



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 301-319-0000



AUTOPSY EXAMINATION REPORT

Name: Abdul Rahim, Mohammed Hashim
 ISN: (b)(6)
 Date of Birth: (b)(6) 1976
 Date of Death: (b)(6) 2007
 Date of Autopsy: 17 JUL 2007 at 0900

Autopsy No.: (b)(6)
 AFIP No.: (b)(6)
 Rank: NA
 Place of Death: Camp Bucca, Iraq
 Place of Autopsy: Port Mortuary
 Dover AFB, DE

Date of Report: 30 JUL 2007

Circumstances of Death: According to initial investigative reports, (b)(6) (b)(6) was brought to the guard shack, at Theater International Facility, Camp Bucca, Iraq, by other detainees who found him unconscious and bleeding. Despite institution of resuscitative efforts, he was without signs of life when evaluated at the camp hospital.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

Identification: Detainee serial number

CAUSE OF DEATH: MULTIPLE BLUNT AND SHARP FORCE INJURIES

MANNER OF DEATH: HOMICIDE

AUTOPSY DIAGNOSES:

I. Injuries

A. Head and Neck

1. Midline, vertex of the scalp, laceration, 1-1/2 inches, with adjacent 1-1/4 x 1/2 inch abrasion and evidence of underlying subgaleal hemorrhage; no underlying skull fracture identified
2. Occipital scalp on the left side, abrasion, 1/2 x 1/2 inches, with evidence of underlying subgaleal hemorrhage; no underlying skull fracture identified
3. Left fronto-temporal scalp, abrasion, 1 x 1/2 inches
4. Right eyebrow, lateral aspect, contusion, 3/4 x 1/4 inch
5. Right zygomatic area, contusion, 3/4 x 1/2 inch
6. Extensive injuries to the right and left eyes are present
 - a. right eye injuries include:
 - i. upper eyelid, medial, deep penetrating wound, 3/4 inch
 - ii. upper eyelid, lateral, penetrating wound, 1/8 inch
 - iii. lower eyelid, lateral, penetrating wound, 1/8 inch
 - b. left eye injuries include:
 - i. upper eyelid, lateral, ragged penetrating wounds, 1-1/4 inches and 3/4 x 1/2 inch respectively
 - ii. lower lid, medial, penetrating wound, 3/4 x 1/4 inch
 - iii. enucleation of the left globe with tearing of the extra-ocular muscles and transection of the optic nerve
7. Lower lip, mucosal surface, abrasion, 1 inch
8. Absence/avulsion of the anterior 1/3 of the tongue
9. Chin, through-and-through laceration, 1/2 inch defect through the skin surface, communicates with a 3/4 inch defect of the mucosal surface of the lower lip
10. Maxillary injuries include
 - a. fracture of the left side anteriorly
 - b. avulsion of teeth 9 and 11, with associated lacerations of the sockets
 - c. partial avulsion of tooth 8 with associated laceration of the socket
11. Fracture of the nasal bone (radiographically)
12. Fracture of the bones of right ethmoid sinus (radiographically)

B. Torso

1. Posteriorly, complex patterned contusion on the upper back on the left side, extending over a 5 x 4 inch area with evidence of hemorrhage into the subjacent soft tissue
2. Posteriorly, linear contusion, extending from the middle of the lower back to the right posterior axillary fold, 8 x 1 inches
3. Posteriorly, contusion-abrasion, middle of the back on the left, 1 inch in maximal dimension
4. Evidence of hemorrhage into the cervical paraspinous soft tissues posteriorly
5. Evidence of hemorrhage into the soft tissues overlying the right and left scapulae and associated fractures of the right and left scapulae

6. Anteriorly, discontinuous linear patterned contusion, extending from the right shoulder and upper chest, across the middle of the upper chest and onto the left upper chest and shoulder, 22 inches in length, with width varying from 1-1/4 inches up to 2-1/2 inches associated with
 - a. fractures of the sternum and right ribs 2 – 4 at the costo-sternal junction
 - b. associated evidence; of hemorrhage into the adjacent soft tissues of the anterior chest wall
 - c. evidence of adventitial and peri-adventitial hemorrhage adjacent to the left anterior descending coronary artery
 - d. minute (up to 0.2 cm) lacerations of the posterior aorta
 - e. evidence of hemorrhage into the adjacent paraspinous soft tissues
 - f. left hemothorax (50 cc)

C. Extremities

1. Left upper extremity
 - a. faint contusion, posterior elbow, 4 x 3 inches
 - b. fracture dislocation of the left elbow
2. Left lower extremity
 - a. linear superficial abrasion, proximal thigh, antero-medially, 2-1/2 x 1/2 inches
 - b. superficial abrasions surrounding the knee, 1 inch and 2 inches respectively
 - c. complex, discontinuous contusion, anterior surface of the distal thigh and knee, 7 x 5 inches
 - d. linear contusion proximal thigh posteriorly, 2 x 1-1/2 inches
 - e. diffuse erythema (contusion) over the popliteal fossa, 8x 5 inches
 - f. evidence of hemorrhage into the soft tissue of the popliteal fossa
 - k. multiple penetrating wounds, extending over the anterior surface of the leg, from the proximal leg to the distal leg, ranging from 1/2 inch up to 1 inch in maximal dimension
 - l. superficial penetrating wound, dorsal surface of the foot, 3/4 inch
 - m. fracture of the proximal tibia
 - n. fracture of the distal tibia and fibula
 - o. fracture of the distal fibula at the lateral malleolus
 - p. multiple fractures of the bones of the left foot including: the cuneiforms and the 1st and 3rd metatarsals
3. Right upper extremity
 - a. incised wound through the skin of the antecubital fossa, 2-1/2 x 3/4 inches and evidence of injury to the subjacent neurovascular structures including the brachial artery and antecubital vein
 - b. fracture dislocation of the elbow
4. Right lower extremity
 - a. evidence of hemorrhage into the soft tissue of the right buttock
 - b. linear contusion, proximal thigh, postero-medially, 7 x 1-1/2 inches in maximal dimensions

4. Right lower extremity injuries (cont.)
 - c. linear contusion, postero-lateral proximal thigh extending into the popliteal fossa, 8 x 1 inches
 - d. evidence of hemorrhage into the soft tissue of the popliteal fossa
 - e. discontinuous contusion, antero-lateral surface of the proximal thigh, extending over a 6 x 5 inch area
 - f. diffuse erythema (contusion) surrounding the knee, extends over a 6-1/2 x 5-1/2 inch area
 - g. superficial abrasions, right knee, 1/2 x 1/4 inch and 1 x 3/4 inch, respectively
 - h. discontinuous contusions, anterior surface of the leg, extend over an area 10 x 4 inches
 - i. superficial incised wounds, anterior surface of the leg, range up to 1/2 x 1/2 inch in maximal dimensions
 - j. fracture of the distal femur
 - k. comminuted fractures of the proximal tibia and fibula
 - l. fractures of the distal tibia and fibula
 - m. multiple fractures of the bones of the leg including proximal and distal tibia and fibula
 - n. fracture of the lateral malleolus of the right ankle
 - o. multiple fractures of the bones of the right foot including: the navicular, cuboid, 3rd and 4th metatarsals and the proximal phalanx of the great toe

II. Evidence of Medical Intervention

Unequivocal evidence of medical intervention is not identified

III. Evidence of Pre-existing Disease

- A. Well healed, variably pigmented scar extends obliquely over the surface of the right lower abdominal quadrant (consistent with an appendectomy scar)
- B. Dense pulmonary adhesions extending from the all visceral pleural surfaces to the adjacent parietal pleural surfaces
- C. Dense fibrous adhesions fuse adjacent loops of small and large bowel together
- D. Mild to moderate atheromatous narrowing of the left anterior descending coronary artery is noted within 1 cm of its origin
- E. Evidence of historically remote, healed fracture of the right humerus (radiographically)
- F. Evidence of bilateral spondylolysis at L5, (radiographically) or descending coronary artery is noted within 1 cm of its origin

IV. Identifying Marks

- A. Healed surgical scar, right lower abdomen
- B. (Radiographic) healed right humeral fracture

V. Toxicology

Negative

- VI. Post-mortem Changes
 - A. Resolving rigor mortis
 - B. Mild lividity evident posteriorly

EXTERNAL EXAMINATION

Injuries will be described in detail in a separate section, and will only be briefly alluded to in the remainder of the report, for purposes of orientation and completeness. The body, unclothed, is that of a well-developed, 67 inch tall, 162 pounds male whose appearance is consistent with the reported age of 30 years. Lividity is posterior and fixed, rigor is resolving, and the body is cooled to refrigeration temperature.

The scalp is covered with closely trimmed black, hair in the normal male distribution and a full, black moustache and closely trimmed full, black beard are present. The corneas are mildly opacified, the underlying irides are brown. The sclerae are clear. The ears are unremarkable. The nares are patent. The injuries to the mouth have been noted.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal circumcised adult male. The testes are descended and free of masses. Pubic hair is present in the usual male distribution. The injury to the right buttock has been noted. The anus is without evidence of trauma or other lesion. Apart from the injuries noted, the upper and lower extremities are symmetric and without clubbing or edema.

CLOTHING AND PERSONAL EFFECTS

There are no items of clothing accompanying the remains. There are no personal effects accompanying the remains.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- Fracture of the bones of the ethmoid sinus, nasal bones and maxilla
- Fractures of the sternum and costo-sternal fractures, right ribs 2 - 4
- Fracture dislocation of the left elbow complex
- Fracture dislocation of the right elbow complex
- Fracture, remote-healed, of the right humerus
- Fracture of the distal right femur
- Multiple fractures of the right leg, including the proximal and distal tibia and fibula, and the lateral malleolus of the ankle
- Multiple fractures of the bones of the right foot including: the navicular, cuboid, 3rd and 4th metatarsals and the proximal phalanx of the great toe
- Fractures of the left leg include the proximal tibia, the distal tibia and fibula, and the lateral malleolus of the ankle
- Multiple fractures of the bones of the left foot including: the cuneiforms and the 1st and 3rd metatarsals
- Absence of radio-opaque foreign material

EVIDENCE OF INJURY

Scalp injuries include a 1-1/2 cm laceration of the vertex of the scalp associated with underlying , an adjacent 1-1/4 inch superficial abrasion and a 1/2 inch superficial abrasion of the occipital scalp. Facial injuries include a 3/4 inch contusion lateral to the right eyebrow, a 3/4 inch contusion over the right cheek and a through-and-through laceration of the chin. Injuries to the right eye include two penetrating wounds of the upper eyelid (1/8 up to 3/4 inch), and a penetrating wound of the lower eyelid (1/8 inch). The left eye has been enucleated from the socket and the optic nerve severed. The extra-ocular muscles of the eye have been lacerated, as have the upper eyelid (two penetrating wounds, 1-1/4 and 3/4 inches in maximal dimensions respectively) the lower eyelid (a 3/4 inch penetrating wound). A 1 inch abrasion is present on the mucosal surface of the lower lip, and inferior to this, a 3/4 inch laceration is continuous with the laceration to the chin. Teeth 9 and 10 are avulsed from their sockets in the maxilla, and tooth 8 is partially avulsed. There is evidence of abundant hemorrhage into and around the associated sockets. The anterior one-third of the tongue is absent. Radiographically identified injuries include fractures of the nasal bones, the bones of the right ethmoid sinus and the maxillary bone.

Torso injuries include: a complex 5 x 4 inch patterned contusion of the upper back on the left side; a linear 8 x 1 inch contusion, extending from the middle of the lower back to the right posterior axillary fold and a 1 inch contused abrasion in the middle of the back on the left side. Anteriorly, a ribbon-like, discontinuous linear patterned contusion, 22 inches long, extends from the shoulders onto the chest. Direct examination of the subjacent tissues discloses underlying injuries including: hemorrhage into the soft tissues of the anterior chest wall (associated with fractures listed below); evidence of adventitial and peri-adventitial hemorrhage adjacent to the left anterior descending coronary artery; minute (0.2 cm maximum) lacerations of the posterior aorta; evidence of hemorrhage into the adjacent paraspinous soft tissues, and a left hemothorax (50 cc). Additionally, there is evidence of hemorrhage into the cervical paraspinous soft tissues and into the soft tissues overlying the right and left scapulae. Radiographically defined torso injuries include fractures of the right and left scapulae, and fractures of the sternum and the right second through fourth ribs on the right, at the costo-sternal junction.

Left extremity injuries include: a contusion around the elbow, 4 x 3 inches; a fracture dislocation of the left elbow; complex, a linear superficial abrasion of the proximal thigh (2-1/2 x 1/2 inches); superficial abrasions surrounding the knee (up to 2 inches in maximal dimension); a discontinuous contusion, anterior surface of the distal thigh and knee, 7 x 5 inches; a linear contusion posterior thigh (2 x 1-1/2 inches); a contusion of the popliteal fossa; evidence of hemorrhage into the soft tissue of the popliteal fossa, and multiple incised wounds of the leg anteriorly (ranging up to 1 inch in maximal dimension), as well as a superficial, 3/4 inch incised wound of dorsum of the foot. Radiographically defined lesions of the left lower extremity include fractures of: the proximal tibia; the distal tibia and fibula; the lateral malleolus; the cuneiform bones of the midfoot and the first and third metatarsals of the forefoot.

EVIDENCE OF INJURY

(cont.)

Right extremity injuries include: an incised wound of the antecubital fossa (2-1/2 inches in maximal dimension) associated with injuries to the underlying brachial artery and antecubital vein; a fracture dislocation of the elbow; evidence of hemorrhage into the buttock; a linear contusion of the postero-medial surface of the proximal thigh (7 inches in maximal dimension); a linear contusion of the postero-lateral surface of the proximal thigh, which extends into the popliteal fossa (8 inches in maximal dimension); linear contusion posterior thigh (2 x 1-1/2 inches); superficial abrasions over the anterior surface of the right knee, 1/2 x 1/4 inch and 1 x 3/4 inch, respectively; a contusion of the popliteal fossa; evidence of hemorrhage into the soft tissue of the popliteal fossa; a discontinuous contusion of the antero-lateral surface of the proximal thigh which extends over a 6 x 5 inch area; diffuse erythema surrounding the knee which extends over a 6-1/2 x 5-1/2 inch area; discontinuous contusions over the anterior surface of the leg, extending over a 10 x 4 inch area; and superficial incised wounds of the anterior surface of the leg (up to 1/2 inch in maximal dimension). Radiographically defined lesions of the left lower extremity include fractures of: the distal femur; the proximal tibia and fibula; the distal tibia and fibula; the lateral malleolus, and multiple bones of the foot including the navicular, the cuboid, the 3rd and 4th metatarsals and the proximal phalanx of the great toe

INTERNAL EXAMINATION

HEAD:

Injuries to the scalp and face have been described. The blood vessels overlying the 1570 gram brain are engorged. The sulci and gyri are unremarkable, and on coronal sections, the demarcation between white and gray matter is distinct. There is no evidence of hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. Posteriorly, there is evidence of hemorrhage into the soft tissue surrounding the cervical spine. The anterior third of the tongue is absent

BODY CAVITIES:

Hemorrhage surrounds the fractured sternum and fractures of the costo-sternal joints of the 2nd through 4th ribs on the right. Dense fibrous adhesions extend between the lung surfaces and the parietal pleural surfaces. Bilateral pneumothoraces are present (radiographically). Approximately 50 cc of blood is present in the left hemithorax. There is no excess fluid in the right pleural space. No excess blood or fluid is present either in the pericardial sac, or in the peritoneal cavity. The organs of the thorax, abdomen and pelvis occupy their usual anatomic positions.

INTERNAL EXAMINATION

(cont.)

RESPIRATORY SYSTEM:

The right and left lungs weigh 580 and 460 gm, respectively. The dense fibrous adhesions over the plural surfaces have been noted. The pleural surfaces are otherwise unremarkable, and on section, the pulmonary parenchyma is uniformly deep purple, without evidence of mass lesion or areas of consolidation. The proximal airway is unremarkable.

CARDIOVASCULAR SYSTEM:

The 280 gm heart is contained in an intact pericardial sac. Adjacent to the pulmonary artery, along the posterior surface of the base of the heart, is a 0.6 cm contusion. The epicardial surface is otherwise smooth, with scant fat investment. The coronary arteries are present in a normal distribution. Petechial hemorrhage permeates the epicardial fat surrounding the proximal segment of the left anterior descending coronary artery. There is no evidence of an atheromatous lesion or thrombus. The remaining coronary arterial vessels are unremarkable. The myocardium is homogenous, red-brown, and firm without evidence of focal lesion or injury. The valve leaflets are thin and mobile. The walls of the left and right ventricular free walls are 1.0 and 0.2 cm thick, respectively; the interventricular septum is 0.9 cm thick. The endocardium is red-brown and without evidence of focal lesion or injury. The aorta arises and is distributed in the usual pattern. Hemorrhage into the soft tissue adjacent to the thoracic vertebral column emanates from several minute (less than 0.1 cm) lacerations in the posterior aortic wall. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1400 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 8 cc of green-black bile. There are no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 180 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. There is no focal lesion or evidence of injury.

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified

INTERNAL EXAMINATION

(cont.)

GENITOURINARY SYSTEM:

The right and left kidneys weigh 100 and 120 gm, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 30 cc of clear yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 40 cc of partially digested food. There are no pill fragments identified. The gastric wall is intact. The colonic segments and loops of small bowel are fused together by focally dense fibrous adhesions. Otherwise, the segments of the gastrointestinal tract are intact and unremarkable. The appendix is absent.

MUSCULOSKELETAL SYSTEM:

Muscle development is normal. Apart from the recent and remote (healed) injuries noted, no bone or joint abnormalities are noted.

MICROSCOPIC EXAMINATION

Small sections of formalin fixed tissue are retained for microscopy as necessary.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by the OAFME staff photographers.
- Specimens retained for toxicologic testing and/or DNA identification are: blood, vitreous fluid, bile, urine, gastric contents, brain, myocardium, lung, liver, spleen, kidney, adipose tissue and skeletal muscle.
- Full body radiographs are obtained and reflect injuries described above.
- Selected portions of organs are retained in formalin, without preparation of histologic slides.
- Fingernail parings are obtained from both hands, sealed in marked evidence envelopes, and custody maintained by Army CID.
- The dissected organs are forwarded with the body.
- Personal effects are released to the appropriate mortuary operations representatives.

OPINION

According to initial investigative reports (b)(6) was brought to the camp guard shack by other detainees who found him unconscious and bleeding. On transport to the facility hospital, it is reported that he was pulseless, without blood pressure and that his pupils were fixed and dilated.

At post-mortem exam, it is found that the decedent sustained multiple blunt and sharp force injuries. Individually, these injuries are sub-lethal; in aggregate however, the injuries caused loss of blood sufficient to result in death. Additionally, the intensity of the pain associated with the combined injuries would generate immense sympathetic nervous system stimulation such that a possible contributory cardiac dysrrhythmia cannot be excluded.

Finally, multiple dense pulmonary adhesions as well as bowel adhesions (indicative of prior infectious diseases) suggest that the decedent may have had a diminished reserve capacity to withstand injury and the pain induced when the injuries were inflicted.

The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms) BTB Abdul Rahim, Mohammed, Hashim		GRADE Grade 	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation 		NATION (i.e. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1978
			SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasien	<input type="checkbox"/> NEGROID Négride	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> PROTESTANT Protestant
	<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif	<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parents du défunt avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (include ZIP Code) Ville (Code postal complet)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Préciser une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.			Multiple blunt and sharp force injuries
ANTICIPATED CAUSES Symptômes précursseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort résultant de causes extérieures	
<input type="checkbox"/> NATURAL Mort naturelle	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> ACCIDENT Mort accidentelle	REASON PROVIDED BY AUTOPSY Description principale de l'autopsie		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste		
<input checked="" type="checkbox"/> HOMICIDE Homicide	(b)(6)	DATE Date 17 July 2007	AVIATION ACCIDENT Accident d'Aviat <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DATE OF DEATH Le (le jour, le mois, l'année) (b)(6) 2007 (b)(6)	PLACE OF DEATH Lieu de décès Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et certifie que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL PERSONNEL Nom du médecin militaire ou du médecin civilien		TITLE OR GRADE Titre ou grade Medical Examiner	
(b)(6)			
ADDRESS Adresse (b)(6)		INSTALLATION OR ADDRESS Installation ou adresse (b)(6)	
DATE Date 7/17/2007			

DD FORM 1300, APR 77 2064

REPLACES DA FORM 1300, 1 JAN 72 AND DA FORM 1300-10/64, 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0843

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CASHMAYORY	LOCATION OF CEMETERY OR CASHMAYORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (From 649 Catalog)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

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