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

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

**MEDICAL STATEMENT (Déclaration médicale)**

CAUSE OF DEATH (Enter only one cause per line)  
Cause du décès (N'indiquer qu'une cause par ligne)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<sup>1</sup>  
Maladie ou condition directement responsable de la mort:

OSW to Abdomen

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)	Acute renal failure
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE (Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire)	Traumatic injury secondary to Gun shot wound to the Abdomen
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> (Autres conditions significatives)		

MODE OF DEATH (Condition de décès)	AUTOPSY PERFORMED (Autopsie effectuée) <input type="checkbox"/> YES (Oui) <input 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)	[REDACTED]	
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 type="checkbox"/> NO (Non)

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

23 Nov 03 1113 hrs

PLACE OF DEATH (Lieu du décès)

[REDACTED] b(6)-2

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

NAME OF MEMBER (Nom du militaire ou du médecin sanitaire)

[REDACTED] M.D.

TITLE OR DEGREE (Titre ou diplôme)

M.D.

GRADE (Grade)

05

INSTALLATION OR ADDRESS (Installation ou adresse)

[REDACTED]

DATE (Date)

23 Nov 03

SIGNATURE (Signature)

[REDACTED] b(6)-4

<sup>1</sup> State disease, injury or complication which caused death, but not the primary cause of death, e.g., pneumonia, etc.  
<sup>2</sup> State conditions contributing to the death, but not related to the disease or injury causing death.  
<sup>1</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais ne pas la manière de mourir, telle qu'un arrêt du coeur, etc.  
<sup>2</sup> Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

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HOSPITAL REPORT OF DEATH

NAME AND LOCATION OF HOSPITAL

FOR USE OF THIS FORM, SEE AR 40-2: THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.

Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.

Instructions - Medical Officer in attendance will: 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)
[Redacted]
[Redacted]
[Redacted]
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH (Hour-day-month-year)
0113

3. MEDICAL EXAMINER/ CORONER'S CASE
[ ] YES [ ] NO

4. RELIGION
UNKNOWN

5. CHAPLAIN NOTIFIED
[ ] YES [x] 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, asthenia, etc. It means the disease, injury, or complication which caused death)

DUE TO (or as a consequence of)
PSW to chest/ABDOMEN

13 DAYS

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)
(2)

8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

a. ARDS
b. Renal Failure

9. DATE
23 NOV 2003

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE
[Redacted] b(2)-2

SECTION B - ADMINISTRATIVE

Table with columns: TYPE OF ACTION, HOUR, DAY, MONTH, YEAR, INITIALS OF RESPONSIBLE OFFICER. Rows include: 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)
[ ] YES [ ] 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

**BATES PAGE MEDCOM 23869 HAS BEEN  
WITHHELD IN ITS ENTIRITY PURSUANT TO  
FOIA EXEMPTIONS 6 AND 7, 5 U.S.C.  
552(B)(6) AMD (B)(7)(C).**

**Photo depicting deceased.**

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