

CERTIFICATE OF DEATH

INTERNMENT SERIAL NUMBER

For use of this form, see AR 190-8; the proponent agency is DCSPER.

FROM: Commander, (b)(3)-1 Abu Ghraib Prison, Iraq, APO 09335

TO:

Commander (b)(3)-1 Iraq

NAME (Last, first, MI) (b)(6)-4 GRADE UNKNOWN SERVICE NUMBER (b)(6)-4

NATIONALITY IRAQI POWER SERVED IRAQ PLACE OF CAPTURE/INTERNMENT AND DATE ABU GHRAIB PRISON, 20040123

PLACE OF BIRTH UNKNOWN DATE OF BIRTH 1/1/50

NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN UNKNOWN FIRST NAME OF FATHER (b)(6)-4

PLACE OF DEATH ABU GHRAIB PRISON DATE OF DEATH 19 FEBRUARY 2004 CAUSE OF DEATH CARDIC / GASTRIC BLEED

PLACE OF BURIAL NA DATE OF BURIAL NA

IDENTIFICATION OF GRAVE NA

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)
- RETAINED BY DETAINING POWER
- FORWARDED WITH DEATH CERTIFICATE TO (Specify)
- FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).
Patient collapsed at Camp Ganci 6 - Medics began CPR on scene. Patient seized prior to transport. Patient brought to inprocessing - Intubation attempted by Medics - Unsuccessful. IV access gained. CPR terminated at 19:25 HRS.

--- Cause of Death - Carpiopulmonary Arrest. No signs of trauma to Deceased.

Signature section containing fields for Date (19 Feb 04), Signature of Medical Officer (LTC, MC), Signature of Commanding Officer (B6-2), and Witnesses (Medical NCOIC).

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

Table with columns: DATE, SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION. Includes handwritten entries for 19 FEB 01, symptoms of amnesia/dizziness, and treatment details including CPR and bagging.

Table with columns: HOSPITAL OR MEDICAL FACILITY, STATUS, DEPART./SERVICE, RECORDS MAINTAINED AT, SPONSOR'S NAME, SSN/ID NO., RELATIONSHIP TO SPONSOR.

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) REGISTER NO. WARD NO.

EPW Gancy #6

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRM (41 CFR) 201-9.202-1 USAPA V2.00

FOR OFFICIAL MEDCOM - 492

EXHIBIT



ARMED FORCES INSTITUTE OF PATHOLOGY  
Office of the Armed Forces Medical Examiner  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850  
1-800-944-7912



**PRELIMINARY AUTOPSY REPORT**

Name:   
SSAN: N/A  
Date of Birth: BTB 1 JAN 1950  
Date of Death: 19 FEB 2004  
Date of Autopsy: 28 FEB 2004  
Date of Report: 28 FEB 2004

Autopsy No.: ME 04-101  
AFIP No.: Pending  
Rank: Iraqi Civilian  
Place of Death: Abu Ghraib Prison  
Place of Autopsy: BIAP Mortuary  
Baghdad Airport, Iraq

**Circumstances of Death:** This believed to be 54 year old Iraqi male civilian was a detainee of the U.S. Armed Forces at Camp Ghanci, Abu Ghraib Prison, Iraq, when he was brought to the main gate unconscious by other detainees. The decedent reported an inability to urinate to medics earlier on the day of his death. When brought to the gate the other detainees reported the decedent was dizzy and nauseated prior to losing consciousness.

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

**Identification:** Identification is established by visual examination by CID agents.

**CAUSE OF DEATH:** Acute Peritonitis secondary to Perforating Gastric Ulcer.

**MANNER OF DEATH:** Natural

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Acute Peritonitis secondary to Gastric Ulcer Perforation
  - A. Perforating gastric ulcer of pyloric region of the stomach associated with 900 mls of purulent ascites and fibrinous exudate on the surface of the intestines, liver and spleen.
- II. Mild atherosclerosis of the right coronary artery (< 25% stenosis).
- III. Dense fibrous adhesions of the left lung to the parietal pleura of the left hemithorax.

10

These findings are preliminary, and subject to modification pending further investigation and laboratory testing.

FOR OFFICIAL USE ONLY  
MEDCOM - 493

EXHIBIT

4

**AUTOPSY REPORT ME04-101**

(b)(6)-4

[Redacted box]

IV. Mild decomposition.

V. Toxicology pending.

(b)(6)-2

[Redacted box]

*MAJ, MC*

(b)(6)-2

[Redacted box]

D.O.

MAJ MC USA

Deputy Medical Examiner

FOR OFFICIAL

MEDCOM - 494

EXHIBIT 4

0036-04-00259-  
8015,



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
Office of the Armed Forces Medical Examiner  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850  
1-800-944-7912



**FINAL AUTOPSY EXAMINATION REPORT**

Name:   
SSAN: IN/A  
Date of Birth: BTB 1 JAN 1950  
Date of Death: 19 FEB 2004  
Date of Autopsy: 28 FEB 2004  
Date of Report: 25 JUN 2004

Autopsy No.: ME 04-101  
AFIP No.: 2917545  
Rank: Iraqi Civilian  
Place of Death: Abu Ghraib Prison  
Place of Autopsy: BIAP Mortuary  
Baghdad Airport, Iraq

**Circumstances of Death:** This believed to be 54 year old Iraqi male civilian was a detainee of the U.S. Armed Forces at Camp Ghanci, Abu Ghraib Prison, Iraq, when he was brought to the main gate unconscious by other detainees. The decedent reported an inability to urinate to medics earlier on the day of his death. When brought to the gate the other detainees reported the decedent was dizzy and nauseated prior to losing consciousness.

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

**Identification:** Identification is established by visual examination by CID agents.

**CAUSE OF DEATH:** Acute Peritonitis secondary to Perforating Gastric Ulcer.

**MANNER OF DEATH:** Natural

**FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE**

15

**EXHIBIT # 7**

**AUTOPSY REPORT ME04-101**

(b)(6)-4

**FINAL AUTOPSY DIAGNOSES:**

- I. Acute Peritonitis secondary to Gastric Ulcer Perforation
  - A. Perforating gastric ulcer of pyloric region of the stomach associated with 900 mls of purulent ascites and fibrinous exudate on the surface of the intestines, liver and spleen.
- II. Mild atherosclerosis of the right coronary artery (< 25% stenosis).
- III. Dense fibrous adhesions of the left lung to the parietal pleura of the left hemithorax.
- IV. Mild decomposition.
- V. Toxicology is negative for ethanol, drugs of abuse and cyanide.

**FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE**

**EXHIBIT # 7**

**AUTOPSY REPORT ME04-101**

b(6)-4

3

**EXTERNAL EXAMINATION**

The body is that of a well-developed 71 1/2 inch long, 185-190 pounds (estimated) male Iraqi civilian whose appearance is consistent with the reported age of 54 years. Lividity is difficult to assess because of dark skin pigmentation and early decomposition. Rigor is easily broken, and the temperature is ambient. Marbling of the skin of the arms, abdomen and lower legs are consistent with early decomposition changes.

The scalp is covered with black and gray hair in a normal distribution. The irides are obscured by clouded corneas but appear dark colored and the pupils appear round and equal in diameter. The conjunctivae are free of injuries. The external auditory canals are dry and free of abnormal secretions. The left ear is missing the top portion of the helix (remote injury) and the right ear is unremarkable. The nares are patent, the nasal septum is intact and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in fair repair.

The neck is straight. A 0.7 x 0.5 cm nevus is on the posterior neck. The trachea is midline and mobile. The chest is symmetric and free of external injuries. A 5.2 x 3.1 cm oval area of hyperpigmented skin is on the right side of the abdomen. The abdomen is flat and free of palpable masses. The genitalia are those of a normal adult circumcised male. There are multiple pink (hypopigmented) areas of skin on the glans penis. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The left buttock has a 4.9 x 1.9 cm oval scar. The anus is atraumatic and has non-thrombosed external hemorrhoids.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are chipping and splitting and the web spaces between the fingers and toes are free of injuries. A 9.5 x 3.5 irregular scar is on the anterior lateral aspect of the left thigh and a 5.2 x 2.2 cm scar is immediately below the left knee.

**CLOTHING AND PERSONAL EFFECTS**

The following clothing items and personal effects are present on the body at the time of autopsy:

The decedent was received nude for autopsy examination.

**MEDICAL INTERVENTION**

There are no medical appliances on the body at the time of autopsy. Cardiopulmonary resuscitation was reportedly done at the time of the decedent's collapse.

**RADIOGRAPHS**

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

Air under the diaphragm

No long bone fractures or foreign bodies.

**FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE**

**EXHIBIT # 7 17**

**AUTOPSY REPORT ME04-101**

(b)(6)-4

4

**EVIDENCE OF INJURY**

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity. All wound pathways are given relative to standard anatomic position.

There are no significant injuries.

**INTERNAL EXAMINATION****HEAD:**

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1450 gm brain, which is softened, discolored and has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and gray matter, without 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. The atlanto-occipital joint is stable.

**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 gray-white mucosa. The thyroid gland is symmetric, red-brown and without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

**BODY CAVITIES:**

The ribs, sternum, and vertebral bodies are visibly and palpably intact. The right pleural cavity contains approximately 400 ml of bloody fluid. The pericardial sac contains approximately 30 ml of serosanguineous fluid and the peritoneal cavity contains approximately 900 ml of purulent ascites. The organs occupy their usual anatomic positions.

**RESPIRATORY SYSTEM:**

The right and left lungs each weigh 1100 gm. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. The left lung is densely adherent to the parietal pleura of entire left hemithorax. No mass lesions or areas of consolidation are present in either lung.

**CARDIOVASCULAR SYSTEM:**

The 475 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show mild atherosclerosis (< 25% stenosis) of the left anterior descending branch of the left coronary artery and right coronary artery. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.2 and 0.3-cm thick, respectively. The endocardium is smooth and

**FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE**

**EXHIBIT # 7**

18

**AUTOPSY REPORT ME04-101**

b(6)-4

5

glistening. The aorta gives rise to three intact and patent arch vessels and has mild atherosclerosis. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 1275 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 a minute amount of green-black bile and no stones. The gallbladder mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 175 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. No mass lesions or other abnormalities are seen.

**ADRENALS:**

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

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 150 gm and 130 gm, respectively. The external surfaces are coarsely granular. 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 a scant amount of 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, gray-white mucosa. The stomach contains no food. A perforating ulcer, 1.5 x 1.0 cm on the mucosal surface of the stomach and 0.6 x 0.6 cm on the serosal surface, is in the pyloric region of the stomach. The greater omentum is adherent to the serosal surface of the stomach and surrounds the perforation of the stomach wall. The abdominal cavity contains approximately 900 ml of purulent ascites and fibrinous material covering the intestines, liver, and spleen. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by an OAFME photographer.
- Specimens retained for toxicologic testing and/or DNA identification are: blood, spleen, liver, lung, kidney, brain, bile, gastric contents, and psoas muscle.
- The dissected organs are forwarded with body.

**FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE**

**EXHIBIT # 7**

19

**AUTOPSY REPORT ME04-101**

(b)(6)-4

- Personal effects are released to the appropriate mortuary operations representatives.

**MICROSCOPIC EXAMINATION**

Selected portions of organs are retained in formalin, without preparation of histologic slides.

**FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE**

**EXHIBIT # 7**

**AUTOPSY REPORT ME04-101**

7

(b)(6)-4

**OPINION**

This believed to be 54 year old Iraqi male died from acute peritonitis (inflammation of the abdominal cavity) that was caused by an ulcer that perforated through the stomach wall. The gastric contents and secretions spilled into the abdominal cavity causing the inflammation and infection. The decedent was most likely septic (bacteria in the blood system) and that caused his dehydration and kidney failure. His kidney failure was manifested in his inability to form urine. Kidney failure would then cause acid/base derangements, which then caused a fatal cardiac arrhythmia. The manner of death is natural.

(b)(6)-2

*MAJ MC USA*  
*JAC*  
*06*

(b)(6)-2 D.O.

MAJ MC USA  
Deputy Medical Examiner

**FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE**

**EXHIBIT # 7**

21