

1. LAST NAME - FIRST NAME - MIDDLE NAME COKER, David William			2. SEX M	3. SOCIAL SECURITY NUMBER 540 54 4029		4. DATE OF BIRTH 57 06 30
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS USMC-11			6a. GRADE, RATE OR RANK LCpl		b. PAY GRADE E-3	7. DATE OF RANK 76 08 01
8a. SELECTIVE SERVICE NUMBER UNKNOWN		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE UNKNOWN		c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) 436 Adams Street Klamath Falls, OR 97601		
9a. TYPE OF SEPARATION Transferred to Marine Corps Reserve			b. STATION OR INSTALLATION AT WHICH EFFECTED RUC 11210 1stBn, 7thMar, 1stMarDiv, CamPen, CA			
c. AUTHORITY AND REASON					d. EFFECTIVE DATE 79 08 03	YEAR MONTH DAY
c. CHARACTER OF SERVICE HONORABLE					f. TYPE OF CERTIFICATE ISSUED N/A	
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND CoA, 1stBn, 7thMar, 1stMarDiv, CamPen, CA 92055					12. COMMAND TO WHICH TRANSFERRED MarCorResForAdminCtr, (MCRFAC), Kansas City Missouri	
13. TERMINAL DATE OF RESERVE/MSO OBLIGATION YEAR MONTH DAY 81 12 26		14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) Portland, OR			15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR MONTH DAY 75 08 04	
16a. PRIMARY SPECIALTY NUMBER AND TITLE 0341 Mortarman		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER N/A		18. RECORD OF SERVICE		
17a. SECONDARY SPECIALTY NUMBER AND TITLE None		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER N/A		18. RECORD OF SERVICE		
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		22. DAYS ACCRUED LEAVE PAID 0.5 days		23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT N/A
21. TIME LOST (Preceding Two Yrs) None		22. DAYS ACCRUED LEAVE PAID 0.5 days		23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT N/A
25. PERSONNEL SECURITY INVESTIGATION a. TYPE ENTNAC b. DATE COMPLETED 750829						
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Pistol Marksman Badge Rifle Sharpshooter Badge Good Conduct Medal						
27. REMARKS Good Conduct Medal period commences: 780804 Marine requests his copy of the DD Form 214 (MC) <i>DWC</i>						
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State, ZIP) See item 8c				29. SIGNATURE OF PERSON BEING SEPARATED <i>David W. Coker</i>		
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER S. B. BAIRD 2NDLT USMC PERSONNEL OFFICER				31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>S. B. Baird</i>		

DD FORM 1 NOV 72 214 MC PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. THIS IS AN IMPORTANT RECORD SAFEGUARD IT. REPORT OF SEPARATION FROM ACTIVE DUTY (1900) INDIV-1

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 7th day of August A.D., 19 79 at 11:30 o'clock A M., and duly recorded in Vol. 179 of Discharges on Page 18769.

FEE None

WM. D. MILNE, County Clerk
By *Bernard M. Mitchell* Deputy