

LACANDIZO, MAXIMO

DECLASSIFIED
Authority NND 893033

9661

NOTE.—To be *securely* tied to patient's clothing over breast.
To contain field medical card and any other clinical record
relative to patient.

Army Serial No. FILIPONO CIVILLAIN
Surname Lacandiso, Maximo Christian Name
Grade civilian Co. _____ Regiment or Staff Corps _____

Date of first admission to sick report _____

Diagnosis (brief)

Lac rt shoulder through&through
lt upper arm

(Check words applicable)

- | | | |
|----------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Sick | <input type="checkbox"/> Slight | <input type="checkbox"/> Walking case |
| <input type="checkbox"/> Wounded | <input type="checkbox"/> Severe | <input type="checkbox"/> Sitting case |
| <input type="checkbox"/> Gassed | | <input type="checkbox"/> Lying case |

Special attention needed in transit, or other remarks:

Copy of this F. M. R. was forwarded with the S. & W.
report of _____ Hosp. No. _____
for the month of _____, as required in
cases on sick report longer than one month.

NOTE.—The inner retaining flap of the envelope must be raised before placing papers inside; then folded down over the contents to prevent them from dropping out. The outer flap will be folded over the opening as an additional means of protecting contents.

TRANSPORTATION MEMORANDA

(In order that the movement of patient from front to rear may be recorded chronologically, all transportation units, such as Amb. Cos., Hosp. Trains, Hosp. Ships, Transports, etc., transferring patients from one hospital to another will make appropriate entries in the spaces provided below.)

Patient was transported

From _____ to _____ by _____
(Hosp. unit) (Hosp. unit) (Transp. organiz.) (Date)

From _____ to _____ by _____

From _____ to _____ by _____

From _____ to _____ by _____

From _____ to _____ by _____

Transferred _____ from Theater of Operations to
(Date)

Zone of the Interior by _____
(Designation of ship, train, or other org.)

Departing from _____
(Hosp. or place)

Arrived at _____ (Zone of the Int.)
(Hosp. or place)

_____ and forwarded to _____
(Date) (Hosp. or place)

_____ by _____ for definitive treatment.
(Date) (Designation of transp. or other org.)

Last name

First name

Initial

Lacandiso, Maximo

Army serial No.:

Grade

FILIPONO CIVILIAN

Company

Regiment and arm or service

Division

Age

Race

State

Service

Source of admission

26

Fil

P I

AR 40-590

Received at (hospital and location):

Date

133 Gen Hosp Leyte PI

14 May 45

Diagnosis: 1. Wound, penetrating, of left arm, entrance lateral side, exit medial side, accidentally incurred in right, Leyte PI, 14 May 45, when patient was stabbed with bolo knife by assailant

2. Wound, lacerated, of right side of

Line of duty:

Changed and additional diagnoses, operations, with dates:

chest, incurred as in //1

LOD: 1&2 Does not apply

Disposition:

Date

Discharged hospital

18 Jun 45

10-1000

J M Bending Capt MC

Signature of Surgeon.

Received at (hospital and location):

Date

Changed and additional diagnoses, operations, with dates:

Disposition:

Date

Signature of Surgeon.

Received at (hospital and location):

Date

Changed and additional diagnoses, operations, with dates:

Disposition:

Date

10-1000

Signature of Surgeon.

DECLASSIFIED
Authority: NND 893033

Received at (hospital and location): _____ Date _____

Changed and additional diagnoses, operations, with dates: _____

Disposition: _____ Date _____

16-15559

Signature of Surgeon.

Received at (hospital and location): _____ Date _____

Changed and additional diagnoses, operations, with dates: _____

Disposition: _____ Date _____

Signature of Surgeon.

Received at (hospital and location): _____ Date _____

Case closed on this form and taken up on Form 52 M. D.	Register No.	Date

INSTRUCTIONS

Used as a brief consecutive record of a patient in a theater of operations and during peace-time field operations. Not to be used as a clinical history. Initiated at first hospital to which patient is admitted (station and general hospitals in a theater of operations; all surgical, evacuation, and convalescent hospitals; not used by medical regiments, battalions, or squadrons in combat, but used at other times when operating stations furnishing definitive treatment). Remains with patient, enclosed in field medical jacket, attached to patient during transport. Forwarded with sick and wounded report when case is completed. Closed upon receipt at hospital of definitive treatment in zone of interior in time of war and forwarded immediately to Surgeon General.

If space on one fold is insufficient, continue entry into next fold. If one card is inadequate, continue the record on a second card, or a third, and so on, marking the cards as first card, second card, etc. Each additional card used must bear complete identification of the individual.

Last name

First name

Initial

Lacandiso, Maximo

Army serial No.:

Grade

FILIPONO CIVILIAN

Company

Regiment and arm or service

Division

Age

Race

State

Service

Source of admission

26

Fil

P I

AR 40-590

Received at (hospital and location):

Date

133 Gen Hosp Leyte PI

14 May 45

~~K33 XOH XK4 XMay 45~~

Diagnosis:

1. Wound, penetrating, of left arm, entrance lateral side, exit medial side, accidentally incurred in fight, Leyte PI, 14 May 45, when patient was stabbed with bolo knife by assailant

2. Line of duty: Wound lacerated, of right side of

Changed and additional diagnoses, operations, with dates:

chest, incurred as in #1

LOD: 1&2 Does not apply

Disposition:

Date

Discharged from hospital

18 Jun 45

16-15950

J M Bowling Capt MC

Signature of Surgeon.

Wife. = Victoria
Columba

NAME AND ARMY SERIAL NUMBER

Lacandiso, Maximino

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
	Filipino Civilian	26	F. P.		

LOCATION WHERE TAGGED:	DATE	HOUR
1336 H	14 May 42	2100

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED

Fracture of right hand
during the time
of the capture of
the line

LINE OF DUTY:

TREATMENT GIVEN:

Plaster casts to
be placed

TETANUS TOXOID: DOSE TIME:
OR
ANTITETANIC SERUM: DOSE TIME:
MORPHINE: DOSE TIME:

DISPOSITION:	DATE	HOUR
1336 H	14 May 42	2100

SIGNATURE, WITH RANK:

Wife. = Victoria
Columba

NAME AND ARMY SERIAL NUMBER

Lacandiso, Inadimo

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
	Filipino Civilian	26	Ft		

LOCATION WHERE TAGGED:	DATE	HOUR
1336 H	14 May 40	2100

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED

Incision P. to hand
Chang & the camp
get supplies from

LINE OF DUTY:

TREATMENT GIVEN:

Plasma 10mls
Subcut

TETANUS TOXOID:	DOSE	TIME:
OR ANTITETANIC SERUM:	DOSE	TIME:
MORPHINE:	DOSE	TIME:

DISPOSITION:	DATE	HOUR
1336 H	14 May 40	2100

SIGNATURE, WITH RANK:

[Handwritten signature]

Wife = Victoria
 Colorado

NAME AND ARMY SERIAL NUMBER

Lacandiso, Inadimo

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
	Filipino	26	Fil		

LOCATION WHERE TAGGED:	DATE	HOUR
1336 H	14 May 45	2100

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED
 Incision P. shoulder
 wound & dressing
 1st upper arm

LINE OF DUTY:
 TREATMENT GIVEN:
 Plasma units 11
 Sutured

TETANUS TOXOID: DOSE TIME:
 OR
 ANTITETANIC SERUM: DOSE TIME:
 MORPHINE: DOSE TIME:

DISPOSITION:	DATE	HOUR
1336 H	14 May 45	2100

SIGNATURE, WITH RANK:
[Signature]

CLINICAL RECORD BRIEF

L-I

FILIPONO CIVILIAN

Register No. 13,971 Hospital 133 GH
 Name Lacandiso, Maximo Male Serial No. _____
 Grade CIVILIAN Co. _____ Regt. and Arm or Service _____
 Age 26 Race Filipono Nativity P I
 Service _____ Date of admission 14 May 45 2115, 19____
 Source of admission AR 40-590
 Station APC 1005
 Ward C-1 Previous admission No
 Religion Cath Home address Jaro, Leyte
 Name and address of nearest relative Wife Victorina Colanta

Diag. Lac rt shoulder through & through SA
lt upper arm (Initials of admitting officer) RGL/eak

Disposition Discharged Date 18 Jun 45, 19____

Final diagnosis:

- (1) Wound, penetrating, of left arm, wound of entrance, lateral side, wound of exit, medial side, incurred in fight at Jaro, Leyte, about 1600, May 14, 1945 when patient was stabbed with bolo knife by assailant.
- (2) Wound, lacerated, of right side of chest, incurred as (1) above

Additional diagnoses (Complications, special treatment and operations):

Line of duty _____
 Condition on completion of case - (1) & (2) Improved
 Transfer diagnosis confirmed or not confirmed Confirmed
 Autopsy _____

mm

J M Berling Captain
 M. C.

CLINICAL RECORD BRIEF

L-I

FILIPONO CIVILIAN

Register No. 13,971 Hospital 133 GH
 Name Lacandiso, Maximo Male Serial No. _____
 Grade CIVILIAN Co. _____ Regt. and Arm or Service _____
 Age 26 Race Filipono Nativity P I
 Service _____ Date of admission 14 May 45 2115, 19____
 Source of admission AR 40-590
 Station AP0 1005
 Ward C-1 Previous admission No
 Religion Cath Home address Jaro, Leyte
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- (2) Wound, lacerated, of right side of chest, incurred as (1) above

Additional diagnoses (Complications, special treatment and operations):

Line of duty _____
 Condition on completion of case (1) & (2) Improved
 Transfer diagnosis confirmed or not confirmed Confirmed
 Autopsy _____

mm

J M Bering
 M. C.

CLINICAL RECORD BRIEF

L-I

FILIPONO CIVILIAN

Register No. 13,971 Hospital 133 GH
 Name Lacandiso, Maximo Male Serial No. _____
 Grade CIVILIAN Co. _____ Regt. and Arm or Service _____
 Age 26 Race Filipono Nativity P I
 Service _____ Date of admission 14 May 45 2115, 19____
 Source of admission AR 40-590
 Station APO 1005
 Ward C-1 Previous admission No
 Religion Cath Home address Jaro, Leyte
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Final diagnosis:

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- (2) Wound, lacerated, of right side of chest, incurred as (1) above

Additional diagnoses (Complications, special treatment and operations):

Line of duty _____
 Condition on completion of case (1) & (2) Improved
 Transfer diagnosis confirmed or not confirmed Confirmed
 Autopsy _____

W/M

J.M. [Signature] Capt. M.C.

M. C.

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Authority NND 893033

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Authority NND 893033

Form 55 A
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

CLINICAL RECORD BRIEF

L-I

FILIPONO CIVILIAN

Register No. 13,971 Hospital 133 GH
 Name Iacandiso, Maximo Male Serial No. _____
 Grade CIVILIAN Co. _____ Regt. and Arm or Service _____
 Age 26 Race Filipono Nativity P I
 Service _____ Date of admission 14 May 45 2115, 19____
 Source of admission AR 40-590
 Station APO 1005
 Ward C-1 Previous admission No
 Religion Cath Home address Jaro, Leyte
 Name and address of nearest relative Wife Victorina Colanta

Diag. Lac rt shoulder through & through SA
lt upper arm (Initials of admitting officer) RGL/eak

Disposition Discharged Date 18 June 45, 19____

Final diagnosis:

(1) *wound, penetrating, of left arm, wound of entrance, lateral side, wound of exit, medial side, incurred in fight at Jaro, Leyte, about 1600, May 14, 1945 when patient was stabbed with bolo knife by assailant.*

(2) *wound, lacerated, of right side of chest, incurred as (1) above*

Additional diagnoses (Complications, special treatment and operations):

Line of duty _____
 Condition on completion of case (1) & (2) Improved
 Transfer diagnosis confirmed or not confirmed Confirmed
 Autopsy _____

MM

J.M. ... Capt. ...

M. C.

Form 25 A
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

CLINICAL RECORD
BRIEF
PATIENTS' FUND
1538 GENERAL HOSPITAL
APO 72

TO BE SIGNED BY ALL PATIENTS ON ADMISSION TO THIS HOSPITAL

Register No. _____ Hospital _____
 Name _____
 Age _____ Race _____
 Service _____
 Date of admission _____
 Source of admission _____
 Station _____
 Ward _____
 Religion _____
 Home address _____
 Name and address of nearest relative _____

Upon admission to this hospital all patients, their condition permitting, will be advised by the Admitting Officer or Cashier, Patients' Fund of the facility provided for safeguarding their money and/or valuables.

(Initials of admitting officer)

All patients should be urged to deposit their money and/or valuables in the Patients' Fund and informed that the hospital authorities will not be responsible for loss of either money and/or valuables not so deposited.

When, in the opinion of the Admitting Medical Officer, a patient is unable to safeguard his money and/or valuables, that Officer will take-up such money and/or valuables and receipt for same to the patient.

CERTIFICATE

I certify that I have read the above and understand it thoroughly.

 Patient's Signature, Rank, ASN
 Line of duty _____
 Condition on completion of case _____
 Transfer diagnosis confirmed or not confirmed _____
 Autopsy _____

PREOPERATIVE EXAMINATION AND ANESTHETIC RECORD
ANESTHETIC RECORD

Name *Lancardio, Mariano* Grade _____ Ward _____

Date *May 14*, 19*45* Operating room No. *5*

Operator *Capt. Lehou* Assistants *Maj. James - L. Baker*

Anesthetic begun *2310* Anesthetic ended *2400*

Operation begun *2315* Operation ended *0015*

Type of anesthesia *Inhalation*

Anesthetic used (drug and amount) *Nitrous oxide, oxygen, ether + ^{Open}Drop*

Time	Syst.	Diast.	P. P.	Pulse	Remarks (change of position, drugs given, etc.)
<i>Before</i>	<i>88</i>	<i>40</i>		<i>120-24</i>	<i>Morphine gr. 1/2 Atropine gr. 1/50 } 2250</i>
<i>2315</i>				<i>120-30</i>	
<i>2320</i>				<i>120-30</i>	
<i>2340</i>				<i>130-28</i>	<i>Units of Plasma 2</i>
<i>2350</i>				<i>136-28</i>	<i>700 cc.</i>
<i>2400</i>				<i>140-28</i>	
<i>0010</i>				<i>146-28</i>	<i>Whole Blood.</i>
<i>0015</i>				<i>150-26</i>	

Anesthetic complications:

none

Age _____ Height _____ Weight _____

L. S. H. Burrell A.M.C.
Anesthetist.

PREOPERATIVE EXAMINATION AND ANESTHETIC RECORD
ANESTHETIC RECORD

Name *Lancardio, Mariano* Grade *Ward*

Date *May 14*, 19*45* Operating room No. *5*

Operator *Capt. Lehan* Assistants *Maj. James - L. Baber*

Anesthetic begun *2310* Anesthetic ended *2400*

Operation begun *2315* Operation ended *0015*

Type of anesthesia *Inhalation*

Anesthetic used (drug and amount) *Nitrous oxide, oxygen, ether & ^{Open}Drop*

Time	Syst.	Diast.	P. P.	Pulse	Remarks (change of position, drugs given, etc.)
<i>Before</i>	<i>88</i>	<i>40</i>		<i>120-24</i>	<i>Morphine gr. 1/2 Atropine gr. 1/150 } 2250</i>
<i>2315</i>				<i>120-30</i>	
<i>2320</i>				<i>120-30</i>	
<i>2340</i>				<i>130-28</i>	<i>Units of Plasma 2</i>
<i>2350</i>				<i>136-28</i>	<i>700 cc.</i>
<i>2400</i>				<i>140-28</i>	
<i>0010</i>				<i>146-28</i>	<i>Whole Blood.</i>
<i>0015</i>				<i>150-26</i>	

Anesthetic complications:

none

Age _____ Height _____ Weight _____

L. S. H. Burrell A.M.C.
Anesthetist.

PREOPERATIVE EXAMINATION AND ANESTHETIC RECORD

ANESTHETIC RECORD

Name *Lencardio, Mariano*

Date *May 14*, 19*45* Operating room No. *5*

Operator *Capt. Leckner* Assistants *Maj. James H. Baker*

Anesthetic begun *2310* Anesthetic ended *2400*

Operation begun *2315* Operation ended *0015*

Type of anesthesia *Inhalation*

Anesthetic used (drug and amount) *Nitrous oxide, oxygen, ether & Drop*

Time	Syst.	Diast.	P. P.	Pulse	Remarks (change of position, drugs given, etc.)
<i>Before</i>	<i>88</i>	<i>40</i>		<i>120-24</i>	<i>Morphine gr. 1/2 Atropine gr. 1/150 } 2250</i>
<i>2315</i>				<i>120-30</i>	
<i>2320</i>				<i>120-30</i>	
<i>2340</i>				<i>130-28</i>	<i>Units of Plasma 2</i>
<i>2350</i>				<i>136-28</i>	<i>700 cc.</i>
<i>2400</i>				<i>140-28</i>	
<i>0010</i>				<i>146-28</i>	<i>Whole Blood.</i>
<i>0015</i>				<i>150-26</i>	

Anesthetic complications:

none

Age _____ Height _____ Weight _____

L. S. H. Burrell A. N. C.
 Anesthetist.

DECLASSIFIED
Authority NND 893033

DECLASSIFIED
Authority NND 893033

Form 55 O-1
MEDICAL DEPARTMENT, U. S. A.
(Revised May 31, 1939)

PREOPERATIVE EXAMINATION AND ANESTHETIC RECORD

ANESTHETIC RECORD

Name _____ Grade _____ Ward _____

Date _____, 19____ Age _____

HEART: _____ Operator _____

_____ Anesthetic begun _____

_____ Anesthetic ended _____

LUNGS: _____ Type of anesthesia _____

_____ Anesthetic used (drug and amount) _____

_____ (change of position, drugs given, etc.) _____

PULSE _____ BLOOD PRESSURE: Systolic _____ Diastolic _____

BLOOD COUNT: _____

Erythrocytes _____ Hemoglobin _____

Leucocytes _____ Polymorphonuclears _____

COAGULATION TIME (when directed) _____

URINE ANALYSIS: _____

Specific gravity _____ Albumen _____ Sugar _____

Microscopic _____

PREVIOUS OPERATIONS: _____

PREOPERATIVE DIAGNOSIS: _____

REMARKS: _____

#24.

Form 55A-1
MD, U.S. Army
(Auth. Dec 31, 1942)

ABBREVIATED CLINICAL RECORD

Name Seandris, Martin Grade Ci. Ward C-1

(This sheet to be used in conjunction with 55A, MD in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

Patient admitted with history of having been injured in fight at Iwo Jima, Leyte when stabbed by assailant with bolt knife - occurred about 1600, 14 May, 1945.

Complete physical examination is negative except for the following:

Penetrating wound of left arm - wound of entrance - lateral surface middle third, about 5 cm long - exit on medial surface of arm about 12 cm long - small laceration of chest right side non-penetrating. Examination otherwise negative.

May 20 - Feels well - arm very sore.

May 28 - Arm swollen - very tender - some axillary lymphadenitis.

Progress:

June 5 - No swelling - feels well - Discharged.

J. M. Bowling Captain.

TEMPERATURE--TREATMENT--NURSE'S NOTES

Form 55-2-1 Reversed.

Laurencio M. Marino

Date	A.M.			P.M.			St	Wt	Medication & Nurse's Notes
	T	P	R	T	P	R			
5/23/45	97.5	96	18	99.5	80	20			1cc B. Bil. 3cc pen 94h. Sulphadiaz 4h.
5-24	97.8	80	18	99	100	20			Penicillin 3cc q 4h
5/25	97.4	72	20	99.3	80	20			" " "
5/26/45	97.4	60	18	99	80	18			" " "
5/27/45	98	40	48	100	80	20			" " "
5/28/45	98	72	20	100	100	20			" " "
5/29/45	95	96	19	99	52	18			" " "
5-30-45	97	64	16	98	80	20			" " "
5-31-45	96	36	19	99	80	30			Penicillin 3cc q 4h 10-2-4
6-1-45	97.8	80	18	99	76	20			Penicillin 3cc q 4h (discontinue)
6-2-45	97.2	82	20						

LABORATORY REPORTS

(Paste third report here and succeeding ones on above lines)

(Paste second report with top at this line)

Name *Laurencio M. Marino* Male *Pilipino* *Civilian*
 Station *133 20 H. N.* Serial No. _____ Rank _____
 Examination requested by *Capt Lechan* M. C.
 Specimen _____ Source _____
 Type of examination *Cross Match Emergency*

Report:
 Major Side No agglutination
 Minor Side Agglutination
 Blood Compatible for transfusion if given slowly

PETER L. CELLA

Lt. Sn. C.

MAY 14 1945

Lab. _____

JEG

MISCELLANEOUS

Date _____

AM. P.M.

Bd 24

Date	T	P	R	T	P	R	Medications
5-15-45	99	96	24	98 ³	104	22	Atabrine, tablet Penicillin 3cc q. 4h
5-16-45	99.2	80	20	100	92	20	Atabrine, tablet APC with codeine PRN Sulfad. 2 tab. q. 4h.
5-17-45	96	104	26	99 ⁸	90	24	Penicillin 3cc q. 4h Sulfadiazine 2 tab q. 4h
5-18-45	97.8	72	18	99 ⁴	88	20	" " " Sulfadiazine 2 tab q. 4h Penicillin 3cc q. 4h
5-19-45	97.2	72	18	98	80	20	" " " Sulfadiazine 2 tab q. 4h Penicillin 3cc q. 4h
5-20-45	98.8	70	18	99	92	24	" " " Sulfadiazine 2 tab q. 4h Penicillin 3cc q. 4h
							1cc gas (streptococci/10,000 units) Bid, given at 1:30 P.M. @ Tok given at 5:00 P.M.
5-21-45	98	96	22	98	84	21	" " " " "
5-22-45	97.6	80	18	99 ²	88	22	" " " " "
5-23-45	97.8	96	18	99 ²	80	20	" " " " "

Pt admitted a history of having been injured in fight
with knife about 1600, May 14, 1945, at Iaw, Kye te,
Physical. Lacerated wound, penetrating, lateral side
5 cm long to medial side 22 cm long
5th wound of chest right side, just below right shoulder,
non penetrating -

J. M. ...
Capt. U.S. Army

Lacaudis, Maximo
Civ.

DECLASSIFIED
Authority NND 893033