

CERTIFICATE OF DEATH (OVERSEAS)
Acte de décès (à l'Outre-Mer)

DECEASED (Last, First, Middle) # [REDACTED] b(1)-4		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
NEGROID Négróide		MARRIED Marié		CATHOLIC Catholique
<input checked="" type="checkbox"/> 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		
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.		MULTIPLE GUNSHOT WOUNDS TO CHEST		~10 minutes
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 ² 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				
HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste	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)		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 MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire		TITLE OR DEGREE Titre ou diplôme		
[REDACTED]		DO / CPT / USA		
GRADE Grade	ADDRESS Installation ou adresse		[REDACTED] b(1)-2	
CPT	[REDACTED]		[REDACTED] b(1)-2	
DATE Date	[REDACTED] DO [REDACTED] b(1)-2			

DD FORM 2064, APR 1977 REPLACES DA FORM 3555, 1 JAN 1972 AND DA FORM 3555-RIPAS, 25 SEP 1975, WHICH ARE OBSOLETE. USAPA V1.00

HOSPITAL REPORT OF DEATH <small>USE ONE OF THIS FORM. SEE AF 43430 THE PROXYMENT IS OFFICE OF THE SURGEON GENERAL.</small>	NAME AND LOCATION OF HOSPITAL <div style="text-align: right; font-size: 1.2em; font-weight: bold;">Record</div>
<i>Instructions - Medical Officer in attendance will. Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.</i>	
<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>	

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.) <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>	2. TIME OF DEATH (Hour:day:month:year) <div style="font-size: 1.2em; font-weight: bold;">1812/04/11/03</div>	3. MEDICAL EXAMINER CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	4. RELIGION	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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, assthenia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) <div style="font-size: 1.2em; font-weight: bold;">MULTIPLE GUNSHOT WOUNDS TO CHEST</div>
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. b.
9. DATE <div style="font-size: 1.2em; font-weight: bold;">4 NOV 03</div>	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE <div style="font-size: 1.2em; font-weight: bold;">CPT [REDACTED]</div>

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