

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	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	OTHER (Specify) Autre (Spécifier) <i>Muslim</i>	
NEGROID Nègre	MARRIED Marié	CATHOLIC Catholique		
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) <i>Iraqi</i>	WIDOWED Veuf	JEWISH Juif		
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		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
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 ¹ Maladie ou condition directement responsable de la mort.	<i>Gunshot wound to Pelvis</i>	
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	<i>Cardiac failure</i>	<i>48 hours</i>
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 ² Autres conditions significatives		

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 Mor: accidentelle		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
HOMICIDE Homicide	SIGNATURE Signature	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)	PLACE OF DEATH
<i>3 NOV 03</i>	[Redacted]
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED ABOVE AND I CONCLUDE THAT THE DEATH WAS CAUSED BY THE CAUSES ENUMERATED 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 MEDICAL OFFICER Nom du médecin	TITLE OR DEGREE Titre ou diplôme
<i>[Redacted]</i>	<i>M1</i>
GRADE	
<i>CPT</i>	<i>[Redacted]</i>
DATE	SIGNATURE
<i>3 NOV 03</i>	<i>[Redacted]</i>

¹ State disease, injury or complication which caused death.
² State conditions contributing to the death but not related to the death.
³ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la blessure.
⁴ Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la blessure.

record

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AP 10430. THE PROMPT AGENCY IS OFFICE OF THE SURGEON GENERAL

NAME AND LOCATION OF HOSPITAL

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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)

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

0054 3 NOV 03

3. MEDICAL EXAMINER, CORONER'S CASE

YES NO

4. RELIGION

5. CHAPLAIN NOTIFIED

YES NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

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, asphyxia, etc. It means the disease, injury, or complication which caused death)

DUE TO (or as a consequence of)

Gunshot to Pelvis

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) Cardiac failure

48 hours

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

a.

b.

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9. DATE

3 Nov 03

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE

LTC

11. SIGNATURE

ATTENDANCE

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION

HOUR

DAY

MONTH

YEAR

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)

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