

CERTIFICATE OF DEATH

For use of this form, see AR 190-8; the preparing agency is DCSM/RA

LAB

0073004 CID 200 00186

FROM:

TO:

NAME (Last, first, MI) <small>(b)(6)-4</small>		GRADE	SERVICE NUMBER
NATIONALITY IRAQI	POWER SERVED	PLACE OF CAPTURE (INTERMENT AND) DATE	
PLACE OF BIRTH		DATE OF BIRTH	
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN		FIRST NAME OF FATHER	
PLACE OF DEATH BCE	DATE OF DEATH 16 JAN 04	CAUSE OF DEATH CARDIAC ARREST	DATE OF BURIAL
PLACE OF BURIAL		DATE OF BURIAL	
IDENTIFICATION OF GRAVE			

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).

PT. WAS ABOUT TO START MORNING PRAYER WHEN HE COLLAPSED - TAKEN TO ERRAI CLINIC - SEEN BY DR. [REDACTED] - CPR INITIATED - FAILED TO RESUSCITATE PT. PRONOUNCED DEAD @ 05:45 - 16 JAN 04.

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE 16 Jan 04	SIGNATURE OF MEDICAL OFFICER [REDACTED] LTC, MC
	SIGNATURE OF COMMANDING OFFICER <small>(b)(6)-2</small>	
	SIGNATURE	ADDRESS

DA FORM 2669-R, MAY 82

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USAPPC V1.00

EXHIBIT 4

Dear Sir,

0032-04-001 30136

I'm Dr. (b)(6)-2

a Junior physician, working in
ABU GHURAB prison hospital.

At about 5:45 A.M, Prisoner in Number (b)(6)-4 was Brought
to the Casualty, Suffering From Fully dilated Both pupils
and absence of Both heart beats and respiration.

taking a (b)(6)-4 history while taking Cardiac message From
the other prisoners revealed that the attack came to him
at the early Morning while he was praying, they said that
he suddenly lost his consciousness and his Breathing was stopped
In addition to the presence of a frothy material coming out of his
Mouth.

The real cause of Death is Unknown, Such cases requires A

(b)(6)-2



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: (b)(6)-4
 Autopsy No.: ME04-38
 Internment Sequence Number: (b)(6)-4
 Date of Birth: 15 November 1978:
 Date/Time of Death: 16 January 2004/0545
 Place of Death: Abu Ghurayb Prison, Iraq
 Date/Time of Autopsy: 02 February 2004/ 1400
 Place of Autopsy: Mortuary Facility, Baghdad International Airport, Iraq

Circumstances of Death: Collapsed while performing morning prayers.

Authorization for Autopsy: Armed Forces Medical Examiner, per 10 U.S. Code 1471

Identification: Identification Tag

PRELIMINARY AUTOPSY DIAGNOSIS:
I. NO EVIDENCE OF SIGNIFICANT TRAUMA

II. BILATERAL PULMONARY EDEMA (850 GRAMS EACH).

III. TOXICOLOGIC AND MICROSCOPIC EXAMINATION PENDING

CAUSE OF DEATH: PENDING
MANNER OF DEATH: PENDING

/original signed/
(b)(6)-2 MD
 CAPT MC USN
 Regional Armed Forces Medical Examiner

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



AUTOPSY EXAMINATION REPORT

Name: (b)(6)-4
Autopsy No.: ME04-38
AFIP Number: 2914569
Internment Sequence Number: (b)(6)-4
Date of Birth: 15 November 1978
Date/Time of Death: 16 January 2004/0545
Place of Death: Abu Ghurayb Prison, Iraq
Date/Time of Autopsy: 02 February 2004/ 1400
Place of Autopsy: Mortuary Facility, Baghdad International Airport, Iraq

Circumstances of Death: Collapsed while performing morning prayers.

Authorization for Autopsy: Armed Forces Medical Examiner, per 10 U.S. Code 1471

Identification: Identification Tag

CAUSE OF DEATH: MYOCARDITIS

MANNER OF DEATH: NATURAL

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AUTOPSY REPORT ME04-038

b(6)-4

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FINAL AUTOPSY DIAGNOSES:

- I. CARDIOVASCULAR SYSTEM:**
 - A. MYOCARDITIS WITH FOCAL NECROSIS AND SCARRING**
 - B. FOCAL MODERATE CORONARY ATHEROSCLEROSIS**
 - 1. 60% STENOSIS OF PROXIMAL LEFT ANTERIOR DESCENDING CORONARY ARTERY**
 - 2. 40% STENOSIS OF LEFT MAIN CORONARY ARTERY**
- II. RESPIRATORY SYSTEM:**
 - A. BILATERAL PULMONARY EDEMA (850 GRAMS EACH)**
- III. HEPATOBILIARY SYSTEM:**
 - A. FOCAL HEPATIC STEATOSIS**
- IV. NO EVIDENCE OF SIGNIFICANT TRAUMA**
- V. TOXICOLOGY IS NEGATIVE FOR ETHANOL, DRUGS OF ABUSE, AND CYANIDE**

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AUTOPSY REPORT ME04-038

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EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular, 74 inch tall male whose appearance is consistent with the reported age of 25 years. Lividity is present in the posterior dependent portions of the body, except in areas exposed to pressure. Upon initial examination, the body is frozen. Thawing is accomplished over four days. Rigor has passed, and the temperature is eventually that of ambient room.

The scalp is covered with straight black hair in a normal distribution. A beard is present. The irides are brown and the pupils are round and equal in diameter. No conjunctival petechias are present. The external auditory canals are unremarkable. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in good condition.

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 adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. There is no external evidence of trauma.

CLOTHING AND PERSONAL EFFECTS

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

- Grey shirt
- Grey sweatshirt
- Orange jumpsuit
- White boxers
- 2 pairs of socks, one white, one black
- Blanket

MEDICAL INTERVENTION

There is no evidence of recent medical intervention.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates no evidence of skeletal trauma.

EVIDENCE OF INJURY

There is no evidence of significant recent injury.

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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 1300 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey 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:

A separate layerwise dissection of the neck is performed. The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, 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. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 850 gm each. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 450 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. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 2.0 and 0.8 cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable (see AFIP consultation report below).

LIVER & BILIARY SYSTEM:

The 2450 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 mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

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SPLEEN:

The 360 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 grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 220 grams each. 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 no 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 30 cc of brown fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by AFIP photographer.
- Specimens retained for toxicologic testing and/or DNA identification are: blood, spleen, liver, brain, bile.
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives

MICROSCOPIC EXAMINATION

Cassette Summary:

1. Right ventricle
2. Anterior left ventricle
3. Interventricular septum
4. Liver
5. Spleen
6. Kidney
7. Brain
8. Lung
9. Lung
10. Pancreas

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Microscopic Description:

BRAIN: unremarkable.

LUNGS: eosinophilic proteinaceous material within alveolar spaces bilaterally.

HEART: see AFIP consultation below.

LIVER: focal macrovesicular steatosis without inflammation or increased fibrosis.

SPLEEN: autolytic; otherwise unremarkable.

PANCREAS: autolytic; otherwise unremarkable.

KIDNEY: autolytic; otherwise unremarkable.

B6-2

**CONSULTATION FROM DR. [REDACTED] CARDIOVASCULAR
PATHOLOGY DEPARTMENT, ARMED FORCES INSTITUTE OF PATHOLOGY:**

Heart: 450 grams; normal epicardial fat; closed foramen ovale, normal left ventricular chamber dimensions: left ventricular cavity diameter 40 mm, left ventricular free wall thickness 13 mm, ventricular septum thickness 15 mm; right ventricular thickness 4 mm, without gross scars or abnormal fat infiltrates; marked post-mortem decompositional changes, otherwise unremarkable valves, endocardium, and myocardium; histologic changes show multiple foci of interstitial and replacement fibrosis, some of which are associated with lymphocytic infiltrates; a section from the posterior left ventricle shows a subepicardial focus of granulomatous inflammation with central fibrinoid necrosis; special stains including Brown-Brenn, Brown-Hopps, Ziehl-Neelsen, GMS, and Warthin-Starry are negative for microorganisms.

Coronary Arteries: Normal ostia; right dominance; focal moderate atherosclerosis:
Left main coronary artery: 40% luminal narrowing by pathologic intimal thickening
Left anterior descending coronary artery: 60% narrowing of proximal LAD by pathologic intimal thickening; no other significant atherosclerosis.

Diagnosis:

1. Myocarditis with focal necrosis and scarring
2. Focal moderate coronary atherosclerosis

Comment: In most instances myocarditis is caused by viral organisms, however the histologic appearance in this case is atypical with areas of granulomatous inflammation and fibrinoid necrosis. The granulomas do not have the usual non-necrotizing appearance of sarcoidosis. All special stains for microorganisms are negative. Other possible causes of myocarditis includes various bacterial, fungal, and Mycobacterial

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AUTOPSY REPORT ME04-038

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organisms, and negative stains do not indicate absence of disease. This case was also reviewed by the Infectious Disease Department.

OPINION

This 25 year-old detainee died as a result of MYOCARDITIS (inflammation of the heart). There is no evidence of significant trauma. The manner of death is NATURAL.

(b)(6)-2
[Redacted]

02 April 2004

(b)(6)-2 MD

CAPT MC USN
Regional Armed Forces Medical Examiner

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0012-04-03252
80106

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (b)(6)-4		GRADE Grade	BRANCH OF SERVICE Arme
ORGANIZATION Organisation Detainee in Iraq		NATION (Incl. United States) Pays Iraq	DATE OF BIRTH Date de naissance
RADE Rang		MARITAL STATUS Stat Civil	RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique <input type="checkbox"/> NEGRO Négré <input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> SINGLE Célibataire <input type="checkbox"/> MARRIED Marié <input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> DIVORCED Divorcé <input type="checkbox"/> SEPARATED Séparé <input type="checkbox"/> JEWISH Juif	<input checked="" type="checkbox"/> PROTESTANT Protestant <input type="checkbox"/> CATHOLIC Catholique <input type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom de plus proche parent		RELATIONSHIP TO DECEASED Parents du défunt avant le décès	
STREET ADDRESS Adresse à l'usage		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Indicate only those causes per ICD) Cause de décès (Indiquer qu'une cause par ICD)			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		Myocarditis	
ANTECEDENT CAUSES Symptômes précédents 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, LEADING TO PRIMARY CAUSE Cause sous-jacente, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Cause de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort survenues par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle <input type="checkbox"/> ACCIDENT Mort accidentelle <input type="checkbox"/> SUICIDE Suicide <input type="checkbox"/> HOMICIDE Meurtre	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie non au personnel CAPT, MC, USN		
DATE OF DEATH Date de décès 18 Jan 2004	DATE Date 02 Feb 2004	AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
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 constaté que le décès est intervenu à l'époque indiquée et à la suite des causes énumérées ci-dessus.			
NAME (b)(6)-2		TITLE OR DEGREE Titre ou diplôme Armed Forces Medical Examiner	
GRADE Grade CDR		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902	
DATE Date 14 JAN 2004		SIGNATURE Signature CDR MC USN AFMC	
This document, injury or compensation which accrues Cette notification concernant le décès, but not reported in the absence of a medical examination.			
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