		DIRECT	TO WIFE		
		23 ¹¹ / ₁₀₀			.00

DIAGNOSES: Schizophrenia, Chronic Undifferentiated Type

PLANS: 1+FB 30 day supply med - refer to type VA for outpt. 50 thos bid

DECISION OF THE STAFF:

Mr. Schad is a 49 year old, married, employable veteran who is 10% service connected for "nerves" and he is considered competent to handle VA funds. He carries a diagnosis of schizophrenia, chronic, undifferentiated type.

Mr. Schad was admitted to VAH, Canandaigua for the first time on 3/4/70, having been brought to the hospital by police on a Health Officer's Certificate. According to his wife and son, he never showed signs of mental illness until about 8 weeks prior to his admission when he began to display very bizarre behavior and delusional thoughts. Apparently, he said that the house was "bugged" and he took apart a vacuum cleaner to show his family the microphone. He was also seen often folding his hands over his ears and "thumbing his nose at his wife." However, Mr. Schad's wife and son both insisted that his mental breakdown was very recent and that he had been a "good husband and father" in past years.

In spite of Mr. Schad's family members insistence that he was okay until recently, there is evidence to the contrary. He was given a 10% service connected rating for nerves when discharged from the service and he admits to a long history of excessive alcoholism. During the staff conference on the above date, he said that, although he stopped drinking about 3 years ago, he used to be a heavy drinker and he described himself as a "drunk."

Mr. Schad also reiterated his intention to sell some property he owns in the business section of Bridgeport, New York "to the state for the betterment of all mankind."
(Continue on reverse side) (con't p. 2)

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

REGISTER NO.

WARD NO.

REPORT ON _____ or CONTINUATION OF _____

Standard Form 507
507-104

SCHAD, EDWARD H. SR.
5450700 DB 2 24 20
134 10 67 82

VAH CDGA

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MEDICAL CERTIFICATE

(NOTE TO EXAMINING PHYSICIAN—History, symptoms and physical findings must be recorded in sufficient detail to support clearly the diagnosis. If additional space is needed, use reverse side.)

46. BRIEF HISTORY, SYMPTOMS AND PHYSICAL, LABORATORY, X-RAY, ECG AND OTHER FINDINGS (Attach reports if available)

Edward J. Schrad, Senior was brought by police around 2:30 A.M. with a Health Officers Certificate signed 3/3/70 by Gareth S. West, M.D. of Chittenango, N.Y. He had been AWOL from the Veterans Hospital in Syracuse. Contact made thru Mr. Jones, son in law who then arranged H.O. Examination and Certificate.

Mr. Schrad stated he was admitted to Syc. V.H. Feb 15 - discharged March 3rd stated they closed up the bldg. "He figured he was not wanted"

47. DIAGNOSIS (See note to examining physician above)

48. SURGICAL PROCEDURE REQUIRED			49. ESTIMATED NUMBER OF DAYS HOSPITALIZATION WILL BE REQUIRED					
CAN APPLICANT DO THE FOLLOWING			YES	NO	CHECK EACH OF THE FOLLOWING		YES	NO
50. DRESS AND USE LAVATORY WITHOUT ASSISTANCE?					54. IS APPLICANT INCONTINENT?			
51. ASCEND AND DESCEND STAIRS?					55. IS APPLICANT AMBULANT?			
52. FEED HIMSELF WITHOUT ASSISTANCE?					56. IS APPLICANT MENTALLY COMPETENT?			
53. OPERATE A WHEEL CHAIR WITHOUT AID? (Leave blank if not applicable)					57. IS ATTENDANT NEEDED DURING TRAVEL?			
59. METHOD OF TRAVEL RECOMMENDED			60. NAME AND ADDRESS OF PROPOSED ATTENDANT					
<input type="checkbox"/> TRAIN OR BUS <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PRIVATE CONVEYANCE								
61. SIGNATURE OF EXAMINING PHYSICIAN			62. DATE OF EXAMINATION		63. ADDRESS OF EXAMINING PHYSICIAN		64. TELEPHONE NO.	
E. J. Merrill			3/4/70		Ctgo NY			

NAME AND IDENTIFICATION NO.
 SCHRAD, EDWARD H, SR.
 65450700 DB 2 24 20
 134 10 67 82

INSTRUCTIONS—If this application is to be referred from VA Station to which originally submitted, stamp name of referring VA station in the margin below.

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CLINICAL RECORD			PHYSICAL EXAMINATION				
DATE OF EXAM.	HEIGHT	WEIGHT			TEMPERATURE	PULSE	BLOOD PRESSURE
		AVERAGE	MAXIMUM	PRESENT			
3/4/70							

INSTRUCTIONS.—Describe (1) General Appearance and Mental Status; (2) Head and Neck (General); (3) Eyes; (4) Ears; (5) Nose; (6) Mouth; (7) Throat; (8) Teeth; (9) Chest (General); (10) Lungs; (11) Cardiovascular; (12) Abdomen; (13) Hernia; (14) Genitalia; (15) Rectum; (16) Prostate; (17) Back; (18) Extremities; (19) Neurological; (20) Skin; (21) Lymphatics.

GENERAL APPEARANCE AND MENTAL STATUS The patient is a very alert, wiry active man, denied the delusion that he is here to finish Aero-Spaw training minus on moving neck.

HEAD AND NECK

General - neck stiff - Height 5'7 1/2"
 strong wiry, weight 145 #

EYES - Does not wear glasses with even to read - tests normal and reading

EARS - NOSE

Ears full of wax. Nose clear.

MOUTH - THROAT

Tonsils removed.
 Pharynx normal.

TEETH

- Edentulous - has his own dentures which he cannot wear.

CHEST

General
 Symmetrical clear -
 occasional rhonchi from smoking

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.

SCHAD, EDWARD H. SR.
 C5450700 DB 2 24 20
 134 10 67 82

PHYSICAL EXAMINATION
 Standard Form 506
 506-104

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SCHAD, EDWARD H. SR. 134 10 ST 22 37 5 450 700 6047A PS NW2 TRF 3 4 70 RD 1 KIRKVILLE RD BRIDGEPORT NY METH M M MABEL /W/ 8 24 20 S/A 13082 633-5373 ARMY 32378461 5 6 42 - 10 6 45 HT/OP IO/NERVES 23. SCHIZ REACTION	NAME AND LOCATION OF STATION VA HOSPITAL CANANDAIGUA, NY	TYPE <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> DOMICILIARY <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> NURSING CARE <input type="checkbox"/> PRE-BED <input type="checkbox"/> RESTOREE <input type="checkbox"/> SUBSEQUENT <input type="checkbox"/> SPECIAL	
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PART I - ORAL EXAMINATION

1. ORAL HISTORY AND CLINICAL OBSERVATIONS

EDENTULOUS

2. CHART

LEGEND
 O - Caries Restorable
 / - Non-Restorable
 X - Missing
 XXX - Replaced by Denture
 [3XX6] - Replaced by Bridge

R I C H T
 L E F T

3. ROENTGENOGRAMS

A. PERIAPICAL (No.)	B. BITE-WING (No.)	C. OTHER (Specify, Give No.)	D. PANORAMIC (No.)
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4. DIAGNOSES

ABSENCE OF TEETH ACQUIRED, MAXILLARY & MANDIBULAR COMPLETE 525.0

5. SIGNATURE OF EXAMINING DENTIST *[Signature]* 6. DATE 3-4-70

PART II - MEDICAL REVIEW

NOTE To Physician - Please complete Part II and return this form to Dental Service so appropriate dental treatment may be prescribed and completed within the total treatment regimen for the patient. See Item 1. Signature signifies approval or disapproval for dental treatment.

7. PRINCIPAL AND OTHER MEDICAL AND/OR PSYCHIATRIC DIAGNOSES

Schiz. reaction

8. REMARKS (include special precautions and specify if any dental treatment is contraindicated to necessary hospital care)

9. MEDICAL AND/OR PSYCHIATRIC FINDINGS

PROLONGED BLEEDING DRUG SENSITIVITY ANTIBIOTIC SENSITIVITY ASSAULTIVE SUICIDAL HAS SEIZURES NON-COMPETENT

10. ESTIMATED HOSPITAL STAY REMAINING *[Handwritten]* 11. SIGNATURE OF PHYSICIAN *[Signature]* 12. DATE 3/9/70

K. PLANANSKY, M.D.

BENEFICIARY'S LAST NAME - FIRST NAME - MIDDLE NAME, SOCIAL SECURITY NO., WARD NO., NAME OF STATION VETERANS ADMINISTRATION HOSPITAL CANANDAIGUA, N. Y.

ORAL EXAMINATION AND TREATMENT RECORD

SCHAD, EDWARD H. SR. 134 10 ST 22 37 VA FORM 10-2995
 5 450 700 6047A PS NW2 TRF 3 4 70 EXISTING STOCK OF VA FORM 10-2995
 CANANDAIGUA, N. Y. WILL BE USED

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CLINICAL RECORD	Report on <u>MENTAL STATUS EXAMINATION</u>
	or Continuation of S. F. <u>KP: Ljn</u> <small>(Strike out one line) (Specify type of examination or data)</small>

(Sign and date)

DATE 3/4/70

This veteran came here this morning around 3:00. We do not know anything about him except that he is AWOL from VAH Syracuse. ^{During} that he was brought here by the police apparently at the wife's request. The interview patient talked emphatically, at times he showed evidence of resentment. He was evasive and at times I felt that his arguments and attitudes were silly. The most conspicuous trait was his suspiciousness throughout the interview. He was asked why he tried to choke his wife to death as the certification papers stated. Patient said "she would not give me the keys to the car". He started being angry and defensive. "Is that what she says, I wanted to choke her, has she lodged a complaint? If she didn't I can say it was an accident". He said he left the Syracuse VA Hospital on 3/3 at noon because "they closed the top floor where I was housed." He said he was not AWOL, "I simply left because they closed the floor and that is the truth." He was asked why did he go to Syracuse in the first place. "My wife talked me into it. I only had a sore throat but I lost weight". He said he is a painter, self employed, actually unemployed. He did not do any work since October 1969. "My wife is taking care of me and I'm taking care of her." Apparently the wife works. Patient says he has 10% service connected disability for nerves. He said he had been treated in the outpatient department in Syracuse about 12 years ago but is not sure about the date. He has 4 children, grown up, they all have children of ^{their} own. Apparently he has no contact with them. As the conversation proceeded it was noted there is a strained relationship between patient and his family especially his children. "They don't want me around. I think it is a very ^{obvious} reason why they don't want me around. It is true that they are over 21 and they think I have no authority over them but when they are in my house I'm the boss. They have to do what I'm telling them even if they are 21". When asked whether there was any disagreement over property he said "I had a house, I don't know if I still have it. I don't know who sold it. If anybody sold it, she must have sold it", meaning his wife. Then he gave the involved story that he owns property close to the river or canal and he wants to be sure that it is sold to the Public Government, either county or state because he is interested in conservation and he produced a membership card issued by the conservation department in New York State. Patient is entitled to operate his boat on inland waterways. The reason for this is, according to the patient, was because "I want to decide it myself, can't I have my own reasons?" He talked angrily and in an irritable manner. "I want to be respected, either they want to live honestly or they want to be ^{obvious}", meaning his family. "I want to be honest. My immediate family are against me. They just

(Continue on reverse side)

(over)

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

REGISTER NO.

WARD NO.

SCHAD, EDWARD H. SR.
C5450700 DB 2 24 20
134 10 67 82

REPORT ON _____ or CONTINUATION OF _____

Standard Form 507
507-104

Veterans Administration Hospital
Canandaigua, New York

41

SCHAD, EDWARD H. SR.
65450700 DB 2 24 20
134 10 67 82

2:20 AM

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PART I		
PATIENT'S LAST NAME - FIRST NAME - MIDDLE INITIAL	SOCIAL SECURITY NO.	DATE ADMITTED
		3-4-70
PATIENT IS:	BY:	COMMITTED
<input type="checkbox"/> COMPETENT	<input type="checkbox"/> INCOMPLETE	<input type="checkbox"/> YES
PATIENT ACCOMPANIED BY (Name)	VA RATING ADDRESS	<input type="checkbox"/> NO
		RELATIONSHIP
REMARKS		
<i>brought by police</i>		
<i>write check for clothing</i>		
<i>left approx \$3</i>		
<i>check to cont. going home</i>		
SIGNATURE OF ADMITTING CLERK		
<i>Caroleen A Roberts</i>		
PART II		
FUNDS DEPOSITED	GOVERNMENT \$	PERSONAL CHECK \$
<input type="checkbox"/> CASH \$	<input type="checkbox"/> CHECK	<input type="checkbox"/> OTHER (Specify) \$
TYPE OF ADMISSION	IMMEDIATE	REGULAR
<input type="checkbox"/> EMERGENCY	<input type="checkbox"/>	<input type="checkbox"/>
PERSON(S) ACCOMPANYING PATIENT TO BE INTERVIEWED BY:	RESTRICTED	UNRESTRICTED
<input type="checkbox"/> ADMITTING PHYSICIAN	<input type="checkbox"/> SOCIAL WORKER	<input type="checkbox"/> OTHER (Specify)
REMARKS		
SIGNATURE OF ADMITTING PHYSICIAN		

VA FORM 10-2389 EXISTING STOCK OF VA FORM 10-2389, JAN 1969 JUN 1961, WILL BE USED.

ADMISSION DATA

42139

CLINICAL RECORD

Report on T. ASSESSMENT OF FUNCTIONABILITY
or
Continuation of S. F. _____
(Strike out one line) (Specify type of examination or date)

DATE: 3/5/70 HEIGHT: 5'7" WEIGHT: 115 AGE: 50
(Sign and date)

LIMITATION

1. AMBULATION:
Ambulation and Gait.....NONE
Stairs, safety factors.....NONE
2. ACTIVITIES OF DAILY LIVING:
Personal Appearance & Hygiene.....NONE
3. BODY ALIGNMENT:
Posture.....NONE
4. UPPER EXTREMITIES:
Strength - Fingers, Wrist, Elbow & Shoulder.....Arthritic condition of fingers both hands
Some weakness in flexion of finger joints.
Function - Range of Motion.....Limited flexion & extension fingers bilaterally.
5. LOWER EXTREMITIES:
Strength - Ankle, Knee & Hip.....NONE
Function - Range of Motion.....NONE
6. SPINE:
Function - Range of Motion.....NONE
7. SIGHT:
Able to read standard newspaper.....NONE
Able to distinguish & identify
objects at 25 yds.....NONE
8. HEARING:
Able to understand normal conversation
at 20 feet.....NONE
9. COMMUNICATION:
Speaks and understands English.....NONE
10. EDUCATION 1st yr. HS OCCUPATION House painter

REMARKS: Patient says his fingers do not ordinarily bother him while working at his trade.

(Continue on reverse side)

R. BODA, JR. CT

JOSE SALAZAR MD. CHIEF PHYS.
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.
37B

SCHAD, EDWARD H. SR.
134-10-6782

REPORT ON _____ or CONTINUATION OF _____

Standard Form 507
507-104

43

UNITED STATES GOVERNMENT

Memorandum

TO : Dr. Flannery, 37 Building

DATE: 3/6/70

FROM : Admissions

SUBJECT: Commitment re: SORAD, Edward H. Sr. SSM 134 10 6782

If you feel patient should be committed, it should be initiated on the ward. He was admitted on a Health Officer Certificate which is effective until March 17, 1970.

Please return attachment with any comments to Patients Control.

44

UNITED STATES GOVERNMENT

Memorandum

TO : Dr. Flanansky: 37 Building DATE: 3/6/70

FROM : Admissions

SUBJECT: Commitment re: SCHAD, Edward H. Sr. SSN 134 10 6782

If you feel patient should be committed, it should be initiated on the ward.
He was admitted on a Health Officer Certificate which is effective until
March 17, 1970.

Please return attachment with any comments to Patients Control.

*Mr used p. ~~enum~~
3/12*

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 ↑

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

SCHAD, EDWARD H. SR.
65450700 DB 2 24 20
134 10 67 82

AGE SEX (Check one)
 BEDSIDE, WHEELCHAIR, OR STRETCHER BED PATIENT AMBULATORY

EXAMINATION REQUESTED

ROUTINE CHEST

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

New Admission

FIRM NO. 822 32329

DATE OF REQUEST

REQUESTED BY

RADIOGRAPHIC REPORT

P-A examination of the chest reveals no evidence of acute inflammatory infiltrate. The lung fields are well aerated. The mediastinal structures are in midline and the cardiac silhouette is not enlarged.

M

W.P. Magenheimer

W. P. MAGENHEIMER, M.D., RADIOLOGIST

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

DATE OF REPORT: 3/6/70

VAH-CANANDAIGUA, N.Y.

rec'd 3/9/70 srs

Standard Form 519-A (Rev. Aug 1954)
Prescribed by Bureau of the Budget
Circular A-22 (Rev.)

RADIOGRAPHIC REPORT

PATIENT'S IDENTIFICATION (For use of reporting facility)
grade; date; hospital or medical facility)

RADIOGRAPHIC REPORTS

Standard Form 519
519-106

SCHAD, EDWARD H. SR.
65450700 DB 2 24 20
134 10 67 82

VETERANS ADMINISTRATION HOSPITAL
CANANDAIGUA, N. Y.

46

CLINICAL RECORD	DIAGNOSTIC OR DEPOSITION STAFF Report on _____ or Continuation of S. F. _____ <small>(Strike out one line) (Specify type of examination or data)</small>
------------------------	--

DATE OF STAFFING 3/7/70
(Sign and date)

DATE OF ADMISSION <u>3/4/70</u>	COMPETENCY (STAFF OPINION) <u>Competent</u>	SERVICE CONNECTED SC 10% nerves	COMMITTED NO		
GUARDIAN	INSTITUTIONAL AWARD	AMOUNT OF COMPENSATION OR PENSION		OTHER INCOME	BALANCE ON DEPOSIT
		DIRECT	TO WIFE		

DIAGNOSES: Schizophrenia, undifferentiated - chronic

PLANS:

DECISION OF THE STAFF:

R. Johnston
R. JOHNSTON, Ph.D.
Clinical Psychologist

N. L. Ryan
NORMAN L. RYAN, MASW
Social Worker

K. Planansky
K. PLANANSKY, M.D.
Chief Unit B

This veteran considers that he was unjustly admitted to the hospital and feels that the family has conspired against him. On admission he said he came here merely to complete Aero-Space training. His speech was firm today as he remarked "I was forced to come here against my own will". In conference he talks much about legal rights, proof, facts and his family's lack of respect for him. He is a suspicious man who apparently has had difficulty with several family members for some time and described an episode after his release from the service when he felt his brother had cheated him out of his money in a joint business venture. He admitted voices and said "it is my conscience talking to me and I talk to my conscience. They warn me to keep away from things...it is a friendly voice...but it gets me in trouble some times when I get into the booze". He presented a vague story about owning some property in a commercial zone and felt that his wife and others were attempting to force him to sell but he did not wish to. He said his son had suddenly taken an interest in his property and this makes him suspicious and he said "he is doing it for devious reasons". This veteran had been in Syracuse VAH for about 3 weeks. He claims he had been admitted there against his will and appears to blame others for his difficulties. (Continue on reverse side)

PATIENT'S IDENTIFICATION <small>(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)</small>	REGISTER NO.	WARD NO.
--	--------------	----------

SCHAD, EDWARD H. SR.
C5450700 DB 2 24 20
134 10 67 82

REPORT ON _____ or CONTINUATION OF _____
Standard Form 607
507-104

JLOR 37
JER 006

2 0 70

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CLINICAL RECORD	CONSULTATION SHEET 67-82
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REQUEST		
TO: CHIEF, PMRS	FROM: (Requesting ward, unit, or activity) WARD 37A	DATE OF REQUEST 3/6/70
REASON FOR REQUEST (Complaints and findings)		

NEW ADMISSION-ASSIGNMENT TO PMRS
 3/6/70: REFERRED TO PMRS FOR ASSIGNMENT FROM 37A. & CT prn

PROVISIONAL DIAGNOSIS			
SCHIZ.		EMP: painter-self emEDU: unk	
DOCTOR'S SIGNATURE <i>R. PLANANSKI, MD</i>	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> ROUTINE
CONSULTATION REPORT			

3/9/70: Patient admitted 3/4/70, brought in by the police at his wife's request, is alleged to have choked his wife because she wouldn't give him the keys for the car. Patient is SC for his illness, has been receiving outpatient at Syracuse for 4 years. Is unsure about the disposition of some property which his family owns. Is rather delusional about being on the "AERO Space Team", somewhat grandiose, feels that police were wrong in bringing him to the hospital. He was a prisoner of war for 23 months in Germany. He stated he feared physical pain but not death. Appears to be in good physical condition, is a self-employed painter, 8th grade education. Expressed a preference for MAT refinishing.

- ✓RX 37A: 1. To MAT Refinishing, AM, PM, work reorientation 2. CT 3-4 resoc. & motiv.
 3. Recreation, sports & swimming

(Continued on reverse side)

SIGNATURE AND TITLE JOSE A. SALAZAR, MD, CHIEF, PMRS	DATE 3/10/70	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.

SCHAD, EDWARD H. SR.
 C5450700 DB 2 24 20
 134 10 67 82

CONSULTATION SHEET
 Standard Form 513
 513-104

VETERANS ADMINISTRATION HOSPITAL
 CANANDAIGUA, N. Y.

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32329 32329

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
SCHAD, EDWARD H. SR. 05450700 DR 2 24 20 134 10 47 82		32329	37A
AGE	SEX	(Check one) <input type="checkbox"/> BEDSIDE, WHEELCHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	
EXAMINATION REQUESTED			
Xray of chest			

(Above space for mechanical imprinting, if used)
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS AND PROVISIONAL DIAGNOSIS

rule out pneumonia

FILM NO.	DATE OF REQUEST	REQUESTED BY
32329	3/12/70	K. Planansky (B)

RADIOGRAPHIC REPORT

Examination of P-A and lateral views of the chest with comparison to the previous study reveals essentially no basic interval change. The basilar interstitial densities are prominent but linear in configuration and are suggestive of chronic peribronchial inflammatory changes. However, the possibility of an early superimposed pneumonitis cannot be ruled out on this study. Remainder of this study is basically unchanged. Mediastinal structures remain in midline and the cardiac silhouette is not enlarged.

IMPRESSION: Chest study revealing chronic basilar peribronchial thickening. The possibility of a superimposed pneumonitis, especially in the left lower lobe cannot definitely be ruled out.

W.P. Magenhedger
W. P. MAGENHEDGER, M.D., Radiologist
SIGNATURE: (Specify location of laboratory if not part of requesting facility)

DATE OF REPORT: 3/13/70

* GPO: 1969-353-001
Standard Form 513-A (Rev. Aug. 1964)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

VAM, Canandaigua, N.Y.

pen typed 3/16/70

32329 32329

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
SCHAD, EDWARD H. SR. 05450700 DR 2 24 20 134 10 47 82		32329	37A
AGE	SEX	(Check one) <input type="checkbox"/> BEDSIDE, WHEELCHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	
EXAMINATION REQUESTED			
Skull x-ray			

(Above space for mechanical imprinting, if used) 3 0 70
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Sudden onset of uncontrolled behavior at age 49 without previous psychiatric history.
Rule out structural anomaly.

FILM NO.	DATE OF REQUEST	REQUESTED BY
32329	3/25/70	K. PLANANSKY, M.D. <i>K. Planansky</i>

RADIOGRAPHIC REPORT

Sella turcica appears normal and the pineal calcification in normal position. Sphenoid wings are intact. Outline of the skull appears normal. The prone films show increased density over the left maxillary antra and a relatively small antrum, possibly secondary to old injury on this side. This is again seen in the exaggerated A-P view. The lateral views show increased density over the antra. **IMPRESSION:** No intracranial lesion is seen. Possible sinusitis or change secondary to old injury of left maxillary antra.

C.B. Smith
DATE OF REPORT: 3/31/70

DR. CARL B. SMITH, Radiologist
SIGNATURE: (Specify location of laboratory if not part of requesting facility)

* GPO: 1969-353-001
Standard Form 513-A (Rev. Aug. 1964)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

VAM, Canandaigua, N.Y.

pen typed 4/1/70

RADIOGRAPHIC REPORT

49

March 12, 1970

Mrs. Mabel Schad
R. D. #1, Kirkville Rd.
Bridgeport, N. Y. 13082

SCHAD, Edward H. Sr.

Dear Mrs. Schad:

134 10 67 82

30.00*^{.00}

*Please advise if you can provide this amount each month.

Director, VA Hospital, Canandaigua, N. Y.

Hospital

JOS. A. CHIAPPONE
Chief, Medical Administration Division

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TO	1. Patient's Control
	2. Dental
	3.

PATIENT'S NAME, IDENT. NO., WARD NO., NAME OF STATION, DATE

Schad, Edward H. Sr. 3-19-70
 C# 5 450 700 DOB: 2-24-20
 SS# 134 10 6782

VAH, Cdga, N.Y.

INSTRUCTIONS: A corrected report will be forwarded to the Medical Administration Div./Svc. by the physician without delay when the admitting diagnosis is found to be incorrect. An additional report will be submitted when supplemental information (including additional diagnoses) becomes available.

TYPE OF REPORT (Check one)	PROBABLE DISPOSITION IN: (Give approximate number of days)
<input type="checkbox"/> CORRECTED <input checked="" type="checkbox"/> ADDITIONAL	

DIAGNOSES

Respiratory Infection

Acute bronchitis

REMARKS

SIGNATURE OF PHYSICIAN

S. Pillar, M.D.

VA FORM 10-2746 EXISTING STOCK OF VA FORM 10-2746, APR 1963, WILL BE USED. **DIAGNOSIS SLIP** 437403

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CLINICAL RECORD

HISTORY—Part I RJ:ljn 3/20/70

NATURE AND DURATION OF COMPLAINTS (Include circumstance of admission)

This 50 year old, married veteran was admitted to our hospital on 3/4/70 accompanied by police and with a Health Officer's certificate. He had been AWOL from VAH Syracuse. On admission he had no understanding that he needed psychiatric treatment but admitted he had been too nervous to work recently and had fights with his wife. He believed that he was in the Aero Space Program and had come to our hospital to complete his training.

HISTORY OF PRESENT ILLNESSES

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

SCHAD, EDWARD H. SR.
C5450700 DB 2 24 20
134 10 67 82

HISTORY—Part I
Standard Form 504
504-105

VETERANS ADMINISTRATION HOSPITAL
CANANDAIGUA, N. Y.

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CLINICAL RECORD

HISTORY—Part 2

RJ:ljn 3/20/70

PAST HISTORY

INSTRUCTIONS.—Include (1) **OCCUPATION** (Civilian and military), (2) **MILITARY HISTORY** (Include geographic locations and dates), (3) **HABITS** (Alcohol, tobacco, and drugs), (4) **FAMILY HISTORY**, (5) **CHILDHOOD ILLNESSES**, (6) **ADULT ILLNESSES**, (7) **OPERATIONS**, (8) **INJURIES**, and (9) **DRUG SENSITIVITIES AND ALLERGIC REACTIONS**.

For previous history refer to Syracuse records. This veteran apparently had been treated ^{here} between 2/15 and 3/3/70. The veteran was interviewed on 3/19/70 and gave the following information about his past life. He went to the 1st year of high school, married in 1940 and served in the Air Force between 1942 and 1945. He was a Technical Sgt. assigned to a bomber group stationed in England and for about two years was a prisoner of war in Germany. He has 4 children, all married and the oldest boy is now in jail and has a long history of unlawful behavior. To his knowledge no members of his family have been treated for mental illness. He is 10% service connected for nerves but claimed the recent hospitalization at Syracuse was his first for a nervous condition since he left the Army. He has worked in the railroad, in a steel mill at various unskilled laboring jobs but for the past 7 years has been a self employed housepainted. He denied use of illegal drugs and does not consider that he drinks to excess.

R. Johnston
R. JOHNSTON, Ph.D.
Clinical Psychologist

M. Lawrence

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

SCHAD, EDWARD H. SR.
C5450700 DB 2 24 20
134 10 67 82

HISTORY (Parts 2 and 3)
Standard Form 505
505-105

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PREVIOUS EEG (Check and give date(s)) DATE(S): <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL <input checked="" type="checkbox"/> NONE	CONTRAINDICATION TO HYPERVENTILATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CLAIM NO. c. 5 450 700	AGE 50	SEX male	DATE OF REQUEST 3/25/70
MEDICATION (Sedatives, anticonvulsants, psychopharmacologic agents - indicate dosage, duration and date last given) Thorazine 50 mgm. 4 times a day					
PERTINENT HISTORY AND SIGNIFICANT NEUROLOGICAL FINDINGS (If there is history of seizures, give onset, frequency, and clinical features. If patient has had electroconvulsive or insulin therapy, head trauma, brain surgery, systemic disease, describe and give dates.) Sudden onset of uncontrolled behavior at age 49 without previous psychiatric history.					
CLINICAL IMPRESSION Schiz. chronic undifferentiated type.	SIGNATURE OF REFERRING PHYSICIAN R. PLANANSKY, M.D.				
REPORT OF ELECTROENCEPHALOGRAM FINDINGS AND INTERPRETATION					
PATIENT'S BEHAVIOR DURING TEST <input checked="" type="checkbox"/> COOPERATIVE <input type="checkbox"/> RESTLESS <input type="checkbox"/> UNCOOPERATIVE <input type="checkbox"/> DROWSINESS <input type="checkbox"/> LIGHT SLEEP <input type="checkbox"/> DEEP SLEEP					
EEG DESCRIPTION This is a moderate voltage EEG with an alpha rhythm of about 9 cps. There is marked asymmetry in the occipital regions with the rt. side showing repeatedly slow activity of 5 to 7 cps., mainly in the sagittal combinations where also many waves with psycho-motor variant formation are formed. HV does not cause any marked changes. Spikes are not seen.					
EEG INTERPRETATION Mildly abnormal EEG, because of some focal slow wave and psycho-motor variant activity at the rt. occipital region, consistent with behavior disorder and possibly an organic condition. A repeat routine record is suggested in 4 weeks.					
PATIENT'S NAME, IDENT. NO., AND WARD NO.; LOCATION OF STATION SCHAD. EDWARD H. SR. C5450700 DB 2 24 20 134 10 67 82			EEG CLASSIFICATION (If used) SIGNATURE AND TITLE OF ELECTROENCEPHALOGRAPHER M. A. BRUCK, M.D., Chief of Psychiatry DATE AND TIME OF TEST 3-30-70 8:00 am. EEG NUMBER # 6579		

VA FORM 10-2614s
MAR 1965

10-2614s
6LDS 37
YLR 100.

EXISTING STOCK OF
VA FORM 10-2614s,
DEC 1961, WILL BE USED.

3 0 70

ELECTROENCEPHALOGRAPHIC pem
REQUEST AND REPORT Typed 3/31/70

CLINICAL RECORD		TEMPERATURE—PULSE—RESPIRATION FAHRENHEIT																					
HOSPITAL DAY																							
POST-	DAY																						
MONTH-YEAR	DAY																						
10	70	3 ^{am}	4 ^{am}	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
PULSE (O)	TEMP. F (●)																					TEMP. C	
105°	101°																					38.9°	
100	100°																					37.8°	
170	103°																					38.9°	
160	102°																					38.9°	
150	101°																					37.8°	
140	100°																					37.8°	
130	99°																					37.8°	
120	98.6°																					37.8°	
110	98°																					37.8°	
100	97°																					36.1°	
90	96°																					35°	
80	95°																					35°	
70																							
60																							
50																							
40																							
RESPIRATION RECORD		24	28	20	20	20																	
Record special data only when so ordered	BLOOD PRESSURE	118/75																					
	HEIGHT, 5'7 1/2	WEIGHT—145																					

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

REGISTER NO. _____ WARD NO. _____

SCHAD, EDWARD H. SR.
C5450700 DB 2 24 20
134 10 67 82

VETERANS ADMINISTRATION HOSPITAL
CANANDAIGUA, N. Y.

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT
Standard Form 611
611-108

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CLINICAL RECORD **TEMPERATURE—PULSE—RESPIRATION**
FAHRENHEIT

HOSPITAL DAY																					
POST.	DAY																				
MONTH-YEAR	DAY	12	13	14	15	16	17														
March	70	HOUR	12	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	TEMP. C
PULSE (C)	TEMP. F (C)																				
	105°																				
180	104°																				40°
170	103°																				38.9°
160	102°																				37.8°
150	101°																				37°
140	100°																				36.1°
130	99°																				35°
120	98°																				
110	97°																				
100	96°																				
90	95°																				
80																					
70																					
60																					
50																					
40																					

(Centifgrade Equivalents, for Reference only)

32.3 32.3 32.2 32.2 32.2 32.2 32.2 32.2 32.2 32.2 32.2 32.2 32.2 32.2 32.2
 98 98 98 98 98 98 98 98 98 98 98 98 98 98 98

RESPIRATION RECORD																					
BLOOD PRESSURE		140																			
HEIGHT	WEIGHT	82	237																		

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

REGISTER NO. 134.10-6782 WARD NO. 1C

Schad, Edward H

TEMPERATURE—PULSE—RESPIRATION
 FAHRENHEIT
 Standard Form 511
 511-108

Feb 6, 1970

Mrs. Edward Schad

RIE Richards NY 13072

Dear Mr. Plummer,

I have had my husband at home last Friday morning until Sunday night. He was very good, but didn't want to go back to the hospital & spoke about being an out patient, at the Syracuse Veterans Hosp. Now I told him we had to talk to his doctor or see what he may have to say about it. My son, & myself think he is recovering very well & we would like to give it a try if you agree to it - and he agrees to go for his treatments as he promises. It would save us a little money, going back & forth and also we wouldn't have to take so much time off from our jobs.

If, for any reason you see that he can't please advise us. I also talked with the Veterans Office to see if he can't get his full disability and they told me it was up to the Doctor at the hospital who is attending him to fill out the forms for it. I thought if by any reason I would have to quit my job & take care of him it would help with the finance part of it. Please advise me on this also.

Sincerely,

Mrs. Edward Schad Sr.

P.S. You can call my son Jerry Schad or his wife collect for further information 687-6637

Thank you.

Dr Planansky
U.A. Hospital
Rensselaer N.Y.

Miss Edward H. Schod
Rt 10¹ Kerhills N.Y.
13082

Dear Doctor Planansky -

I am writing in regards about your patient, Edward H. Schod. I would like to know how the test turned out that were taken at the VA hospital in Syracuse N.Y. I understand that you had xrays taken of his head according to my husband. I would appreciate any information concerning my husbands tests.

I also would appreciate if my husband receives any more passes to have him stay until I arrive there on Friday night around 5 because I have to work five days a week and that is a working day. I know its hard for him to understand I can't pick him up till then but I still have to work. I am taking Friday off so as not to disappoint him on his first leave for the week end.

Thank you kindly for any information that you have on my husband tests.

Sincerely

Miss Mabel Schod

~~Schad Chief of Staff~~

Miss Mabel Schad
R.D. # Kirkville Ky.
13082

J.S. Waltman M.D.
Hospital Director.

I am writing you on any information that you can obtain about my husband's teeth. On or about April 3rd he went to have an impression of the teeth, at the dentist, you have their at your hospital. He had a impression made with the plastic.

My husband was discharged last Thursday on the 16th of April. Is it possible for him to get his teeth from them or give me any information on them. He will be taking out patient treatment here at the Veterans Administration in the near future. His social security No. is 134-10-6782. Thank you and I would appreciate it if you could find out about the teeth & let me know.

Sincerely
Miss Mabel Schad
R.D. # Kirkville Ky.
13082

P. Edward Sched

Wife will be visiting
Wed. night. Have nurse explain
that X-rays were O.K. + that
Pt. will be disch. soon. Then send
letter to file with notation that
Pt's wife was seen in person regarding
letter.

Thanks

Laura

4/8/70 - Give phone message to Mrs. Sched at 5⁰⁰ pm.

Gene M. Stratton

PATIENT OR MEMBER STATUS CHANGE		REPORT (Check one)	INITIAL SUPPLEMENTAL		
TO	VARO BUFFALO, N.Y.	FROM	VAH CDGA, N.Y.		
PART I - PERSONAL DATA					
1. VETERAN'S NAME SCHAD, Edward H Sr.		2. CLAIM NO. C. 5 450 700	3. SOCIAL SECURITY NO. 136 10 6782		
4. HOSPITAL, DOMICILIARY OR NURSING HOME (Check one)					
A. HOSPITAL PATIENT (Check)		B. DOMICILIARY MEMBER			
<input type="checkbox"/> NON-VA <input checked="" type="checkbox"/> VA		<input type="checkbox"/> NON-VA <input type="checkbox"/> VA			
PART II - MOVEMENT OR DISPOSITION (Check and indicate date of action)					
1. DISCHARGED			DATE		
<input checked="" type="checkbox"/> MHB <input type="checkbox"/> MHB-DOMICILIARY <input type="checkbox"/> DIED <input type="checkbox"/> OTHER (Specify)			4-16-70		
<input type="checkbox"/> MHB/CBOC <input type="checkbox"/> MHB-NURSING HOME <input type="checkbox"/> IRREGULAR					
(✓)	ACTION	DATE	(✓)	ACTION	DATE
	PLACED ON AUTHORIZED LEAVE 2. OF 30 DAYS			RETURNED FROM ELOPEMENT OR 7. UNAUTHORIZED ABSENCE	
	RETURNED FROM AUTHORIZED 3. LEAVE OF 30 DAYS			PLACED ON TRIAL VISIT FROM ELOPE- 8. MENT OR UNAUTHORIZED ABSENCE	
	PLACED ON TRIAL VISIT OR 4. FURLOUGH 30 DAYS OR MORE			9. TRANSFERRED TO:	
	RETURNED FROM TRIAL VISIT OR 5. FURLOUGH 30 DAYS OR MORE			DATE SET FOR DISCHARGE FROM 10. TRIAL VISIT	
	ELOPED OR PLACED ON 6. UNAUTHORIZED ABSENCE				
PART III - CERTIFICATION OF 21 DAYS CONSECUTIVE HOSPITALIZATION					
CURRENT CLINICAL RECORDS SHOW THE VETERAN WAS HOSPITALIZED FOR 21 CONSECUTIVE DAYS _____ (From)					
_____ (To) FOR TREATMENT OR OBSERVATION OF (State diagnosis(es))					
AND HIS PRESENCE IS STILL REQUIRED IN THE HOSPITAL FOR THESE CONDITIONS.					
PART IV - INFORMATION FOR CHIEF ATTORNEY					
1. DESTINATION OF PATIENT (Address)			2. NAME AND ADDRESS OF PERSON AGREEING TO PROVIDE SUPERVISION		
RD #1 Kirkville Rd Bridgeport, N.Y. 13082					
3. IS PATIENT COMMITTED? (If "Yes," complete item 4)		4. COMMITMENT COURT, LOCATION AND DATE		5. CURRENT BALANCE OF FUNDS ON DEPOSIT IN PFD	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				\$ 00	
PART V - ASSET INFORMATION					
FUNDS ON DEPOSIT		AMOUNT	3. LIST OF OTHER ASSETS		4. ASSETS ON VA FORM 10-7131
1. GRATUITOUS		\$			
2. OTHER		\$			
TOTAL		\$			
PART VI - STATEMENT OF PRE-EMPLOYMENT ACTIVITY/CONVALESCENCE PERIOD					
1. IS VETERAN CAPABLE OF RETURNING TO FULL EMPLOYMENT IMMEDIATELY?			2. IS A PERIOD OF CONVALESCENCE REQUIRED FOR VETERAN?		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," how long?)		
REMARKS					
<i>James J. Hall 70</i>					
SIGNATURE JOS. A. CHIAPPONE, Chief, Med Adm Div.					DATE 4-16-70

PHYSICAL MEDICINE REHABILITATION PROGRESS REPORT

PATIENT'S LAST NAME, FIRST NAME, MIDDLE INITIAL SCHAD, EDWARD H. SR.	SOC. SEC. NO. 134-10-6782	WARD NO. MAD
DISABILITY BEING TREATED NP		

PROGRESS REPORT
RECREATION

Treatment objective: Resocialization

This patient responded to many of the social activities. He was active in the Monday evening ward parties with the volunteers. He was friendly, congenial and enjoyed conversation.

4/16/70: Reg. Discharge

PM & RS FINAL NOTE:	
Initial Trtmt.	3/9/70
Modality Used	Recr
Final Trtmt.	4/15/70
Number Trtmts.	17

SIGNATURE AND TITLE OF PHYSICIAN OR THERAPIST JERRY HICKEY, RECR. LEADER	DATE 4/27/70
--	------------------------

VA FORM JAN 1966 10-2943	EXISTING STOCK OF VA FORM 10-2943, MAR 1964, WILL BE USED.	GPO : 1966 OF - 700-857
SIGNATURE AND TITLE OF PHYSICIAN OR THERAPIST R. BODA, JR. CCT		DATE 4-27-70

VA FORM JAN 1966 10-2943	EXISTING STOCK OF VA FORM 10-2943, MAR 1964, WILL BE USED.	GPO : 1966 OF - 700-857
SIGNATURE AND TITLE OF PHYSICIAN OR THERAPIST R. BODA, JR. CCT		DATE 4-1-70

VA FORM JAN 1966 10-2943	EXISTING STOCK OF VA FORM 10-2943, MAR 1964, WILL BE USED.	GPO : 1966 OF - 700-857
PATIENT'S NAME; IDENT. NO.; WARD NO.; NAME OF STATION; DATE		

SCHAD, EDWARD H. SR.
63450700 DB 2 24 80
134 10-67 82

**VETERANS ADMINISTRATION HOSPITAL
CANANDAIGUA, N. Y.**

PHYSICAL MEDICINE AND REHABILITATION REPORTS

VA FORM 10-2412
APR 1965

GPO : 1966 OF - 874223
500-194

64

CLINICAL RECORD		WEIGHT CHART											
DIAGNOSIS													
YEAR 1970	MONTH	3	5										
	DAY	4	1										
POUNDS													
	5												
	0												
	15												
	15												
	14												
	14												
	13												
	13												
	5												
	0												
	5												
	0												
AGE AND HEIGHT				WEIGHT									
DATE OF BIRTH	HEIGHT		UPON ADMISSION	AT DISCHARGE	GAIN	LOSS	MINIMUM	MAXIMUM	NORMAL				
	FT.	IN.	LBS.	LBS.	LBS.	LBS.	LBS.	LBS.	LBS.	LBS.	LBS.	LBS.	LBS.
PATIENT'S NAME, IDENT. NO., WARD NO., DATE, NAME OF STATION					REMARKS								
SCHAD, EDWARD H. SR. 65450700 DB 2 24 20 134 10 67 82													
					WEIGHT CHART ADMINISTRATION HOSPITAL VETERANS ADMINISTRATION HOSPITAL U.S. GOVERNMENT PRINTING OFFICE: 1967 O - 305-184 (82) CANANDAIGUA, N. Y.								

VA FORM 10-2614f
APR 1965

EXISTING STOCK OF VA FORM 10-2614f,
FEB 1962, WILL BE USED.

VETERANS ADMINISTRATION HOSPITAL
CANANDAIGUA, N. Y.

65

**VA MEDICAL CLAIMS RECORDS
1945-1971**

OFFICE OF THE FEDERAL PUBLIC DEFENDER - CAPITAL FEDERAL AS UNIT
97 E. CONGRESS STREET, SUITE 130
TUCSON, ARIZONA 85701
(520) 620-7050
FAX: (520) 620-7055

received
7/31/98

June 23, 1998

Mr. Stan Watson
VA Regional Office
3225 N. Central Ave.
Phoenix, Arizona 85012

*Copy of Entire C-File
Enclosed.
7/29/98
Stan*

RE: Request for Privacy Act Information
VA Claim No. 5450700

Dear Mr. Watson:

Pursuant to our telephone conversation this morning, our client, Edward H. Schad, Jr., requests any and all information, including but not limited to: files, records, reports, medical records and reports, mental health records and reports, psychiatric and psychological records and reports, counseling records, etc., pertaining to his deceased father:

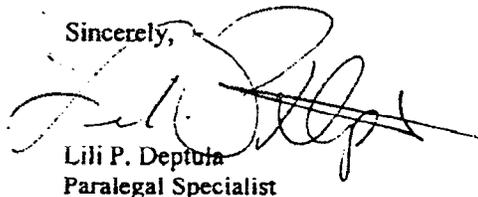
Edward Harold Schad, Sr.
DOB: 8/24/20
SSN: 323-78-461

Mr. Schad Sr. was enlisted in the U.S. Army between July 17, 1942 through October 6, 1945.

Our client is next-of-kin. Enclosed is an Authorization and Consent for Release of Information signed by our client permitting the release of these records to my office.

Thank you very much for your courtesy and prompt attention to this matter. Please feel free to contact me if you have any questions or require additional information.

Sincerely,


Lili P. Deptula
Paralegal Specialist

LPD
Enclosure

**EDWARD H. SCHAD, SR.
VA MEDICAL RECORDS**

1	Aggressive, evasive, uncooperative, incoherent, irrelevant, poor judgment; people bother	1971
2	Schizophrenic reaction - chronic; organic brain syndrome; very aggressive; anxiety	1971
3	Nervous/mental difficulty	
4	Severe osteo-arthritis; gouty arthritis; totally disabled	1971
5	Arthritis; organic brain syndrome, schizophrenia (undifferentiated type)	1971
6	Anxiety neurosis	1970
7	Schizophrenia (chronic, undiff); showed signs of mental illness; bizarre/delusional thoughts; recent mental breakdown - but evidence to contrary; a "drunk"; Chlorpromazine	1970
8	Anxiety reaction 10%	1970
9	Persecution illusions; threatening family; density increase in skull; 100% organic brain syndrome; not competent handle funds	1970
10	Psychosis w/organic brain syndrome possibly secondary to alcoholism, head trauma or vascular disease; head trauma @ 3 yrs. old resulting in lacerated occiput; blood poisoning at 8 yrs; heavy intake alcohol; threatened violence to family; bizarre behavior; heard voices; brain scan showed decreased flow in left carotid & decreased perfusion in left hemisphere	1970
11	Anxiety neurosis; paranoid psychosis	1970
12	Couldn't work due to nerves	1970
13	Nervous condition incurred in service during WWII = 10% disabled	1952
14	Reported employed by Holcumb Steel - claimed 3 lost weeks of work	1952
15	Trauma to right zygoma	1952
16	E-coli parasitic infestation detected	1952
17	Brief POW history; psychoneurosis, anxiety state - due to combat; static prognosis	1952
18	Tense, uneasy, anxious; severe headaches, restless	1952
19	Reported employed by Crucible (sp?) Steel; lost 3 weeks due to nerves; irritable, severe headaches, shaky, restless; congenial marriage; drank a lot of beer nearly ever night; frequently intoxicated; trouble w/fellow employees	1952
20	Neuropsychiatric exam: troubled by nerves since 1943; stomach complaints - nausea; tension; easy excitability; happily married; psychoneurosis	1947
21	Nervousness began after 1st bombing mission; insomnia, easy loss of temper, irritability, dyspepsia/vomiting after meals; left a factory job because made him nervous; personality moderately predisposed	1947
22	10% disability incurred in service, not in combat	1947

**EDWARD H. SCHAD, SR.
VA MEDICAL RECORDS**

23	POW history; insomnia, loss of appetite, irritable, nervous - Affidavit of Schad E.H.	1947
24	Nausea in morning, shakiness; smokes 2 packs day; 3-4 beers per day; experienced domestic difficulties upon return home from service; insomnia, nightmares	1945
25	Moderate anxiety; C.S. severe; Education: 1 yr. H.S.	1945
26	Anxiety reaction, moderate, combat stress severe. HE disposition unknown; temp disqualified for overseas service	1945
27	Restlessness, tenseness, tremors, restless sleep, irritability, physical fatigue, anorexia, loss of zest, depression, anxiety attacks, loss of weight, psychosomatic symptoms (nausea)	1945
28	Nervousness causing upset stomach, restlessness, tension, irritability caused by close confinement as POW	1945
29	Date of separation/Honorable Discharge 10/6/45	1945

VA - Table - Sum
C:\data\scha\table-VA
VA - Claims - Table - Sum

Edward Harold Schad, Sr.

DOB: 8/24/20

DOD: 11/7/73

SSN # 134-10-6782

Place of birth: Syracuse, NY
Place of death: Oneida City Hospital, NY
Mother: Kathrine Elizabeth Houser
Father: John Badun Schad

Family History: Father died when 50 years old (1925) of pneumonia (Schad Sr. was 5 years old at time). Mother suffered from bad left lung for years. Four brothers (one brother had sugar diabetes). Five sisters.

Medical: Tonsillectomy and adenoidectomy in 1928. Head injury at 3 years old. Blood poisoning at 8 years old. Deformity L-5 finger since childhood; Arthritis, ulcers, alcoholism in adulthood.

Military: Enlisted on 7/12/42 and e separation 10/6/45. Tech Seargant (Army, Air Corps-1010th AAF Base Unit). Ball turret gunner on a B-17. Dates of service: WWII. Service # 32-378-461. Honorable discharge. Buried w/US flag.

Schad's history (according to William Schiffman, M.D.): member of the 279th Bomb Group. Bailed out of a B17 over Germany on 8/17/43 - was shot down during 8th training mission. One member of his crew was lost. Became POW at Stalag 17B in Austria for approximately 17 months. When parachuted at an altitude of about 28,000 feet he was using a small chest pack. The descent was very rapid and shrouds ripped across the right side of his face laying open the skin over the zygome. His boot came off of his left foot in the course of his descent - landed on concrete. While a POW, his injuries healed without treatment by an M.D. Lost 30 lbs. Liberated 5/3/45 by Americans. Since that time every 6 or 7 weeks the right cheek swells, breaks down, and drains fould smelling material.

Awarded 10% disability compensation by military for "nerve condition"/anxiety neurosis in April of 1946.

Education: High School - one year

Civilian Experience: truck driver (2 years); shipping and receiving clerk (furniture co - 6 mos); window washer (1 year); grocery clerk (A&P - 3 years); Holcumb Steele;
Marriage: Mabel Jeanne Cole (DOB: 9/2/19); Syracuse, NY on 12/13/41. Born in Binghamton,

NY. Employed by Crouse-Hind Co., for approx. 30 years

Occupation: Painter

According to VA records, Schad Sr. was put on disability and received disability pension payments. On 4/9/71, he applied for increased payments, but was denied due to failure to meet criteria for increase. Received a monthly award of \$132.00.

1. **Rating Decision Report of 11/15/71 (A.E. Brown, MD):** showed that veteran is "aggressive, evasive and uncooperative." Also, gave an incoherent and irrelevant uninterrupted monologue - difficult to make any sense of what he said. Appeared to be unemployable. Suffered from arthritis and nervous condition. People bother him. Snowmobiles, motor boats and lawn mowers got on his nerves. Arthritic. Disoriented, affect is restricted, and insight and judgment are poor. Entitlement to A&A or housebound benefits not established.

Lived in Holly Hills, Florida in September of 1971

2. **Clinical Record - 6/24/71:** Rambled. Not sure how much of what Schad Sr. says is reliable. Unable to work as a painter due to arthritis. Was placed in Canandaigua VAH by his family who were "pushing him around." Very aggressive, uncooperative during interview. Did not wish to reply to questions but wished to indulge in a long, irrelevant almost incoherent monologue. People bother him. Never took medication prescribed by Canandaigua. Distrustful attitude toward doctors.

Diagnosis: Schizophrenic reaction, chronic, undifferentiated type. Organic brain syndrome by history. Anxiety reaction by history.

Stress: Multiple problems

Personality: Predisposition not determined

Resultant Incapacity: Severe

Competent

3. **Examination for Housebound Status (undated):**

#30 - Additional remarks: the physician felt that Schad's main problem was associated with his nervous or mental difficulty. This was not evaluated on that day and was not scheduled.

4. **Charles C. Kallet, M.D. - letter dated 4/30/71:** Schad suffered from severe osteo-arthritis of hands, feet, elbows. Large masses and nodules around joints and soft tissue, resulting in swelling, restriction, pain. Also suffered from gouty arthritis. Totally disabled.

5. **Request for Physical Examination (5/14/71):** Remarks include osteoarthritis of hands, feet, elbows; organic brain syndrome; schizophrenia (undifferentiated type)

- Exchange
6. **Request of Beneficiary Information and Request for Administrative and Adjudicative Action (5/20/70):** Service connected conditions - "anxiety neurosis"
7. **Hospital Summary (4/21/70 - Thomas M. Walsh, Ph.D., Clinical Psychologist):** Diagnosis: Schizophrenia, chronic undifferentiated type; acute bronchitis and respiratory infection
Summary: 10% sc for "nerves" and considered competent. Admitted first time to Canandaigua VAH by police on a Health Officer's certificate. According to wife and son, showed signs of mental illness - began to display bizarre and delusional thoughts. Believed vacuum cleaner bugged and took it apart to show family the microphone. Mental breakdown recent and that he has been a "good husband and father" in past years. "In spite of the Schad family members' insistence that he was okay until recently, there is evidence to the contrary." Admits to a long history of excessive drinking and described himself as a "drunk." Family did not think Schad using good judgment. Displayed vague and illogical thought processes during staff conference. Demonstrated no insight into his problems or understanding of his family's concern for him. Although Schad continued to show signs of schizophrenic process at the time of staff conference, it was felt he had improved and was released, given a 30 day supply of Chlorpromazine 50 mgm, b.i.d and referred to VA Clinic in Syracuse for OPT.
8. **Exchange of Beneficiary Information and Request for Admin./Adjud. Action (4/23/70):**
Service connected conditions: **Anxiety reaction 10%**
9. **Rating Decision (4/24/70):** References a hospital report (?) that showed Schad admitted after developing persecution illusions and threatening his family. Skull x-rays reveal some density increase overlying the left antrum. Not considered competent to handle funds. Rehospitalized on 3/4/70. **100% Organic Brain Syndrome.**
10. **Hospital Summary (3/20/70 - John J. Danehy, M.D.):**
Diagnoses: "Psychosis with organic brain syndrome of unknown etiology (possibly secondary to alcoholism, head trauma and/or vascular disease)
Addendum to Final Summary: Acute onset of an organic brain syndrome. 20 year history of heavy drinking (but none in last 4 years). History of minor head trauma at age 3. Possible he may have fallen at other times in recent past. In late January of 1970 developed illusions of persecution, accompanied by fear and his reaction was toxic: piled trash on floor, ripped phone off wall, threatened violence to family and threatened to burn house down. Brain scan on 2/18/70 showed some decreased flow in the left carotid artery and decreased perfusion in left hemisphere. Schad also reported some time during his hospitalization that he was hearing voices. Probably an episode of an organic brain syndrome w/psychosis of undetermined etiology, possibly related to his history of alcoholism, possibly related to unknown head trauma, and possibly on a vascular basis.

Wilfred L. Pilette, M.D. - report dated 2/10/70, 3/2/70: First SVAH admission and first psychiatric admission. Schad Sr. was 50 years old. Worked as a house painter up until 3 years

prior to this report. Family first noticed a change in father 3-4 weeks prior to admission. He began complaining of the telephone being tapped, people watching him thru windows, and that people following him. Became bizarre and inappropriate: thumbing his nose at wife, picking up button constantly. **Became loud and threatened violence to family. Threatened to burn down the house.** Was brought to hospital by family but refused to stay. He was eventually admitted. On the ward he was noted to be impulsive with frequently changing affect. At times he was hostile and abusive. Was given i.m. medicine as he refused to take it himself. Improved, but still exhibited bizarre and hostile behaviors intermittently. Treated with Thorazine 50 mg. b.i.d. which was increased to 50 mg 1.i.d.. **Was also given supportive psychotherapy. Eloped from hospital - family unsuccessful in getting him back in it. Began acting out at home and finally he was HOC'd to the Canandaigua VA Hospital.**

Significant past history: suffered minor head trauma at age 3 resulting in a lacerated occiput. At age 8 he had "blood poisoning" and was prisoner of war for 2 years in Germany. Received 10% disability comp for his nervous condition, which gradually passed. 15 years prior, told he had an ulcer. Admitted to a heavy intake of alcohol ro 20 years until 4 years ago. Fell off ladder 4 years prior to admission - no loss of consciousness. The family reported that he may have fallen at other times without reporting it to them. Complained of a headache everyday and said it was located frontally. No significant family history for medical or mental illness. His oldest son in jail and sent him a card recently which the family feels upset him greatly and has ruminated constantly about this. Wife reported sexual relations Normal (2-3x week). Wife and husband reported a happy marriage. Physical exam unremarkable. Skull x-ray revealed some increase in density overlying the left antrum which could represent increased density in the left antral sinus. It was suggested, if clinically indicated, that a Waters view could be taken. It was interpreted as an essentially negative skull with possible left antral sinusitis. EKG demonstrated minor, nonspecific ST segment abnormalities. The patient left before a brain scan, EEG, or psych testing could be obtained. He was discharged AMA on 3/4/70. Patient not competent to handle funds.

11. **Exchange of Beneficiary Info/Request Admin & Adjudicative Action (4/3/70):**
Service connected condition: SC anxiety neurosis
Remarks: Veteran SC for anxiety neurosis; current diagnosis: **paranoid psychosis**;
Note: looks like the treating physician (can't make out his name) asks question: "Is current diagnosis a maturation of S.C. anxiety neurosis or a separate clinical entity"
12. **Statement In Support of Claim (2/11/70):** Schad requests that his claim for increase in benefits be reopened (nervous condition). Is now a patient at Syracuse VAH Hospital. Is self-employed painter and the previous year only made \$500 (1969) - **couldn't work due to his nerves.**
13. **Regional Office (VA) letter dated 11/25/52:** Determined that Schad's scar, forehead condition, and condition of his feet were incurred in service in WWII and are 0% disabling from 6/23/52. Further determined that the skin condition of his feet was not incurred in or aggravated by

service in WWII. The determination that his nervous condition was incurred in service during WWII and is 10% disabling remains unchanged (received \$15.75 monthly in compensation).

14. **Report of Medical Examination for Disability Evaluation (9/5/52):** listed employment at **Holcumb Steel**, as a shipping clerk. Reported weekly wages to be \$61.00. Began work 12/1950 to present, and claimed lost 3 weeks of work.
15. **Clinical Record (9/5/52):** Surgical examination noted that patient had some trauma to the right zygoma produced by shrouds of a parachute. Examination revealed multiple, very small, minute scars with some depressions over the right zygomatic and maxillary areas inferior to the right eye. Diagnosis: traumatic right zygoma with subsequent scar disfiguring.
16. **Clinical Record (10/8/52):** 32 year old male. Hospitalized in the US for 3 months after being liberated during POW time. E-coli parasitic infestation detected.
17. **William L. Schiffman, M.D. (6/13/52):** "To Whom It May Concern" letter: brief history of Schad's military POW occurrence: when parachuting at altitude of 28,000 feet using a small chest pack. Descent was very rapid and the shrouds ripped across the right side of his face, laying open the skin over the zygoma. Boot came off his left foot in the course of his descent, and he landed on the concrete wearing an electrically heated airman's slipper on the right foot and nothing on the left. While a POW, his wounds and injuries received no medical attention. Doctor makes his observations re the old injury. Diagnosed Schad with **psychoneurosis, anxiety state, caused by experience inn combat**. Schad told doctor that he would lose about 3 weeks of work each year due to physical injury and nervous condition. **Prognosis is static.**
18. **Confirmed and Continued Rating Sheet (5/27/52):** Veteran remains tense, uneasy and anxious. **Severe headaches and very restless.**
19. **Report of Medical Examination for Disability Evaluation (4/23/52):** Listed employer as **Crusible Steel Co (SP?)**, and earned \$200 monthly for doing labor. Employed 1 year, and claimed lost 3 weeks "due to nerves."

Clinical Record (4/23/52): Quote from Schad, "I am very tense. Right now my stomach is so tight I can't even talk." Irritable, severe headaches, restless, shaky. History of illness reads that Schad did not think he was ever high strung or unstable - was "a good mixer." Worked at A&P store as a manager prior to induction into the army. Was a gunner on his 8th mission and was shot down. Injured arch of his left foot and received lacerations to his face because of the parachute. Lost 30 lbs while a POW. After his release, he was taken to Plattsburg Barracks and rest camp. Discharged on 10/6/45. Returned to his job at the A&P but couldn't take it - made him too nervous. Then worked for 2/5 years as a railroad fireman, and for past year and 3 mos has been working in the shipping room of a steel mill. Claimed he lost 1 day a month on the average. Described his marriage as congenial. Stated he drank a lot of beer nearly every night and frequently intoxicated.

Neurological exam: essentially negative except for tremor of fingers.

Mental Status: Appeared uneasy, tense and mildly anxious. Sat on edge of chair. Moved a great deal. Said he became very irritable and had trouble w/fellow employees because of it. Slept fairly well if he drank a lot of beer. Severe headaches. Very restless. Showed normal effect, well oriented, sensorium clear, no memory defect, insight fairly good, judgment good.

Diagnosis: Anxiety reaction, moderate severity, characterized by tenseness, restlessness, irritability and somatic complaints. Severe stress; battle experience. Moderate impairment. Economically competent.

20. Arthur N. Fleiss, M.D. - Neuropsychiatric exam (5/6/47): Related troubled by "nerves" since 1943. Since discharge from service symptoms the same. Prominent were complaints of stomach difficulties w/recurrent nausea and occasional vomiting. Sick with this once a week, but has almost daily morning nausea. Tension and easy excitability. Depressive and paranoid trends not evident. No past history of head injury, syphilis or excessive alcohol. Is happily married with 3 children. Neurological exam is normal. Impression: psychoneurosis mixed type (mild).

21. J. David Hammond, M.D. (4/28/47): "To Whom It May Concern" letter - Schad consulted w/him on 4/24/47 complaining of "nervousness" which began in 1943 following his first bombing mission over Germany. This increased gradually since - more rapidly the last few months. Symptoms: insomnia, "easy loss of temper," irritability, dyspepsia and vomiting after meals. Recently left a factory job because it made him nervous. Mental examination revealed a tense, anxious, agreeable individual, cooperative, neat in appearance. Well oriented and gave no evidence of hallucinations or delusional thought. Mood neither elevated nor depressed and showed no "flattening." Diagnosis: anxiety state, chronic, severe, with conversion symptoms due to combat and prisoner status, in a personality moderately predisposed.

22. Rating Sheet (4/11/47): 10% disability - incurred in service WWII. Not in combat.

23. Edward H. Schad letter (4/28/47) - "To Whom It May Concern" letter - relates how shot down while on duty on combat mission over Aufshcafensburg, Germany. Captured by civilian police and turned over to the Luftwaffe and gestapo. Briefly describes his capture and POW status, release and deliverance. While imprisoned lost 30 lbs, suffered from dysentery and scabies. Since discharge has suffered from insomnia, loss of appetite and has become irritable and nervous.

24. Chief Complaint - Condition On Admission - Previous Personal History (9/45): chief complaints: nausea in morning and shakiness. Night clerk in A&P. Habits: smokes 2 packages of cigarettes per day. Drinks 3-4 bottles of beers. No drugs. Has ^{History of present illness} insomnia & nightmares. Initial Summary: Experienced domestic difficulties when he returned home. Working diagnosis/impression: moderate anxiety state

25. **Psychological Evaluation (8/9/45):** Medical diagnosis: moderate anxiety state, C.S. severe, ;
education: 1 yr. H.S.
26. **Physical Examination for Flying (8/6/45):** #37 [Remarks on conditions not sufficiently described]: anxiety reaction, moderate, combat stress sever. HE predisposition unknown. Temporarily disqualified for overseas service.
27. **Army Air Force Redistribution Station No. 1 - Personality Estimate (8/4/45):**
Symptoms: restlessness, tenseness, tremors, restless sleep, irritability, physical fatigue, anorexia, loss of zest for flying, depression, anxiety attacks, loss of weight, psychosomatic symptoms (nausea and vomiting).
Remarks: Upon return (to US after POW) learned that baby died and wife ill. Began to experience persistent morning nausea and vomiting along with episodes of "shakiness."
Delayed reaction from prolonged stress, aggravated by acute familial situation.
Diagnosis: anxiety reaction, moderate; combat stress-severe HE; predisposition-unknown.
28. **Veteran's Application for Pension or Compensation (October, 1945):** stated nature of disease as being nervousness causing upset stomach, restlessness, tension, irritability caused by close confinement as POW in Germany for 22 months; left foot injured inn bail-out on 8/17/45.
29. **Enlisted Record and Report of Separation - Honorable Discharge - date of separation**
10/6/45

C:/sclaf/va-claims.sum

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE	
3/4/70	<p>Pt brought in at 2³⁰ AM by Police from Bridgeport N.Y. on I.O.C. A.I.D. from Syracuse V.H. Pt under delusion of being Aero-Space Program - was assaulted by wife. Admitted to 37-B.</p>

Eric C. Merrill, M.D.

3/4/70	See Mental status examination this date.
--------	--

K. Planansky
 K. PLANANSKY, M.D./Ijn
 Chief Unit B

3/12/70	<p>This patient had a temperature of 104 on 3/10. He was prescribed Tetracyclin by the OD, however patient had only one dose. Apparently since his temperature went down, he was not seen. His temperature is coming up again. I saw this patient this morning, he does not look well, he has got scattered musical signs in rhonchi all through his chest, harsh breathing and a few wet rales at left base. His white count was 4000 on 3/5. It was ordered again on 3/10 by the OD but it has not been reported. Transfer to 1C.</p>
---------	---

K. Planansky
 K. PLANANSKY, M.D./Ijn
 Chief Unit B

SCHAD, EDWARD H. SR.
C5450700 DB 2 74 20
134 10 67 82

U.S. GOVERNMENT PRINTING OFFICE : 1961 O-582222

DOCTOR'S PROGRESS NOTES
Standard Form 509
(Reverse)

66

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE	
3/4/70	<p>Pt brought in at 2³⁰ AM by Police from Bridport N.Y. on I.O.C. A.P.O.K. from Syracuse V.H. Pt under delusion of being Aero-Space Program - was assaulted by wife. Admitted to 37-B.</p> <p style="text-align: right;">Eric C. Merrill, M.D.</p>
3/4/70	<p>See Mental status examination this date.</p> <p style="text-align: right;"><i>[Signature]</i> K. PLANANSKY, M.D./l.jn Chief Unit B</p>
3/12/70	<p>This patient had a temperature of 104 on 3/10. He was prescribed Tetracyclin by the OD, however patient had only one dose. Apparently since his temperature went down, hb was not seen. His temperature is coming up again. I saw this patient this morning, he does not look well, he has got scattered musical signs in rhonchi all through his chest, harsh breathing and a few wet rales at left base. His white count was 4000 on 3/5. It was ordered again on 3/10 by the OD but it has not been reported. Transfer to 1C.</p> <p style="text-align: right;"><i>[Signature]</i> K. PLANANSKY, M.D./l.jn Chief Unit B</p>

SCHAD, EDWARD H. SR.
C5450700 DB 2 74 20
134 10 67 82

U.S. GOVERNMENT PRINTING OFFICE : 1961 O-582352

DOCTOR'S PROGRESS NOTES
Standard Form 509
(Reverse)

66

CLINICAL RECORD	DOCTOR'S PROGRESS NOTES <i>(Sign all notes)</i>
------------------------	---

DATE	
------	--

3-18-70	<p>patient was treated for respiratory infection & acute bronchitis - he has recovered uneventfully - remainder of P.E. - essentially neg.</p> <p style="text-align: right;"><i>[Signature]</i></p>
---------	---

3/29/70	<p>This veteran had recently returned from IC for treatment of an upper respiratory infection. Nursing personnel report that he has altered his story about his problems with his wife and about leaving Syracuse VA without permission. He recognized that his wife considers that he was mentally ill before admission and he admitted he did not believe her at the time. He admitted he had not been able to work and claims some swollen joints because of arthritis, and then remarked spontaneously "I just had problems- general everyday problems- heard voices in my head- they said I belong to the Aero-Space team". He said the voices have disappeared during the past week. He has no fears, denied depression but does not sleep well as yet. He was alert today, not as defensive as we had seen before but he still showed no sense of humor, and his expression was unchanging.</p>
---------	--

<i>[Signature]</i>	<p>R. Johnston R. JOHNSTON, Ph.D./ljn Clinical Psychologist</p>
--------------------	---

3/25/70	<p>21 DAY PROGRESS NOTE: This 50 year old, married veteran was admitted to our hospital on 3/4/70 accompanied by the police and a Health Officer's Certificate. He had no understanding that he needed treatment here, believed he was in the aero-space program and was assigned to the hospital for further treatment. On 3/7/70 he was diagnosed as schizophrenic reaction, chronic undifferentiated type. He is presently on the open ward in our hospital and treated for this diagnosis.</p>
---------	--

<i>[Signature]</i>	<p>R. Johnston R. JOHNSTON, Ph.D./ljn Clinical Psychologist</p>
--------------------	---

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
---	--------------	----------

SCHAD, EDWARD H. SR...
 C5450700 DB 2 24 20
 134 10 67 82

DOCTOR'S PROGRESS NOTES
 Standard Form 509
 509-106

VETERANS ADMINISTRATION HOSPITAL
 CANTON, N. Y.

67

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE	
3/25/70	<p>Patient's wife and son were interviewed briefly. They both claimed that patient was entirely normal until just a few weeks ago when he suddenly became upset and had to be taken to VAH Syracuse. On his way to the hospital he was biting, scratching, yelling and behaving like a wild animal. His wife claimed there was never any abnormal behavior. After awhile she mentioned he has not been working for the last 3 years at all. They both indicated that he had to have everything his own way at home. I shall try to interview patient's wife alone next time. She may be able to tell us more without the son being present.</p> <p align="right"><i>K. Planansky</i> K. PLANANSKY, M.D./ljn Chief Unit B</p>
3/25/70	<p>See copy of contact with patient's wife and son this date.</p> <p align="right"><i>N. L. Ryan</i> N. L. RYAN, MASW/ljn Social Worker</p>
4/7/70	<p>The veteran has been privileged for several weeks, is no problem on the ward but it appears that he still has some difficulties with his family in the past but has had one weekend pass home and returned in satisfactory condition. His wife is willing that he return home in the near future. Transfer to 6 Bldg.</p> <p align="right"><i>R. Johnston</i> R. JOHNSTON, Ph.D./ljn Clinical Psychologist</p>
4/7/70	<p>Patient's wife called this date, to request his early release from the hospital and return home so that he could receive outpatient treatment at Syracuse VA MHC. She reported that his recent weekend pass at home went very well and she sees him as being greatly improved. The veteran is service connected for nerves and is eligible for outpatient treatment at the Clinic. It is suggested that the patient be seen at the next disposition staff and cleared for discharge.</p> <p align="right"><i>N. L. Ryan</i> N. L. RYAN, MASW/ljn Social Worker</p>
4/14/70	<p>Patient is being discharged mhb in his own custody to Bridgeport, N. Y. effective 4/16/70. He is taking a 30 day supply of Chlorpromazine 50 mg. BID with him. He will be referred to Syracuse VAH for outpatient treatment. Veteran is considered to be competent and employable.</p> <p align="right"><i>G. B. Ewing</i> G. B. Ewing, M.D./rh</p>

SCHAD, EDWARD H. SR.
65450700 DB 2 24 20
134 10 67 82

U.S. GOVERNMENT PRINTING OFFICE : 1961 O-562232

DOCTOR'S PROGRESS NOTES
Standard Form 509
(Reverse)

67a

CLINICAL RECORD	NURSING NOTES (Sign all notes)
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DATE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">HOUR</th> </tr> <tr> <th style="width:50%;">A.M.</th> <th style="width:50%;">P.M.</th> </tr> </table>	HOUR		A.M.	P.M.	OBSERVATIONS <small>Include medication and treatment when indicated</small>
HOUR						
A.M.	P.M.					

3-4-70	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">3¹⁵ am</td> <td style="width:50%;"></td> </tr> </table>	3 ¹⁵ am		Admission - 1st here - is awake since 3/2 from Syracuse VAH psych ward - Allegedly assaultive (attempted to choke) wife or sister yesterday & admitted on HOC. Is angry at family - talked readily with nurse; told Dr he is in the Aero-Space program but did not mention this to nurse; told her he is 10% s.c and a house painter. Suspicious - insured on keeping his wallet & papers & approx \$300 in his possession. Says he will be able to sleep all right without medication -
3 ¹⁵ am				

	3am	101-104-24 - Slept - admin urine total - L Morgan
--	-----	---

3/5/70	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">8</td> <td style="width:50%;"></td> </tr> </table>	8		Fasting for lab work; This am 106-104-27
8				

	10 ⁸	100 ⁸ - 88-20. Has a cough and nasal congestion. Reported to Dr. Ewing. May have aspirin and chest pain. Sylvia Simon
--	-----------------	--

	4	Aspirin 0.6gm Post Chestn 4cc po. ^{beds creamer}
--	---	---

	8	Aspirin 0.6gm ^{Aspirin on back side} Chestn 4cc po ^{beds creamer}
--	---	---

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
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NURSING NOTES
 Standard Form 510
 510-107

SCHAD, EDWARD H. SR.
 65450700 DB 2 24 20
 134 10 67 82

VETERANS ADMINISTRATION HOSPITAL
 CATANDAIGUA, N. Y.

68

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS <small>Include medication and treatment when indicated</small>
	A.M.	P.M.	
3/5/70		8-	T.P.R. 98 ⁸ - 102 - 22 Allen with Dr. / HK
3/6/70	6:30		(Baking for something to make him sleep better) Gd. Ampicil 0.2 gm. Effective. Rice & ...
3/4/70	7:30		Presented at court conference & was admitted because of his wife request, mental record. Says his wife lames him. Forced to come here against his will. Said police brought him here. Hostile & angry toward his son minding his business. Has no money. Wants buying him & his wife apart, daughter respects him with his 3 sons don't. States he talks to his conscience and he gets into the "booz" at times. States his affair of dying ^{not} but is afraid of physical pain. Does not get along with people unless people come to him. Referred to P.M.R. State Street
2/1/70		1:15	Received as transfer from ... assigned to bed #50 & assigned to ward police. Dan Kubi

checked
on 3/10/70
JDK

SCHAD, EDWARD H. SR.
 65450700 DB 2 24 20
 134 10 67 82

GPO 1:2009-648-10-60371-1 530-617

NURSING NOTES
 Standard Form 510
 (Reverse)

1 Cr

CLINICAL RECORD			NURSING NOTES (Sign all notes)	
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated	
	A.M.	P.M.		
3/6/70		5 ⁰⁰	T.P.R. 98 ⁰ - 102 - 22 <i>see other sheet (AR)</i> Ellsworth City	
3/7/70			Treated by wife at home	
3/9/70		1 ³⁰ 1 ³⁰	Color pale Nauseated - vomit of dinner. Dry throat TPR 101 ² - 120 - 20 Dr Ewing notified. <i>Della Cooper</i>	
		2 ¹⁵	Seen by Dr Ewing Aspirin 6grm + (Christin) 4 ml. given per order <i>Della Cooper</i>	
		8 ⁰⁰	TPR - 99 ⁰ - 100 - 24. <i>John D. ...</i>	
3-10-70		8 ^{PM}	TPR 102 ⁴ - 120 R - 20 - has no special complaints and does not appear acutely ill. Seen by <i>Dr. Ewing 9 AM</i> <i>Myra ...</i>	
		12 ^{PM} 2 ^{PM}	TPR: 101 ² - 112 - 22 TPR 102	
		8 ^{PM}	TPR - 104 ² - 120 - 30. No complaints <i>John D. ...</i>	
		8 ^{PM}	Tetracycline 500mgm Stat - Aspirin 8 X Po PO called about ↑ TPR.	
		11	TPR - 101 ⁸ 118 - 26. <i>John D. ...</i>	
		11 ³⁰	Aspirin 8 X Po. <i>John D. ...</i>	
		6 ^{AM}	TPR: 99 ⁴ - 94 - 26 - Slept <i>Lola ...</i>	
3/11/70		8 ^{PM}	TPR 100 - 100 - 28	
		1 ^{PM}	99 ⁸ - 100 - 24	
		8 ^{PM}	TPR - 99 ⁸ - 90 - 22. <i>John D. ...</i>	
3/12/70			Urine Spec to Lab 5 <i>To Lab 5</i> <i>Dr. Barclay</i>	

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

REGISTER NO. _____ WARD NO. _____

SCHAD, EDWARD H. SR.
 65450700 08 2 24 20
 134 10 67 82

NURSING NOTES
 Standard Form 510
 510-107

VETERANS ADMINISTRATION HOSPITAL
 WASHINGTON, D. C.

69

CLINICAL RECORD	NURSING NOTES (Sign all notes)
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DATE	HOUR		OBSERVATIONS <small>Include medication and treatment when indicated</small>
	A.M.	P.M.	

3-21-70			States he called wife last evening & expects her to visit today. <i>Louis Johnston</i>
---------	--	--	---

3-22-70	7 ⁵⁰ - 4 ¹⁰		visitors so far today - looks a bit more upset. <i>Margaret Poffman</i>
---------	-----------------------------------	--	--

3/24/70	12 ³⁰		Grew Kletter & son saw for gastric distress <i>Assessment</i>
---------	------------------	--	--

3-25-70			Wife & son saw by social worker, & Dr. Planarsky; wife says pt. told her if he doesn't get an Easter pass he will take off & they will never see him again. To be questioned on 37.B per Dr. Planarsky. <i>Louis Johnston</i>
---------	--	--	--

3-26-70			Question on B. Pt - unhappy but cooperative about this. <i>Andreas</i>
---------	--	--	---

			is very angry - thinks hospital is at fault for his being locked up - says cannot wait 2 flights by stairs - pt. dyspneic & diaphoretic.
--	--	--	--

3-27-70			Pt. was found down in tunnel "looking for his suitcase" yesterday a.m. & again today" on his way to C.T. <i>Louis Johnston</i>
---------	--	--	---

PATIENT'S IDENTIFICATION <small>(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)</small>	REGISTER NO.	WARD NO.
--	--------------	----------

SCHAD, EDWARD H. SR.
 C5450700 DB 2 24 20
 134 10 67 82

NURSING NOTES
 Standard Form 510
 510-107

VAH COGA
 WARD IC

3 0 00

70

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS <small>Include medication and treatment when indicated</small>
	A.M.	P.M.	
3-29-70		✓	Ret'd to A from general status on B - visited by wife. <i>Margaret Hoffman</i>
3-29-70		✓	Head Shampooed & C of W 9th Eye. <i>Margaret Hoffman</i>
3-30-70	8	✓	To EEG and to X-ray. <i>Margaret Hoffman</i>
3-31-70			Medication reduced. <i>Margaret Hoffman</i>
4-1-70			Bt. was visited by his wife. <i>Oliver Weidenhamer</i>
4-5-70		9 ³⁰	On bed - Ret'd from Pass <i>Margaret Hoffman</i>
4-8-70		5 ³⁰	Visited by wife. Gave message to wife re X-ray he had taken was OK and pt would be discharged soon. <i>Oliver Weidenhamer</i>
4-12-70			Returned from gym in good position. <i>Oliver Weidenhamer</i>
4-13-70			<u>Staff Conference</u> States he came here because he was mixed up. He has property he wanted to sell and his wife + children disagreed in his plans of whom to sell it to in the area because of the price he was willing to accept. Loves his wife but feels she lets the children influence her thinking. Hasn't been able to work since last October because of swelling of hands and feet. Admits to drinking a case (24 bottles) of beer a day in past over a long period but it is not his problem now. Has a maximum of sticking tongue out and closing & opening his mouth constantly. <i>Oliver Weidenhamer</i>
			going to be discharged with <i>Oliver Weidenhamer</i> a referral to Syracuse <i>Oliver Weidenhamer</i> <small>complaint - employment</small>

SCHAD, EDWARD H. SR
C5450700 00 24 00

Schad 13 10 67

970-1967-02-12-10711-1 61-117

NURSING NOTES
Standard Form 810
(Reverse)

Oliver Weidenhamer

7/12

YEAR: 1970		MONTH(S) <i>March</i>													
DATE	MEDICATION AND TREATMENT (A nurse will initial each entry to verify that it has been correctly transcribed)	DATE													
		TOUR	4	5	6	7	8	9	10	11	12	13	14	15	16
		NURSES' INITIALS													
3/4/70	<i>Thor 50mgm bid</i> 8 1 4	N													
		D													
		E													
		N													
		D													
		E													
3/4/70	<i>Chlorpromazine 50mgm bid</i> 8 11 30 4 8	N													
		D													
		E													
		N													
		D													
		E													
3/12/70	<i>Tetracycline 500mg bid</i> 10:2-6-10-2-6	N													
		D													
		E													
		N													
		D													
		E													
3/19/70	<i>Thor 50mgm bid</i> 8 11 31	N													
		D													
		E													
		N													
		D													
		E													
3/19/70	<i>Chlorpromazine 50mgm bid</i> 8 11 30 4 8	N													
		D													
		E													
		N													
		D													
		E													
3/31/70	<i>Chlorpromazine 50mgm bid</i> 8 11 30 4 8	N													
		D													
		E													
		N													
		D													
		E													

PATIENT'S LAST NAME, FIRST NAME, MIDDLE INITIAL, IDENTIFICATION NO., WARD NO., NAME OF STATION

SCHAD, EDWARD H. SR.
 C5450700 DB 2 24 20
 134 10 67 82

VETERANS ADMINISTRATION HOSPITAL
 ORLANDAIGUA, N. Y.

MEDICAL RECORD
 CONTINUING MEDICATION AND TREATMENT

VA FORM 10-2970
 JAN 1967

EXISTING STOCK OF VA FORM 10-2970, JAN 1965, WILL BE USED.

73

YEAR: 1970

MONTH(S) April

DATE

DATE

MEDICATION AND TREATMENT
(A nurse will initial each entry to verify that it has been correctly transcribed)

FOUR

14 15 16 17 18 19 20 21 22 23 24 25 26 27

NURSES' INITIALS

3/31/70

Chlorpromazine 50mgm Bid
8 8 PR

N

D

E

N

D

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SCHAD, EDWARD H. SR.
CS450700 DB 2 24 20
134 10 67 82

GPO : 1968 O - 345-188 (54)

73a

April 26, 1970

7-23817

TO: Chief, Criminal Division
7-23817
FROM: William S. ...
7-23817

SUBJECT: Continuation of treatment

1. ... continuing in application for ...

2. Mr. Schacht was granted a discharge from this hospital effective April 16, 1970 and is residing at ...
3. ...
4. ...

5. ...

JES: ...
Chief, Medical Administration Division

ROBERT M. SIGSBEE
Director And Service Officer

ROBERT L. CAIN
Assistant Director

LAURA BARTHOLOMEY
Deputy Director

Madison County Veterans Service Agency

and

New York State Division Of Veterans Affairs
COUNTY OFFICE BUILDING — WAMPSVILLE, NEW YORK 13163

PHONE ONEIDA 366-2395 or 366-2396

June 29, 1970

Registrar
Veterans Administration Hospital
Canandaigua, New York 14424

SCHAD, EDWARD H.

S#

C# 5 450 700

Dear Sir:

We are submitting herewith the following on behalf of the above named veteran:-

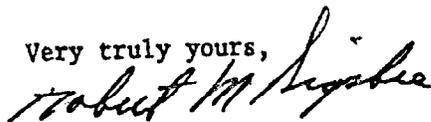
FORMS:

VA Form 21-4138, Statement in Support of Claim

INFORMATION:

Requesting to be advised of all action taken on the above case.

Very truly yours,



Robert M. Sigsbee, Director
Veterans Service Agency
Madison County

Enclosures

1b

7b

1047

VETERANS ADMINISTRATION

STATEMENT IN SUPPORT OF CLAIM

CLAIM NO.

NOTE.--If additional space is needed, use reverse.

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print)

SCHAD, EDWARD H.

5 450 700

C-

The following statement is made in connection with a claim for benefits in the case of the above named veteran:

I was in your facility from March until May 8, 1970.

I am attempting to renew my driver's license. On the application I had to say "Yes" on Question 3, which requests as follows:- "Have you had any mental illness for which you have been confined to a public or private institution or hospital" I, of course, answered "Yes".

Will you please send a statement to clarify my ability to drive a car. This is very necessary for me. I was issued a thirty day permit pending medical statement.

If the statement relating cannot be forwarded to me please send it to Motor Vehicle Bureau, County Office Building, Wampsville, New York 13163, Attention: Robert Shipley.

I would like an acknowledgement of above request, please.

Thank you.

I CERTIFY that the foregoing statements are true and correct to the best of my knowledge and belief.

DATE SIGNED

June 29, 1970

SIGNATURE

SIGN
HERE ▶

Edward H. Schad Sr.

ADDRESS

R.D.#1, Kirkville, New York 13082

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

July 1, 1970

Mr. [Name] [Address] [City] [State] [Zip]

SCHUBERT [Address] [City] [State] [Zip]

Dear Mr. [Name]:

Very sorry that I cannot reply to you more quickly. I am
currently [working] [on] [a] [project] [and] [will] [be] [able] [to] [reply] [to] [you] [in] [a] [few] [days].

I will be [able] [to] [reply] [to] [you] [in] [a] [few] [days]. I am
currently [working] [on] [a] [project] [and] [will] [be] [able] [to] [reply] [to] [you] [in] [a] [few] [days].

I am [working] [on] [a] [project] [and] [will] [be] [able] [to] [reply] [to] [you] [in] [a] [few] [days]. I am
currently [working] [on] [a] [project] [and] [will] [be] [able] [to] [reply] [to] [you] [in] [a] [few] [days].

Sincerely,
[Name]

cc: [Name] [Address] [City] [State] [Zip]

cc:

cc:

cc: [Name] [Address] [City] [State] [Zip]
[Name] [Address] [City] [State] [Zip]
[Name] [Address] [City] [State] [Zip]
[Name] [Address] [City] [State] [Zip]

REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM CLAIMANT'S RECORDS

NOTE.—The execution of this form does not authorize the release of information other than that specifically enumerated herein.

TO	Veterans Administration, Hospital Canandaigua, New York	NAME OF VETERAN (Type or print) SCHAD, Edward H. Sr.	
		CLAIM NO. C 5 450 700	SOCIAL SECURITY NO. 134 10 6782

NAME AND ADDRESS OF ORGANIZATION, AGENCY, OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED
 Doctor LEONARD GOLDFARB M.D.
 Name and Address MADISON CO. MENTAL HEALTH CLINIC, COURT HOUSE ANNEX, WAMPVILLE N.Y.

VETERAN'S REQUEST

I hereby request and authorize the Veterans Administration to release the following information, from the records identified above, to the organization, agency, or individual named hereon:

INFORMATION REQUESTED (Number each item requested and give the dates or approximate dates—period from and to—covered by each.)

Resume of hospitalization for Motor Vehicle Department

July 8, 1970

Dear Sir -

Please rush this form through because I only have a 45 day permit extension.

Thank You
Edward H. Schad Sr.

PURPOSES FOR WHICH THE INFORMATION IS TO BE USED
For renewal of driver's license.

NOTE.—Additional items of information desired may be listed on the reverse hereof.

DATE

SIGNATURE AND ADDRESS OF CLAIMANT, OR FIDUCIARY, IF CLAIMANT IS INCOMPETENT

July 9, 1970

Mr. Thomas J. ...
...
...

...

Dear Mr. ...

...

...

...

Sincerely yours,

...

...

97

REQUEST FOR MEDICAL INFORMATION FROM RECORDS OF VETERANS ADMINISTRATION

The veteran named below has filed an application for a period of disability and/or disability benefits under Title II of the Social Security Act and has authorized the Veterans Administration to release to the Social Security Administration any medical information from their records concerning him.

(Be Sure to Indicate Hospital, Clinic, Domiciliary or Regional Office)

TO: VETERANS ADMINISTRATION HOSPITAL

STREET

CITY, STATE AND ZIP CODE **Canandaigua, NY**

IDENTIFYING INFORMATION (To Be Completed By SSA)

VETERAN'S NAME (LAST, FIRST, MIDDLE)

SCHAD, EDWARD H, Sr

SOCIAL SECURITY NUMBER

134-10-6782

CLAIM NUMBER

C -

SERVICE SERIAL NUMBER (If C No. not available)

unknown

DATE OF REQUEST

11/23/70

ORIGINATING OFFICE (If not Parallel DO)

840 James St

Syracuse, NY 13203

II INFORMATION NEEDED BY SSA

(Only checked items are needed)

A. HOSPITAL SUMMARIES OR EQUIVALENT INFORMATION (If veteran is still hospitalized and the period covered by the latest summary ended over 3 months ago, please also furnish response to treatment and current diagnosis and prognosis. If a summary has not been prepared, please furnish history; copy of admission examination, subsequent laboratory reports and examinations; treatment and response; diagnosis; and prognosis.)

B. EXAMINATION FOR COMPENSATION OR PENSION

C. RECORDS OF OUT-PATIENT TREATMENT

D. STATEMENT OF COMPETENCY TO MANAGE FUNDS (If summaries or reports furnished do not contain determination of competency to manage funds made within past year, please complete block III B below.)

E. OTHER SPECIFIC INFORMATION

HOSPITALIZED AT

Canandaigua, NY

DATES

2/70 TO 4/70

DATE

DATES

SSA DISTRICT OFFICE
21141
NOV 24 1970
VAHQ NEW YORK

A. USE THIS SPACE FOR REPLY TO II E OR FOR OTHER REMARKS:

Enclosed are copies of Hospital Summaries dated 4/16/70 and VAH Syracuse dated 3/2/70.

III VA RESPONSE

If additional space is necessary, use reverse or attach additional sheet.

B. STATEMENT OF COMPETENCY TO MANAGE FUNDS (Complete only if II D checked above)

THIS VETERAN CONSIDERED BY THE VETERANS ADMINISTRATION COMPETENT TO MANAGE FUNDS INCOMPETENT TO MANAGE FUNDS

THIS DECISION HAS BEEN

DATE OF DECISION

ADJUDICATED BY VA DETERMINED BY MEDICAL STAFF

SOCIAL SECURITY ADMINISTRATION
District Office
360 Exchange St
Geneva, NY 14456

Return to

I certify the above information is taken from the medical records at this station and that all opinions expressed are those of our medical staff.

SIGNATURE OF REGISTRAR, MED. ADM. OFF. OR DESIGNEE

JOS. A. CHIAPPONE

DATE

12/1/70

Chief, Medical Admin. Division

REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM CLAIMANT'S RECORDS

NOTE.—The execution of this form does not authorize the release of information other than that specifically enumerated herein.

TO	Veterans Administration, Hospital Canandaigua, N.Y.	NAME OF VETERAN (Type or print) SCHAD, Edward H. Sr.	
		CLAIM NO. C	SOCIAL SECURITY NO. 134 10 6782
NAME AND ADDRESS OF ORGANIZATION, AGENCY, OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED			



THE PRUDENTIAL

Insurance Company of America



NORTHEASTERN HOME OFFICE • PRUDENTIAL CENTER, BOSTON, MASS. 0210

Mr. Edward H. Schad
R.D. #1
Kirkville, New York 13082

December 23, 1970cs

Disability Claim
Policy D40 089 089
Insured: Edward H. Schad

We were notified that you were given disability claim forms. The completed forms, however, have not been returned to us.

The date we received proof of disability may limit the earliest date from which we can consider benefits under the policy terms. Consequently, it may be to your advantage to send the necessary proofs without delay.

Will you please let us know if you intend to proceed with your claim? If you are having any difficulty, we shall appreciate hearing from you.

Sincerely yours,

Claim Adviser
Claim Division-NEHO

*Sir could you please
fill in this form
for me. Thank you*

DI:BJ

*Ed Schad Sr. C. Number is
5450700*

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA
a mutual life insurance company

X
APS-PTD (10-67)



Name of Patient (Print)	Edward N. Sched	Policy No.	D40 089 089
Present Address	R.D.#1	Street	Kirkville
		City	W.V.
		State	13080
		ZIP Code	

ATTENDING PHYSICIAN'S STATEMENT OF DISABILITY

The patient is responsible for the completion of this form without expense to the Company. Space is available on the reverse if you wish to amplify your answers.

You may mail this form direct to:
The Prudential Insurance Company
Claim Division
Prudential Center
Boston, Mass. 02199

HISTORY (a) When did symptoms first appear or accident happen? Mo. <u>February</u> Day <u>10</u> 19 <u>70</u> (b) Date patient ceased work because of disability. Mo. _____ Day _____ 19____ (c) Has patient ever had same or similar condition? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Hospitalized at VA Hospital, Syracuse, N.Y. from 2/10/70 to 3/2/70 -- at VA Hospital, Canandaigua, N.Y. 3/4/70 until 4/16/70. If "Yes" state when and describe			
PRESENT CONDITION (a) Subjective symptoms (b) Objective findings Include results of current X-rays, E.K.G.s, or any other special tests. (c) Is patient: Ambulatory? <input checked="" type="checkbox"/> Bed confined? <input type="checkbox"/> House confined? <input type="checkbox"/> Hospital confined? <input type="checkbox"/>			
DIAGNOSIS Mental illness			
TREATMENT (a) Date of first visit. Mo. <u>March</u> Day <u>4</u> 19 <u>70</u> (b) Date of last visit. Mo. <u>April</u> Day <u>16</u> 19 <u>70</u> (c) Frequency of visits Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Other <u>Daily in hospital</u>			
PROGRESS Recovered <input type="checkbox"/> Improved <input checked="" type="checkbox"/> Unimproved <input type="checkbox"/> Retrogressed <input type="checkbox"/>			
EXTENT OF DISABILITY (a) Is patient now totally disabled? Yes <input type="checkbox"/> No <input type="checkbox"/> We have had no contact with this patient since his release 4/16/70. However, he was considered employable (b) If no, when was patient able to go to work? Mo. _____ Day _____ 19____ on release date. (c) If yes, when do you think patient will be able to resume work? Approximate Date... Mo. _____ Day _____ 19____ Indefinite <input type="checkbox"/> Never <input type="checkbox"/>			
MENTAL CONDITION Is the patient competent to endorse checks and direct the use of the proceeds thereof? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
CARDIAC (complete if disability is due to heart condition) (a) Functional capacity (American Heart Ass'n.)... Class 1 (No limitation) <input type="checkbox"/> Class 2 (Slight limitation) <input type="checkbox"/> Class 3 (Marked limitation) <input type="checkbox"/> Class 4 (Complete limitation) <input type="checkbox"/> (b) Blood pressure			
Date January 14, 1971	Signature (Attending Physician) GERALD T. LULLY, M.D., Chief of Staff	Degree _____	Telephone _____
Street Address Veterans Administration Hospital, Canandaigua, N. Y. 14424	City _____	State _____	ZIP Code 14424

(OVER)

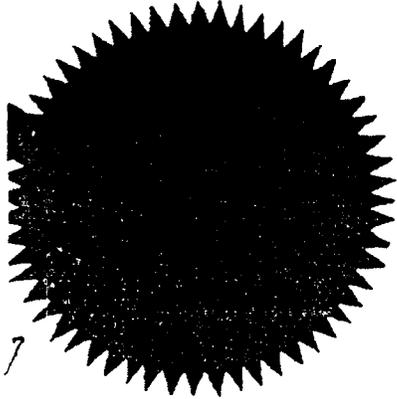
SB

STATE OF NEW YORK
MADISON COUNTY
CITY OF ONEIDA CLERK'S OFFICE } ss.

I Elaine M. Carello, City Clerk of the City of Oneida and Registrar of Vital Statistics, DO HEREBY CERTIFY that I have compared the annexed copy of ..Death Certificate.... and the endorsement thereon with the original thereof remaining on file in this office and that the same is a correct transcript thereof and of the whole of such original.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the City of Oneida, in the city of Oneida, in said County, this 12.. day of NOV..... 19.73.

Elaine M. Carello..... City Clerk
Registrar of Vital Statistics



COPY MADE FROM
VETERANS CLAIM FOLDER

DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

TYPE ALL ENTRIES OR PRINT IN PERMANENT BLACK INK.

CENSUS TRACT: [] [] SUB-DIVISION: [] []
STATISTICAL DISTRICT: [] []
REC. [] []
RES. [] []

1. NAME FIRST MIDDLE LAST: Edward H. Schad, Sr.
2. SEX: MALE FEMALE
3A. DATE OF DEATH: MONTH 11 DAY 7 YEAR 73
3B. AGE: 61.0
4. RACE: WHITE
5. AGE: 53 YRS.
6A. VETERAN OF U.S. ARMED FORCES? YES NO UNKNOWN
6B. IF YES - SPECIFY WAR DATES OF SERVICE: U'W II
7A. COUNTY (NYS): Madison
7B. TOWN: Oneida
7C. CITY OR VILLAGE: Oneida
7D. LENGTH OF STAY IN TOWN, CITY OR VILLAGE: DOA
7E. HOSPITAL OR OTHER INSTITUTION (IF NEITHER, GIVE STREET & NO.): Oneida City Hosp.
8. STATE OF BIRTH (COUNTRY, IF NOT USA): N.Y.
9. DECEDENT BORN: MONTH 8 DAY 24 YEAR 20
10. CITIZEN OF WHAT COUNTRY: U.S.
11. MARITAL STATUS: MARRIED
12. SURVIVING SPOUSE (IF WIFE, MAIDEN NAME): MABEL COLE
13A. USUAL OCCUPATION (EVEN IF RETIRED): PAINTER
13B. KIND OF BUSINESS OR INDUSTRY: own BUSINESS
13C. SOCIAL SECURITY: 134-10-67
14A. STATE: N.Y.
14B. COUNTY: Madison
14C. TOWN: SULLIVAN
14D. CITY OR VILLAGE: KIRKVILLE
14E. WITHIN THE CORPORATE LIMITS? YES NO
14F. STREET AND NUMBER: KIRKVILLE R.
15A. FATHER'S NAME: FIRST MIDDLE LAST: John Schad
15B. MOTHER'S MAIDEN NAME: FIRST MIDDLE LAST: KATHARINE HOUSER
16A. INFORMANT'S NAME: MRS MABEL SCHAD
16B. MAILING ADDRESS: (INCLUDE ZIP CODE): RFD 1 KIRKVILLE N.Y.

DECEASED
4. _____
5. _____
7E. _____
11. _____
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

ATTENTION
IF AN ERROR IS NOTED IN A CERTIFICATE BEFORE ACCEPTANCE BY REGISTRAR A CORRECTED CERTIFICATE MAY BE SUBSTITUTED.
IF AN INCORRECT CERTIFICATE HAS BEEN ACCEPTED THE REGISTRAR, FILE V.S. 64.

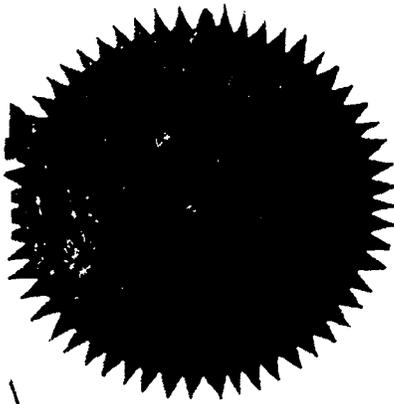
PART I. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C). APPROXIMATE INTERVAL BETWEEN ONSET & DEATH:
17. IMMEDIATE CAUSE:
(A) Vent. Arrhythmia
DUE TO OR AS A CONSEQUENCE OF
(B) Coronary Heart Disease
DUE TO OR AS A CONSEQUENCE OF
(C) Hypertensive Cardiovascular Disease
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):
18A. AUTOPSY? YES NO
18B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? YES NO
19A. ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED
19B. MONTH DAY YEAR
19C. HOUR
19D. HOW DID INJURY OCCUR? (ENTER NATURE OF INJURIES IN #17 I, OR II)
19E. INJURY AT WORK? YES NO
19F. PLACE OF INJURY, HOME, FACTORY, OFFICE BLDG., ETC.
19G. LOCATION (STREET & NO., CITY OR VILLAGE, TOWN, COUNTY, STATE)
20. PART I TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY -OR- 20. PART II TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER ONLY
A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNED: [Signature] 11 7 73
B. THE PHYSICIAN ATTENDED THE DECEASED C. LAST SEEN ALIVE
FROM: 4 30 71 TO: 7 5 72 7 5 72
D. ATTENDING PHYSICIAN TO BE CERTIFIED: CHARLES C. KALLET, M.D.
BRIDGEPORT MEDICAL CENTER
21. NAME AND ADDRESS OF PHYSICIAN, CORONER OR MEDICAL EXAMINER, CORONER'S PHYSICIAN, MEDICAL DIRECTOR: BRIDGEPORT, N. Y. 13030

MEDICAL CERTIFICATION
17. _____
18A. _____
19A. _____
20. _____

22A. BURIAL CREMATION REMOVAL: MONTH 11 DAY 10 YEAR 73
22B. PLACE OF BURIAL, CREMATION OR REMOVAL: BRIDGEPORT Cem., BRIDGEPORT
22C. LOCATION (CITY OR TOWN, STATE): BRIDGEPORT, N.Y.
23A. NAME AND ADDRESS OF FUNERAL HOME: TRAUB FUNERAL HOME INC. BRIDGEPORT N.Y.
23B. REGI: 02
24A. NAME OF FUNERAL DIRECTOR: George Traub Jr.
24B. SIGNATURE OF FUNERAL DIRECTOR: [Signature]
24C. REGI: 05
25A. SIGNATURE OF REGISTRAR: [Signature]
25B. DATE FILED: _____
26A. BURIAL OR REMOVAL PERMIT ISSUED BY: [Signature]
26B. MON: 1

BURIAL

COPY MADE FROM VETERANS CLAIM FOLDER



STATE OF NEW YORK
MADISON COUNTY
CITY OF ONEIDA CLERK'S OFFICE } 55.

I, Elaine M. Carello, Deputy City Clerk of the City of Oneida and Registrar of Vital Statistics, DO HEREBY CERTIFY that I have compared the annexed copy of Certificate and the endorsement thereon with the original thereof remaining on file in this office and that the same is a correct transcript thereof and of the whole of such original.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the City of Oneida, in the city of Oneida in said County this 26 day of Nov. 1973.
Elaine M. Carello, City Clerk
Registrar of Vital Statistics

NO. 2601 Issued Free For Veterans Use Only REGISTERED NO. 212

EDWARD H. SCHMID, Male, November 7, 1973, 6:05 PM

White, 33, Single, 8-24-20, Madison, NY, DCA, Oneida City Hospital, Married, Madis, NY, 134-10-6782, Own Business, New York, Sullivan, NY, No, Knoxville Road, Mrs. Madis Schmid, RFD #1, Sullivan, NY.

DEATH CAUSED BY: Acute Myocardial Infarction

IMMEDIATE CAUSE: Acute Myocardial Infarction

IF ANY OTHER CAUSE LAST: Hypertensive Cardiovascular Disease

1. ICHD, HONORIC, OR IER (SPECIFY):

2. DATE OF INJURY (MO., DAY, YR.):

3. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART H, ITEM 1B):

4. PLACE OF INJURY, AT HOME, FARM, STREET, FACTORY, OFFICE, CLUB, ETC. (SPECIFY):

5. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

6. PHYSICIAN: (THE PHYSICIAN NAMED BELOW ATTENDED THE DECEASED FROM DATE OF DEATH TO DATE OF SIGNATURE) Daniel C. Kallet, 4-50-717-5-22

7. MEDICAL EXAMINER OR CORNER: (ON THE BASIS OF EXAMINATION OF THE BODY AND OR THE INVESTIGATION)

8. MEDICAL EXAMINER OR CORNER: (ON THE BASIS OF EXAMINATION OF THE BODY AND OR THE INVESTIGATION)

9. SIGNATURE: Daniel C. Kallet, 11-7-73

10. REGISTERED MEDICINE CENTER: Bridgeport, NY, 13020

11. PLACE OF BURIAL, CREATION, OR REMOVAL: Bridgeport, NY

12. LOCATION: Bridgeport, NY

13. MONTH, DAY, YEAR: 6-73

14. FUNERAL HOME: Frank Funeral Home, Bridgeport, NY, 27789

15. DIRECTOR: Frank J. ...

16. REGISTRATION NO.: 05666

17. SIGNATURE: Roger Whitmoyer

18. LOCAL REGISTRAR NO., DAY, YR.: 11/9/73

19. PERMIT ISSUED BY: Roger Whitmoyer

20. DATE OF ISSUE (MONTH, DAY, YEAR): November 9, 1973

006 RSH 21

COPY MADE FROM VETERANS CLAIM FOLDER

January 28, 1974

317/21-D427
XC 5 450 700
SCHAD, Edward H., Sr.

Mrs. Mabel C. Schad
RR No. 1
Kirkville, NY 13082

Dear Mrs. Schad:

Receipt from cemetery. Copy has been made and placed in the C folder.

HAROLD P. GREGG
Acting Adjudication Officer

RNYE:mc 1/25/74

1-30-74
Rm 42
COPY MADE FROM
VETERANS CLAIM FOLDER

No. Nov 9 19 73

RECEIVED OF Mable Scales

fifty DOLLARS \$ 50.00

for 1/2 of Lot 365 (Dough sale) in Budget

Amt. of Account		
Amt. Paid		
Balance Due		

Cemetery

By Le Roy Strubey

FORM 78-MR

COPY MADE FROM
VETERANS CLAIM FOLDER

23321 12/17/77



VETERANS ADMINISTRATION
REGIONAL OFFICE
P.O. BOX 1437
ST. PETERSBURG, FLORIDA 33731

Date: January 2, 1974
In Reply Refer to: 017/21-0406
AC 5 450 700
SCHAD, Edward H., Sr.

Mrs. Mabel C. Schad
RD #1
Kirkville, NY 13082

IMPORTANT
Read the back of this letter

Dear Mrs. Schad:

Please furnish the evidence described below as soon as possible so that further action may be taken on the claim for Veterans Administration plot or interment allowance.

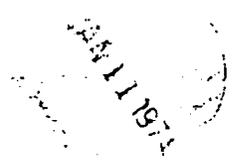
Please provide us a copy of the receipt from the cemetery showing the name of the person or person who paid for the veteran's plot.

*Sis:
This is the only copy I have of this receipt of opening the grave so please make a copy of it and send it back to me Thank you
Sincerely
Mrs Mabel Schad*

This evidence should be submitted as soon as possible, preferably within 60 days and in any case it must be received in the Veterans Administration within one year from the date of this letter; otherwise, benefits, if entitlement is established, may not be paid prior to the date of its receipt.

Sincerely yours,

Harold P. Gregg
HAROLD P. GREGG, Acting
Adjudication Officer



FL 21-117
MAY 1971(R)

Show veteran's full name, VA file number, and social security number on all correspondence.

COPY MADE FROM
VETERANS CLAIM FOLDER

January 2, 1974

317/21-D406
XC 5 430 700
SCHAD, Edward H., Sr.

Mrs. Mabel C. Schad
ED #1
Kirrville, NY 13062

Dear Mrs. Schad:

Veterans Administration plot or interment allowance.

Please provide us a copy of the receipt from the cemetery showing the name of the person or person who paid for the veteran's plot.

HAROLD P. GREGG, Acting

cc:
Trans Funeral Home Inc.

FL 21-117
REAMES:kmt 12-28-73

1-2-74
H.C. 2-1
COPY MADE FROM
VETERANS CLAIM FOLDER

TRAVEL

Phone 575-3417

Funeral - Travel

Phone 575-2017

FUNERAL SERVICE AGREEMENT

Date: 11-8-73

NAME: Edward H. Schaal
 PLACE OF DEATH: Osaka City Hosp.
 DATE OF DEATH: 11-7-73
 CHARGE TO: Estate
 ADDRESS: Mrs. Hazel Schaal
Rd 1, Kendall, N.Y.

CASH ADVANCES FOR YOUR CONVENIENCE

Cemetery: Graves @ \$
 Opening: \$ 55.00
 Equipment: \$ 22.00
 Sunday - Holiday: \$
 Transcripts @: \$
 Newspaper Notices @: \$

ITEMIZED CHARGES

Casket: Cremated Steel \$ 485.00
 Outer Case: Aluminum Composite \$ 274.00
 Clothing: \$
 Memorial and/or Acknowledgment Cards: \$ 25.00
 Other: \$
 PROFESSIONAL SERVICES
 Arrangements and Supervision: \$ 480.00
 Transfer of Decedent: \$ 70.00
 Embalming: \$ 90.00
 Other Preparation: \$ 25.00

Clergy Honorarium: \$ 20.00
 Professional Bearers: \$
 Transportation: \$
 GRAVE PURCHASED & PAID FOR PRIOR TO DEATH OF VETERAN: \$
 CASH ADVANCES TOTAL: \$ 97.00

TOTAL ITEMIZED CHARGES FORWARD: 4284.00

TOTAL COST OF FUNERAL: 4381.00

15 Copies death cert. + 30.00

The items listed and prices above are with my full understanding and I/we agree that any additional items ordered for this funeral shall become a part of this agreement. I/we hereby agree to make payment.

FACILITIES

Funeral Home: \$ 190.00
 Operating or Preparation Room: \$ 25.00

MOTOR EQUIPMENT

Funeral Coach: \$ 57.00

TO: Frankford Home
 Funeral Director

If you fail to pay for an item... charge of 2% per month... If you wish to pay your bill within 45 days... The finance charge on revolving credit accounts is at the rate of 12% per year...

I hereby acknowledge receipt of a true copy of this authorization.

AUTHORIZED SIGNATURE: Jerry W. Schaal

FUNERAL DIRECTOR'S SIGNATURE: Gene T... 7

TOTAL ITEMIZED CHARGES: 4284.00

COPY MADE FROM VETERANS CLAIM FOLDER

December 14, 1973

D406
XC 05 450 700
SHAD, Edward H., Sr.

Mrs. Mabel Shad
RD 1
Kirkville, WY 13082

Dear Mrs. Shad:

x

Sincerely yours,

GUY R. NICHOLS

x

21-15 b1 c, enc 534

Encs: 1mh 12-14-73

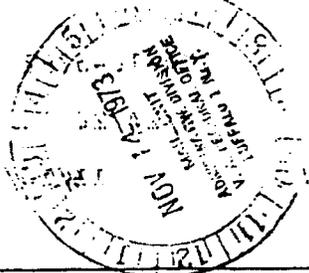
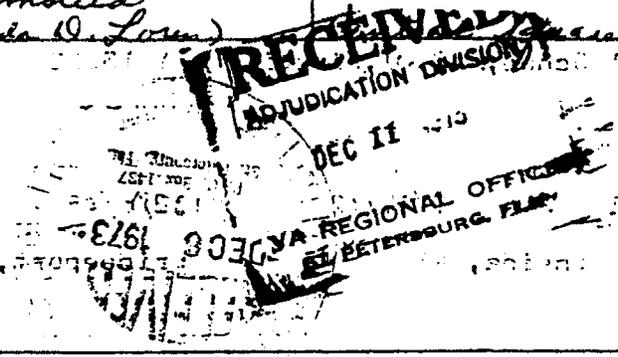
12-14-73
400

COPY MADE FROM
VETERANS CLAIM FOLDER

SECTION III—ACKNOWLEDGMENT OF RECEIPT OF FLAG

CERTIFICATION

I HEREBY CERTIFY that the flag requested by the applicant will be used to drape the casket of the deceased in whose honor it is issued by the Veterans Administration; and that par. 7 of the attached Instructions will be complied with.

SIGNATURE OF PERSON RECEIVING FLAG <i>George Trout</i>		DATE FLAG RECEIVED 11-8-73
DATE FLAG ISSUED 11/8/73	SIGNATURE OF POSTMASTER OR OTHER ISSUING OFFICIAL <i>G. Gunstead</i> (Verda D. Loren)	ADDRESS
REMARKS  		
DATE DUPLICATE IS BEING FORWARDED TO SUPPLY (Give date and initials)		NOV 18 1973

16-80902-3

ORIGINAL

COPY MADE FROM
VETERANS CLAIM FOLDER

April 4, 1974

XC 05 450 700
SCHAD, E. H.

Mrs. Mabel J. Schad
RD 1, Kirkville Rd.
Kirkville, NY 13082

Dear Mrs. Schad:

x

x

2,600

Sincerely yours,

M. R. WOODALL

Encl: VAF 21-4100
21-837, SCa, NSCa
sch 4-3-74

COPY MADE FROM
VETERANS CLAIM FOLDER

H/R
R. O. A.
121

FADDEN AND BRITT, P.C.
ATTORNEYS AT LAW
403-5 TULIP STREET
LIVERPOOL, NEW YORK 13088

HENRY C. FADDEN
PHILIP J. BRITT
PETER J. OBERNESSER

November 21, 1973

457-3500
AREA CODE 315

Veterans Administration
1021 Main Street
Buffalo, New York 14203

2 3 1 L
Re: Edward H. Schad, Sr. Deceased
File No. C-5 450 700 ~~C-5~~
Social Security # 134-10-6782
Date of Death: September 7, 1973

Gentlemen:

Please be advised this office represents the estate of the above decedent who died a resident of Madison County, New York on the 7th day of September, 1973. The surviving spouse has advised us that the decedent received a monthly award at the rate of \$132.00.

Would you be kind enough to advise this office whether the decedent's pension contained any death benefits, and if so, supply the undersigned with the appropriate claim forms.

If you have any questions, please contact me.

Very truly yours,

Philip J. Britt

PHILIP J. BRITT

PJB/cav

12/28
30

COPY MADE FROM
VETERANS CLAIM FOLDER

2/12/73

P21

VETERANS ADMINISTRATION		1. SOCIAL SECURITY NO. OF VETERAN 134-10-6782	2. FILE NO. XC- 5 450 700
APPLICATION FOR BURIAL BENEFITS (Under 38, USC, Chapter 23)			

IMPORTANT - Read Instructions carefully before completing form, YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

3. FIRST NAME, MIDDLE NAME, LAST NAME OF DECEASED Edward H. Schad, Sr.	4. FIRST NAME, MIDDLE NAME, LAST NAME OF CLAIMANT Traub Funeral Home, Inc.
--	--

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH 8/24/20	6. PLACE OF BIRTH Syracuse, NY	7. DATE OF DEATH 11/7/73	8. PLACE OF DEATH Oneida, NY
------------------------------------	--	------------------------------------	--

9. MARITAL STATUS
 NEVER MARRIED MARRIED WIDOWED DIVORCED
 10. SURVIVING CHILD(REN)?
 YES NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living) Mabel Cole Schad R.D.#1 Kirkville, NY	12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living) John Schad	13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living) Kathrine Houser
--	---	--

SERVICE INFORMATION (The following information should be furnished for the period of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE: 7/30/42 PLACE: Syracuse, NY	14B. SERVICE NO. 32-378-461	14C. SEPARATED FROM SERVICE DATE: 10/6/45 PLACE: Plattsburgh, NY	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE T/Sgt. Air Corps, AUS, 1010th AAF Base
---	---------------------------------------	---	--

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 3, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME.

PART II - INFORMATION RELATING TO VETERAN'S BURIAL

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Part III on reverse.

16. DATE OF BURIAL 11/10/73	17. PLACE OF BURIAL Bridgeport, NY
---------------------------------------	--

18. TOTAL EXPENSE OF BURIAL, FUNERAL, AND TRANSPORTATION \$ 1411.00	19A. HAVE BILLS BEEN PAID IN FULL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "No," fill in 19B)	19B. AMOUNT UNPAID \$ 1411.00
---	--	---

20A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," fill in 20B and 20C)	20B. AMOUNT \$ 255.00	20C. SOURCE Social Security	21. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Before answering read and comply with instruction No. 9)
---	---------------------------------	---------------------------------------	---

NOTE: If claim is made by person who paid the bills fill in 22A and 22B	22A. WHOSE FUNDS WERE USED?	22B. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," fill in 22C)	22C. AMOUNT AND SOURCE OF REIMBURSEMENT \$
---	-----------------------------	--	--

23. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "No," complete Item 24.)	24. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one) <input checked="" type="checkbox"/> NONE <input type="checkbox"/> UNPAID AND DUE CEMETERY OWNER <input type="checkbox"/> PAID BY ANOTHER PERSON OR PERSONS
--	--

I CERTIFY THAT the foregoing statements made in connection with this application for burial allowance on account of the above-named veteran are true and correct to the best of my knowledge and belief.

25. SIGNATURE OF CLAIMANT (If signed by mark, complete items 47A thru 48B on reverse) <i>George Traub, Jr.</i>	26. FULL NAME OF THE FIRM OR CORPORATION AND OFFICIAL POSITION OR CONNECTION OF THE INDIVIDUAL WHO SIGNS ON ITS BEHALF (See instruction 6) Traub Funeral Home, Inc. George Traub, Jr., Pres.
---	--

27. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code) 110 N. Main St. Central Square, NY 13036	28. CREDITOR OR RELATIONSHIP TO DECEASED creditor
---	---

NOTE - Where the claimant is a firm or other unpaid creditor, items 29 thru 32 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

29. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete items 47A thru 48B on reverse.) <input checked="" type="checkbox"/> <i>Mabel C. Schad</i>	30. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code) R.D.#1, Kirkville, NY 13082
---	--

31. DATE 11/15/73	32. RELATIONSHIP TO VETERAN wife
-----------------------------	--

copy for 1-3

COPY MADE FROM
VETERANS CLAIM FOLDER

COPY MADE FROM
VETERAN'S CLAIM FOLDER

PART III - CLAIM FOR PLOT, INTERMENT ALLOWANCE ONLY

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery established by the Federal Government.

34. DATE OF PURCHASE	35. HAVE FUNDS BEEN PAID IN FULL?	36B. AMOUNT UNPAID
CEMETERY GRAVE PURCHASED PRIOR TO DEATH OF VETERAN		
37C. AMOUNT WHICH HAS BEEN PAID	37A. WHOSE FUNDS WERE USED?	37B. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
37C. AMOUNT AND SOURCE OF REIMBURSEMENT	38A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?	38B. AMOUNT
<p>I CERTIFY THAT the foregoing statements made by the claimant in this application for plot interment allowance on account of the named veteran are true and correct to the best of my knowledge and belief.</p>		
39. SIGNATURE OF CLAIMANT	40. FULL NAME OF THE FIRM OR CORPORATION AND OFFICIAL POSITION OR CONNECTION OF THE INDIVIDUAL WHO SIGNS ON ITS BEHALF	
41. ADDRESS	42. CREDITOR OR RELATIONSHIP TO DECEASED	

NOTE - Where the claimant is a firm or other unpaid creditor, Items 43 thru 46 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

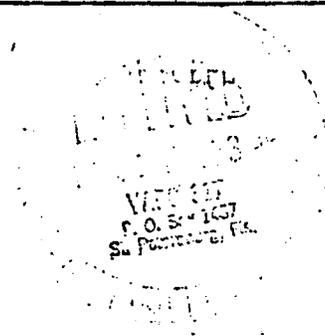
43. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES	44. ADDRESS
45. DATE	46. RELATIONSHIP TO VETERAN

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

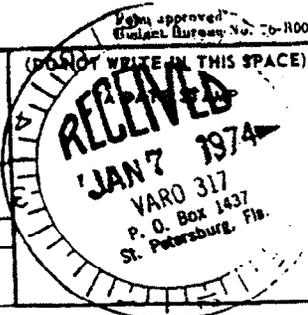
NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

47A. SIGNATURE OF WITNESS	47B. ADDRESS OF WITNESS
48A. SIGNATURE OF WITNESS	48B. ADDRESS OF WITNESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



John approved
Subject Bureau No. 20-800.7



SOCIAL SECURITY ADMINISTRATION
APPLICATION FOR SURVIVORS BENEFITS
(PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT)
IMPORTANT - Read instructions before filling in form. Detach and retain ONLY this instruction sheet.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

1. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print) Edward HAROLD Schad Sr 2. DATE OF DEATH Mar 7 1973

NOTE: If the veteran's Social Security No. is unknown, fill in Items 4, 5, 6 and 7 about veteran.

3. SOCIAL SECURITY NO. OF VETERAN 134-10-6782 4. DATE OF BIRTH AUG 24, 1920 5. PLACE OF BIRTH SYRACUSE NY

6. NAME OF FATHER John Schad 7. MAIDEN NAME OF MOTHER CATHERINE Houser

8. DID THE VETERAN WORK IN THE RAILROAD INDUSTRY AT ANY TIME ON OR AFTER 1-1-37?
 YES NO worked on RR tracks in 1941-

NOTE - The following information should be furnished for each period of the veteran's active service after September 7, 1939, in the Army, Navy, Air Force, Marine Corps or Coast Guard of the United States or service as a commissioned officer in the Coast and Geodetic Survey or Public Health Service.

ENTERED ACTIVE SERVICE		3C. SERVICE NO.	SEPARATED FROM ACTIVE SERVICE		9F. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
9A. DATE	9B. PLACE		9D. DATE	9E. PLACE	
<u>July 17 1942</u>	<u>Syracuse NY</u>	<u>32378461</u>	<u>Oct 6 1945</u>	<u>AFF Comd with Hon</u>	<u>STAFF SERGEANT US ARMY Plattsburg Barracks in AIR FORCE</u>

10. RELATIONSHIP OF APPLICANT TO VETERAN
 WIDOW CHILD PARENT (Fill in item 11)

11. DATE OF BIRTH OF APPLICANT SEPT 2 1919 12. VETERANS ADMINISTRATION CLAIM NO. C-5456700

CHILDREN: Show names of surviving unmarried children (including stepchildren, adopted, and illegitimate children) of the veteran who were (a) Under 18; (b) 18 to 22 and going to school; (c) Age 18 or over if disabled before 18.

13A. _____ 13B. _____

13C. _____ 13D. _____

I certify that the above statements are true, knowing that anyone who makes a false statement or misrepresents in connection with an application for Federal benefits is committing a crime punishable under Federal law.

14. DATE (Month, day, year) Jan 2 1974 15. SIGNATURE OF APPLICANT (Write in ink) Edward H. Schad Sr

16. MAILING ADDRESS OF APPLICANT (No. and street or rural route, city or P.O., State and ZIP Code)
123 Newville New York 12082 17. TELEPHONE NO. 633-2349

18A. SIGNATURE OF WITNESS _____ 18B. ADDRESS OF WITNESS (No. and street, city, State and ZIP Code) _____

19A. SIGNATURE OF WITNESS _____ 19B. ADDRESS OF WITNESS (No. and street, city, State and ZIP Code) _____

ITEMS BELOW TO BE COMPLETED BY THE VETERANS ADMINISTRATION (Use reverse for "Remarks")

20. PROOFS RECEIVED (Check)

<input type="checkbox"/> DEATH	<input type="checkbox"/> MARRIAGE
<input type="checkbox"/> AGE	<input type="checkbox"/> OTHER (Specify)

21. PROOFS REQUESTED FROM CLAIMANT OR OTHERS (Specify)

<input type="checkbox"/> DEATH	<input type="checkbox"/> MARRIAGE
<input type="checkbox"/> AGE	<input type="checkbox"/> OTHER (Specify)

22. DATE _____ 23. NAME AND ADDRESS OF TRANSMITTING VA OFFICE _____

VA FORM OA-C24 JUN 1971

SUPERSEDES OA-C24, JAN 1969, WHICH WILL NOT BE USED.

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PART IV - ANNUAL INCOME OF WIDOW AND/OR CHILD (By calendar years. (Continued))

LINE NO.	(A) SOURCE	AMOUNT OF INCOME			
		(B) WIDOW	(C) NAME OF CHILD	(D) NAME OF CHILD	(E) NAME OF CHILD

NOTE: INCOME RECEIVED FROM JANUARY 1 TO DATE OF DEATH OF VETERAN or, if claim is filed more than a year after the veteran died, income received from January 1 to date you sign this application.

37A	EARNINGS FROM ALL EMPLOYMENT	\$ 142 - unbr			
37B	SOCIAL SECURITY				
37C	OTHER ANNUITIES OR RETIREMENTS			\$	\$
37D	DIVIDENDS, INTEREST, ETC.				
37E	ALL OTHER INCOME				
37F	TOTAL INCOME	\$	\$	\$	\$

Do NOT complete lines 37G and 37H if you had no income from those sources.

37G	GROSS INCOME FROM SELF-EMPLOYMENT, FARM OR BUSINESS (Include net income in line 37E)	\$	\$	\$	\$
	GROSS INCOME FROM RENTALS FROM REAL ESTATE (Include net income in line 37E)	\$	\$	\$	\$

NOTE: INCOME EXPECTED FROM DATE OF DEATH OF VETERAN TO DECEMBER 31 THAT YEAR or, if claim is filed more than a year after the veteran died, income expected from the date you sign this application to December 31 of the same year.

38A	EARNINGS FROM ALL EMPLOYMENT	\$			
38B	SOCIAL SECURITY		\$	\$	\$
38C	OTHER ANNUITIES OR RETIREMENTS				
38D	DIVIDENDS, INTEREST, ETC.				
38E	ALL OTHER INCOME				
38F	TOTAL INCOME	\$	\$	\$	\$

Do NOT complete lines 38G and 38H if you had no income from those sources.

38G	GROSS INCOME FROM SELF-EMPLOYMENT, FARM OR BUSINESS (Include net income in line 38E)	\$	\$	\$	\$
38H	GROSS INCOME FROM RENTALS FROM REAL ESTATE (Include net income in line 38E)	\$	\$	\$	\$

NOTE: INCOME EXPECTED FOR THE NEXT CALENDAR YEAR. If you are unable to state the exact amount, give approximate amounts expected.

39A	EARNINGS FROM ALL EMPLOYMENT	\$			
	SOCIAL SECURITY		\$	\$	\$
39C	OTHER ANNUITIES OR RETIREMENTS				
39D	DIVIDENDS, INTEREST, ETC.				
39E	ALL OTHER INCOME				
39F	TOTAL INCOME	\$	\$	\$	\$

Do NOT complete lines 39G and 39H if you had no income from those sources.

39G	GROSS INCOME FROM SELF-EMPLOYMENT, FARM OR BUSINESS (Include net income in line 39E)	\$	\$	\$	\$
39H	GROSS INCOME FROM RENTALS FROM REAL ESTATE (Include net income in line 39E)	\$	\$	\$	\$

40A. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING OR ENTITLED TO RECEIVE ANY BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION? 40B. BEGINNING DATE (Month and year)

YES NO (If "Yes," fill-in items 40B thru 40D) *Have applied but not received anything up to this date - on my husband's death* 134-10-6782

40C. MONTHLY AMOUNT 40D. IS YOUR SOCIAL SECURITY BASED ON YOUR OWN EMPLOYMENT? 40E. SOCIAL SECURITY NO.

\$ YES NO (If "Yes," fill-in item 40E)

If part of your income is from any other retirement plan, annuity, or endowment insurance based upon your employment, fill-in 41A to 42.

41A. BEGINNING DATE (Month and year)	41B. MONTHLY AMOUNT	42. BY WHOM PAID (Name and address)

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COPY MADE FROM VETERAN'S CLAIM FOLDER

PART V - DEDUCTIBLE EXPENSES

Your income may be reduced by the amount of unreimbursed expenses of the veteran's or his child's last illness and burial and the veteran's debts which were paid by you after his death. Be sure to include as income in items 37E, 38E and 39E any reimbursement received on these expenses or debts. See Par. "L" of instructions for reporting payments and reimbursements made after filing of your claim.

13A. NAME AND ADDRESS OF PERSON TO WHOM PAID	43B. TOTAL AMT. OF EXPENSE OR DEBT	43C. NATURE OF EXPENSE OR DEBT	43D. DATE PAID	43E. AMOUNT PAID BY YOU
	\$			\$
	\$			\$
	\$			\$

RECEIVED
ADJUDICATION DIVISION
JAN 21 1974
VA REGIONAL OFFICE
VA PETERSBURG, VA

PART VI - NET WORTH OF WIDOW AND/OR CHILD OR CHILDREN (See instructions, para. 44A to 44E incl.)

LINE NO.	SOURCE	AMOUNTS			
		WIDOW	NAME OF CHILD	NAME OF CHILD	NAME OF CHILD
44A	STOCKS, BONDS, BANK DEPOSITS	\$	\$	\$	\$
44B	REAL ESTATE				
44C	OTHER PROPERTY				
44D	TOTAL DEBTS				
44E	NET WORTH	\$	\$	\$	\$

PART VII - MISCELLANEOUS INFORMATION

45A. FULL NAME OF VETERAN'S MOTHER: *Catherine Elizabeth Houser*
 46A. FULL NAME OF VETERAN'S FATHER: *John Baden Schoel*
 45B. ADDRESS OF VETERAN'S MOTHER, IF LIVING: *deceased*
 46B. ADDRESS OF VETERAN'S FATHER, IF LIVING: *deceased*

47. HAS WIDOW OR CHILD FILED CLAIM FOR COMPENSATION FROM UNITED STATES BUREAU OF EMPLOYEES COMPENSATION BECAUSE OF DEATH OF VETERAN ON WHOSE SERVICE THIS CLAIM IS FILED?
 YES NO

48A. HAS THE WIDOW OR CHILD PREVIOUSLY FILED CLAIM FOR BENEFITS WITH THE VETERANS ADMINISTRATION?
 YES NO (If "Yes," fill in 48B thru 50, inclusive)
 48B. NAME OF PERSON ON WHOSE SERVICE CLAIM WAS MADE
 48C. RELATIONSHIP TO CLAIMANT

51. HAS ANY FEE BEEN PAID OR WILL ANY FEE BE PAID TO ANY PERSON FOR ASSISTANCE IN THE PREPARATION OF THIS APPLICATION FORM?
 YES NO (If "Yes," fill in 52 and 53.)
 52. NAME AND ADDRESS OF PERSON ASSISTING
 53. AMOUNT OF FEE \$

54. REMARKS (Use this space for any additional information regarding this claim)
HUSBAND RECEIVED PENSION FROM GOVT FOR THE LAST SIX YRS. WOULD APPRECIATE ANYTHING YOU COULD DO TO SPEED THIS CLAIM THROUGH.

CERTIFICATION: I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

55. DATE SIGNED: *Jan 9 1974*
 56. SIGNATURE OF CLAIMANT: *Michael P. Schoel*

WITNESS TO SIGNATURE OF CLAIMANT IF MADE BY "X" MARK. Note - Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

57A. SIGNATURE OF WITNESS: *Thomas F. Schoel*
 58A. SIGNATURE OF WITNESS: *Larry Schoel*

57B. ADDRESS OF WITNESS: *527 Village Dr. Sp 74, 13080*
 58B. ADDRESS OF WITNESS: *ADP Bridgeport Twp. 13080*

Penalty: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

APPLICANT
COMPENSATION
(INCLUDING ACCRUED BENEFITS)

CITY
WIDOW OR CHILD
RESIDENCE, WHERE APPLICABLE

(DO NOT WRITE IN THESE SPACES)
VA DATE STAMP

IMPORTANT - Read instructions before filling in form. Answer all items fully. Detach and retain ONLY the instruction sheet. If more space is required, attach additional sheets and identify each answer by item number.

1. LAST NAME - FIRST NAME - MIDDLE NAME OF DECEASED VETERAN (Type or print)

SCHAD, Edward H., Sr.

2A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)

MABEL JEANNE SCHAD

2B. TELEPHONE NO.

642 349

2C. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)

RDF Kuhlville 921 13022

2D. RELATIONSHIP TO VETERAN (Check one)

WIDOW CHILD

3. IF VETERAN PREVIOUSLY APPLIED TO THE VETERANS ADMINISTRATION FOR ANY BENEFIT, INSERT CLAIM NUMBER, IF KNOWN

C-85 450 700

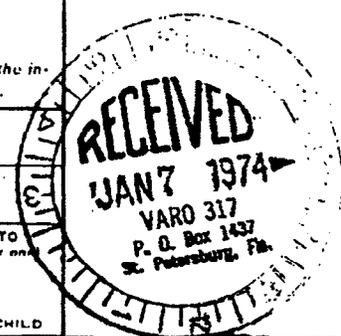
4. SOCIAL SECURITY NUMBER OF VETERAN

139-10-6782

5. RAILROAD RETIREMENT NO.

6. VETERANS ADMINISTRATION CLAIM NO.

XC-05 450 700



PART I - IDENTIFICATION AND SERVICE INFORMATION OF VETERAN (See Instructions - paragraphs F & G)

7. DATE OF BIRTH

AUG 24 - 1920

8. PLACE OF BIRTH

SYRACUSE NY

9. DATE OF DEATH

11-7-77

10. PLACE OF DEATH

BRIDGEPORT NEW YORK

11A. CAUSE OF DEATH (See Instructions, paragraph F)

HEART ATTACK

11B. ARE YOU CLAIMING THAT THE CAUSE OF DEATH WAS DUE TO SERVICE?

YES NO

12A. ENTERED ACTIVE SERVICE

DATE PLACE

July 31 1942 SYRACUSE NY

12B. SERVICE NO.

32378461

12C. SEPARATED FROM ACTIVE SERVICE

DATE PLACE

Oct 6 1945 PLATTSBURG NEW YORK

12D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE

**TECH SARGENT
STAFF SARGENT
AIR FORCE**

13. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

PART II - INFORMATION RELATING TO MARRIAGE (See Instructions, paragraph H)

INFORMATION RELATING TO VETERAN

14. HOW MANY TIMES WAS VETERAN MARRIED?

one

15A. MARRIAGE

DATE PLACE

DEC 13 1941 SYRACUSE NY

15B. TO WHOM MARRIED

Mabel Cole

15C. HOW MARRIAGE ENDED (Death, divorce, etc.)

DEATH

15D. MARRIAGE ENDED

DATE PLACE

Nov 7 1973 BRIDGEPORT NY

INFORMATION RELATING TO WIDOW OR MOTHER OF THE CHILDREN FOR WHOM THIS CLAIM IS BEING MADE

16. HOW MANY TIMES HAS WIDOW BEEN MARRIED?

one - to Edward H. Schads

17. HAS WIDOW REMARRIED SINCE DEATH OF VETERAN?

YES NO (If "Yes," complete Item 18 and 19)

18. DATE REMARRIED

19. PLACE REMARRIED

20A. MARRIAGE

DATE PLACE

20B. TO WHOM MARRIED

20C. HOW MARRIAGE ENDED (Death, divorce, etc.)

20D. MARRIAGE ENDED

DATE PLACE

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VETERANS CLAIM FOLDER