

b(1)-d

CERTIFICATE OF DEATH (OVERSEAS)
Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation		NATION (e.g., United States) Pays IRAQ	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant CATHOLIC Catholique JEWISH Juif OTHER (Specify) Autre (Spécifier)
NEGROID Négróide		MARRIED Marié		
OTHER (Specify) Autre (Spécifier) ARABIC		WIDOWED Veuf		
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

MEDICAL STATEMENT Declaration médicale

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort.		GUNSHOT WOUND TO PELVIS 5 Hours
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	None
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	None
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²		None

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
ACCIDENT Mort accidentelle		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
HOMICIDE Homicide	SIGNATURE Signature	DATE Date
		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non

DATE OF DEATH (Hour, day, month, year)
Date de décès (l'heure, le jour, le mois, l'année)
2205, 30 OCT 03

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 je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci dessus

GRADE Grade
04 b(1)-2

DATE Date
30 OCT 03

¹ State disease, injury or complication which caused death
² State conditions contributing to the death, but not the cause of death
Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais pas le mode de mourir, telle qu'un arrêt de coeur, etc.

MEDCOM - 22446

b(2)-2

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL	
FOR USE OF THIS FORM, SEE AR 40-306. THE PROMPT AGENCY IS OFFICE OF THE SURGEON GENERAL.			
Instructions - Medical Officer in attendance will: Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.		Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.	
SECTION A - ATTENDING MEDICAL OFFICER'S REPORT			
PERSONAL DATA			
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available) IRAQI [REDACTED]		2. TIME OF DEATH (hour-day-month-year) 2:05 30 OCT 2003	3. MEDICAL EXAMINER, CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number		4. RELIGION	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH	
CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) GUNSHOT WOUND TO PELVIS		5 Hours
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	DUE TO (or as a consequence of) (1) NA (2)		
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. NA b.		
9. DATE 30 OCT 03	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE [REDACTED] MAJ/MC	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE [REDACTED]	
SECTION B - ADMINISTRATIVE ACTION			
TYPE OF ACTION	HOUR	DAY	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON			
13. POST ADJUTANT GENERAL NOTIFIED			
14. IMMEDIATE CO OF DECEASED NOTIFIED			
15. INFORMATION OFFICE NOTIFIED			
16. POST MORTUARY OFFICER NOTIFIED			
17. RED CROSS NOTIFIED			
18. OTHER (Specify)			
19.			
SECTION C - RECORD OF AUTOPSY			
20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input type="checkbox"/> NO		21. AUTOPSY ORDERED BY (Signature)	
22. PROVISIONAL PATHOLOGICAL FINDINGS			
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY	
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR	

b(2)-4

b(2)-2