

NATIONAL ORGANIZATION SONS OF UNION VETERANS OF THE CIVIL WAR CIVIL WAR MEMORIAL ASSESSMENT FORM

Type of Memorial (check all applicable)

☐ Monument ☐ *with* Sculpture ☐ without Sculpture ☐ with Cannon ☐ standalone Cannon
☐ Historical Marker ☒ Plaque ☐ Other (flag pole, G.A.R. buildings, stained glass windows, etc.)

Note: try to record items separately. Cannons near monuments should be recorded & photographed separately, etc. Thank you.

Affiliation

☐ GAR ☐ MOLLUS ☐ SUVCW ☐ WRC ☐ ASUVCW
☐ LGAR ☐ DUVCW ☒ Other

If known, record name and number of post, camp, corps, auxiliary, tent, circle or appropriate information of other groups:

Original Dedication Date _____ Please consult any/all newspaper archives for a local paper's article that would have information on the *first* dedication ceremony and/or other facts on the memorial. Please submit a copy of your findings with full identification of the paper & date of publication. Thank you.

Location

Camp Butler National Cemetery

The Memorial is *currently* located at:

Street/Road address or site location RR 1 5063 CAMP BUTLER ROAD

GPS Coordinates _____

City/Village &/or Township RIVERTON

County SANGAMON State ILLINOIS Zip Code 62707

The front of the Memorial faces: ☐ North ☐ South ☐ East ☒ West

Government Body, Agency, or Individual Owner

Name CAMP BUTLER

Dept./Div. _____

Street Address 5063 CAMP BUTLER ROAD

City RIVERTON State ILLINOIS Zip Code 62707

Contact Person _____ Telephone () _____ ext _____

Is Memorial on the National Register of Historic Places ☐ Yes ☐ No ID # if known _____

For Monuments with/without sculpture:

Physical Details

Material of Monument or base under a Sculpture or Cannon = ☐ Stone ☐ Concrete ☒ Metal ☐ Other

If known, name specific material (color of granite, marble, etc.) _____

Material of the Sculpture ☐ Stone ☐ Concrete ☐ Metal ☐ Other Is it hollow or solid? _____

If known, name specific material (color of granite, marble, etc.) _____

For Historic Marker or Plaque:

BRONZE ON A METAL POST

Material of Plaque or Historical Marker / Tablet = _____

For Cannons with/without monument:

Material of Cannon = _____ Bronze _____ Iron _____ Type of Cannon (if known) _____

Rifled _____ Yes _____ No _____

Markings: Muzzle _____ Base Ring/Breech _____

Left Trunion _____ Right Trunion _____

Is inert ammunition a part of the Memorial? _____ Yes _____ No _____

[For camp/department monuments officer's use: Cannon on list of known ordnance] _____ Yes _____ No _____

For Other Memorials: (flag pole, G.A.R. buildings, stained glass windows, etc.)

What best describes the memorial _____

Materials of the Memorial _____

Complete for All Memorials**Approximate Dimensions** (indicate unit of measure) - taken from tallest / widest points

32 INCHES _____ Height 29 INCHES _____ Width _____ Depth or _____ Diameter _____

For Memorials with multiple Sculptures, please record this information on a separate sheet of paper for each statue (service, pose, etc) and attach to this form. Please describe the "pose" of each statue and any weapons/implements involved (in case your photos become separated from this form). Thank you!

Markings/Inscriptions (on stone-work / metal-work of monument, base, sculpture)

Maker or Fabricator mark / name? If so, give name & location found _____

Please attach legible photographs of all text &/or Record the text in the space below. Please use the addendum – narrative sheet if necessary.

BRONZE PLAQUE -- RAISED OUT BORDER AND LETTERING WITH BACKGROUND
 BROWN TEXTURED
 FROM THE BIVOUAC OF THE DEAD
 BY THEODORE O'HARA
 THE MUFFLED DRUM'S SAD ROLL HAS BEAT
 THE SOLDIER'S LAST TATTOO;
 NO MORE ON LIFE'S PARADE SHALL MEET
 THAT BRAVE AND FALLEN FEW.
 ON FAME'S ETERNAL CAMPING-GROUND
 THEIR SILENT TENTS ARE SPREAD,
 AND GLORY GUARDS, WITH SOLEMN ROUND,
 THE BIVOUAC OF THE DEAD.

Environmental Setting

(The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.)

Type of Location

☒ Cemetery ☐ Park ☐ Plaza/Courtyard ☐ "Town Square" ☐ Post Office
☐ School ☐ Municipal Building ☐ State Capitol ☐ Courthouse ☐ College Campus
☐ Traffic Circle ☐ Library Other: _____

General Vicinity

☒ Rural (low population, open land) ☐ Suburban (residential, near city) ☐ Town ☐ Urban / Metropolitan

Immediate Locale (check as many as may apply)

☐ Industrial ☐ Commercial ☒ Street/Roadside within 20 feet ☒ Tree Covered (overhanging branches)
☐ Protected from the elements (canopy or enclosure, indoors) ☐ Protected from the public (fence or other barrier)

Any other significant environmental factor _____

[To detail the condition of a monument used the addendum form for *Monument's Condition*]

Inspector Identification

Date of On-site Survey 8/24/2026Your Name SANDRA COLE FLORES

Address _____

City OKLAHOMA CITYState OKLAZip Code 73150Telephone () _____ E-Mail FLORESBRDLDY@AOL.COM

Are you a member of the Allied Orders of the G.A.R.? If so, which one?

DUVCW TENT #18 SALLIE PEACHEATER - OKC WRC - MAL LGAR MAL

Supplemental Background Information

In addition to your on-site survey, any additional information you can provide on the described Memorial will be welcomed. Please label each account with its source (author, title, publisher, date, pages). Topics include any reference to the points listed on this questionnaire, plus any previous conservation treatments - or efforts to raise money for treatment. Photographs & GPS Co-ordinates are very much desired.

Pages 4 & 5 attached to this electronic file are the Monument's Condition and the Narrative forms. Only the Monument's Condition form is required if you are requesting grant money using form CWM-62 *SUVCW Memorial Grant Application Form and Instructions*.

Please mail (or e-mail pdf, and picture files) to:

Walt Busch, PDC, Chair, 1240 Konert Valley Dr., Fenton, MO 63026, cwmemorials@suvchw.org (314) 630-8407

Thank you for your help, and attention to detail.

Sons of Union Veterans of the Civil War - Civil War Memorials Committee.

>This form may be photocopied.<

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**SONS OF UNION VETERANS OF THE CIVIL WAR
CIVIL WAR MEMORIAL ASSESSMENT FORM
ADDENDUM – MONUMENT'S CONDITION**

Completion of this form is required when requesting grant money using form CWM-62 *SUVCW Memorial Grant Application Form and Instructions*.

Condition Information

Structural Condition (check as many as may apply)

The following section applies to Monuments with Sculpture, and Monuments without Sculpture including the base for Monuments with Cannon. Instability in the sculpture and its base can be detected by a number of factors. Indicators may be obvious or subtle. Visually examine the sculpture and its base.

	Sculpture	Base
If hollow, is the internal support unstable/exposed? (Look for signs of exterior rust)	_____	_____
Any evidence of structural instability? (Look for cracked joints, missing mortar or caulking or plant growth)	_____	_____
Any broken or missing parts? (Look for elements (i.e., sword, musket, hands, arms, etc. - missing due to vandalism, fluctuating weather conditions, etc.)	_____	_____
Any cracks, splits, breaks or holes? (Also look for signs of uneven stress & weakness in the material)	_____	_____

Surface Appearance (check as many as may apply)

	Sculpture	Base
Black crusting	_____	_____
White crusting	_____	_____
Etched, pitted, or otherwise corroded (on metal)	_____	_____
Metallic staining (run-off from copper, iron, etc.)	_____	_____
Organic growth (moss, algae, lichen or vines)	_____	_____
Chalky or powdery stone	_____	_____
Granular eroding of stone	_____	_____
Spalling of stone (surface splitting off)	_____	_____
Droppings (bird, animal, insect remains)	_____	_____
Other (e.g., spray paint graffiti) - Please describe...	_____	_____

Does water collect in recessed areas of the Memorial? _____ Yes ☒ No _____ Unable to tell

Surface Coating

Does there appear to be a coating? _____ Yes _____ No ☒ Unable to determine

If known, identify type of coating.

_____ Gilded _____ Painted _____ Varnished _____ Waxed ☒ Unable to determine

Is the coating in good condition? ☒ Yes _____ No _____ Unable to determine

Basic Surface Condition Assessment (check one)

In your opinion, what is the general appearance or condition of the Memorial?

☒ Well maintained _____ Would benefit from treatment _____ In urgent need of treatment _____ Unable to determine

Briefly describe the Memorial (affiliation / overall condition & any concern not already touched on) .

Inspector's Name SANDRA COLE FLORES

Date 8/26/2026

SONS OF UNION VETERANS OF THE CIVIL WAR
CIVIL WAR MEMORIAL ASSESSMENT FORM
ADDENDUM – NARRATIVE

[Generally used to record the text of monuments, but may be used for any other useful information, such as if the monument has been moved or if you have information about the day of dedication. May repeat use of page as often as necessary.]

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County SANGAMON

State ILLINOIS

Zip Code 62707

TEXT

Inspector's Name _____ Date _____

From *The Bivouac of the Dead*

By Theodore O'Hara

The muffled drum's sad roll has beat
The soldier's last tattoo;
No more on life's parade shall meet
That brave and fallen few.
On Fame's eternal camping-ground
Their silent tents are spread,
And Glory guards, with solemn round,
The bivouac of the dead.