

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

b(u)-u

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) SI- [redacted] b(u)-u		GRADE Grade CN	BRANCH OF SERVICE Arme CIV	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale [redacted]
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		OTHER (Specify) Autre (Spécifier) Muslim
NEGROID Nègre		MARRIED Marié		
OTHER (Specify) Autre (Spécifier) Iraqi		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 Déclaration 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 Maladie ou condition directement responsable de la mort.		Gsw to head	
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	
		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS? 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		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
HOMICIDE Homicide	SIGNATURE Signature	DATE Date
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non
PLACE OF DEATH Lieu de décès		

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 MEDICIAN Nom du médecin militaire ou du médecin sanitaire	TITLE OR DEGREE Titre ou diplôme MD
GRADE Grade MAJ	INSURANCE OR BUSINESS ADDRESS [redacted]
DATE Date 30 Oct 00	SIGNATURE Signature [redacted]

<sup>1</sup> State disease, injury or complication which caused death, but not minor conditions contributing to the death, but not related to the disease or condition causing death.  
<sup>2</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non en 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.

HOSPITAL REPORT OF DEATH <small>FOR USE OF THIS FORM, SEE AR 4000. THE PROFORMING AGENCY IS OFFICE OF THE SURGEON GENERAL</small>		NAME AND LOCATION OF HOSPITAL				
<p><i>Instructions - Medical Officer in attendance will:</i>            Prepare, in one copy only, items 1 through 10 and sign item 11. <i>Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</i></p>						
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) SI- [redacted] [redacted] [redacted] Iraqi Civilian 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) 1940 30 Oct 03		3. MEDICAL EXAMINER CORONER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO		
		4. RELIGION Muslim		5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input 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, ashenia, etc. It means the disease, injury, or complication which caused death)		DUE TO (or as a consequence of) GSW to head		approx 30 min		
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) GSW to head / open skull fracture (2)				
9. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		a. [redacted] b. [redacted]				
9. DATE 30 Oct 03		10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE [redacted]				
SECTION B - ADMINISTRATIVE ACTION						
TYPE OF ACTION		HOUR	DAY	MONTH	YEAR	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		