

NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

83/BI - 1663

Page 2

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After completion *seal* to ensure confidentiality)

Space for Bar Code

000250

Must be completed in black ink (please tick where applicable)

Please refer to instructions

FILE No: _____ DATE: _____

SERIAL No: **A07501086**

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased

Identity number

PLACE OF DEATH
 1. Hospital: (Inpatient ER / Outpatient DOA)
 2. Nursing Home 3. Home
 4. Other (Specify)

FACILITY NAME:
 (If not an institution, give street name and number) _____

USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days)

Street name and number	<input type="text"/>
Na. Plot, Farm, etc.	<input type="text"/>
Subl. Village	<input type="text"/>
Town / City	<input type="text"/>
Province / Country	<input type="text"/>
Postal Code	<input type="text"/>
Magisterial district	<input type="text"/>
Census enumerator area	<input type="text"/>

DECEASED'S EDUCATION (Specify only highest class completed / achieved)

None	Gr1	Gr2	Gr3	Gr4	Gr5	Gr6	Gr7	Gr8 Form 1	Gr9 Form 2	Gr10 Form 3 NTC1	Gr11 Form 4 NTC2	Gr12 Form 5 NTC3	Univ Tech	CODE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use "retired") _____
 TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.) Refer to instructions. _____

Was the deceased a smoker* five years ago? () Yes No Do not know Not applicable (minor)

G MEDICAL CERTIFICATE OF CAUSE OF DEATH

P. 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.		Approximate interval between onset and Death (Days / Months / Years)	FOR OFFICE USE ONLY ICD-10
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(a) _____ Due to (or a consequence of)	_____	<input type="text"/>
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)	(b) _____ Due to (or a consequence of)	_____	<input type="text"/>
	(c) _____ Due to (or a consequence of)	_____	<input type="text"/>
	(d) _____ Due to (or a consequence of)	_____	<input type="text"/>

PART 2 Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1 _____

If a female, was she pregnant 42 days prior to death? () Yes No

If stillborn, please write mass in grams

Do you consider the deceased to be: African White Indian Coloured Other (Specify) _____

Method of ascertainment of cause of death:

- 1. Autopsy
- 2. Opinion of attending medical practitioner
- 2. Opinion of attending medical practitioner on duty
- 4. Opinion of registered professional nurse
- 5. Interview of family member



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F DEMOGRAPHIC DETAILS

Initials and Surname of deceased

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PLACE OF DEATH
 1. Hospital: (Inpatient ER / Outpatient DOA)
 2. Nursing Home 3. Home
 4. Other (Specify)

FACILITY NAME:
 If not an institution, give street name and number: _____

USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days)

Street name and number

Name of Plot, Farm, etc.

Town / Village

Urban / Rural

Province / Country

Postal Code

Magisterial district

Census enumerator area

DECEASED'S EDUCATION (Specify only highest class completed / achieved)

None	Gr1	Gr2	Gr3	Gr4	Gr5	Gr6	Gr7	Gr8 Form 1	Gr9 Form 2	Gr10 Form 3 NTC1	Gr11 Form 4 NTC2	Gr12 Form 5 NTC3	Univ Tech	CODE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

USUAL OCCUPATION OF DECEASED: _____
 (Give type of work done during most of working life. Do not use "retired".)

TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.): _____
 (Refer to instructions.)

Was the deceased a smoker* five years ago? () Yes No Do not know Not applicable (minor)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

<p>IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) _____ Due to (or a consequence of) _____</p> <p>Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death) (b) _____ Due to (or a consequence of) _____</p> <p>(c) _____ Due to (or a consequence of) _____</p> <p>(d) _____ Due to (or a consequence of) _____</p>	<p>Approximate interval between onset and Death (Days / Months / Years)</p>	<p>FOR OFFICE USE ONLY</p> <p>ICD-10</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><input type="text"/></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><input type="text"/></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><input type="text"/></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><input type="text"/></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><input type="text"/></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><input type="text"/></div>
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PART 2 Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1: _____

Was the deceased a female, was she pregnant 42 days prior to death? () Yes No

Weight of stillborn, please write mass in grams

How do you consider the deceased to be: African White Indian Coloured Other (Specify) _____

Method of ascertainment of cause of death:

Autopsy 2. Opinion of attending medical practitioner 2. Opinion of attending medical practitioner on duty
 4. Opinion of registered professional nurse 5. Interview of family member

Other (Specify) _____



* who smoke tobacco on most days

000252

DR 575 III
II = 014

Suid-Afrikaanse Polisie diens



South African Police Service

POLISIERAPPORT WAT LYK NA LYKHUIS VERGESEL
POLICE REPORT ACCOMPANYING BODY TO MORTUARY

000253

1/2

SAPD 13 Nr SAPS 13 No	Lyk Nr Body No
Naam van lid/persoon van wie lyk ontvang word Name of member/person from whom body is received	
Nommer, rang en naam van lid wat lyk ontvang Number, rank and name of member receiving body	

Volle naam en adres van oordelede
Full names and address of deceased

Merk toepaslike blok met X / Mark applicable square with X

ID Nr :
ID No :

Wit White	<input checked="" type="checkbox"/> Swart Black	Bruin Brown	Asiër Asian	<input checked="" type="checkbox"/> Manlik Male	Vroulik Female
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In lewe bekend as (volle name)
Known as (full names)

Ouderdom Huwelikstatus Land gebore
Age Marital status Land born

BESONDERHEDE VAN STERFGEVAL / PARTICULARS OF DEATH

Datum en tyd van dood 2012 08/16 Plek van dood King David W.P.
Date and time of death Place of death

Merk toepaslike blok met X / Mark applicable square with X

Motorbotsing Motor accident	Bestuurder Driver	Passasier Passenger	Voetganger Pedestrian	Fietsryer Cyclist	Motorfietsryer Motorcyclist	
Selfmoord Suicide	Vuurwapen Fire-arm	Opgehang Hanging	Piile Pills	Vergas Gassed	Van gebou afgespring Jumped from building	Ander Other
Ander Other	Van gebou geval Fell from building	Met vuurwapen gedood Killed with fire-arm	Met mes/voorwerp gesteek Stabbed with knife/object	Vergiftig Poisoned		
Sterf onder narkose Died under anaesthetic	Skielike dood sonder mediese geskiedenis Sudden death without medical history	Sterf in aanhouding Died in custody				

Volledige geskiedenis
Full history

000254

11/5/90

DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO:

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, declare under oath:- 000256

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on I received the following exhibit (s):

From DR

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On I handed the above exhibit (s) to the officer

REF:

The was sealed with the official seal no

- 1. I know and understand the contents of this declaration.
- 2. I have no objection to taking the prescribed oath.
- 3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

.....S--F.O.

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS
Date: 2012/09/13
.....C.F.O

NAME :
ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA
RANK : CHIEF FORENSIC OFFICER



DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: AE 575/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, E. MALIPELA declare under oath:- 000257

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on 2012-08-24 I received the following exhibit (s): TOXICOLOGY

From DR. MORGENTHAU

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012-08-27 I handed the above exhibit (s) to the LAB officer

REF: TX 2453/12 TX 254/12

The TOX was sealed with the official seal no TX 1232319

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

[Signature] S-F.O.

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 2012/09/10

[Signature] C.F.O

NAME : MARLOU ZACHARIA MOLOPO
ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA
RANK : CHIEF FORENSIC OFFICER

Tx 2455/12-

Tx 2457/12

Document Number: ECLD01

Revision: Revision 02

Effective Date: 12/15/2009

Post Mortem Toxicology Referral Form (PLEASE PRINT CLEARLY IN ENGLISH)							
Complete in full and in duplicate (or make a copy).							
Mortuary GARANTHA Prokong ZSL	Priority Status:	Urgent		Routine			
DR, PM or WC DR 575/2012		X					000259
Case number	If URGENT, please provide reason						
SAPS station							
Date of specimen collection	2012/08/22						
Time of specimen collection	12h00						
Date of death	2012/08/16						
Was the deceased hospitalized before his/her death?	Yes		No				✓
If YES, please indicate the following:							
Length of hospitalization:							
Were toxicological analysis performed on blood in hospital?	Yes		No		✓	Unsure	
If YES, please list results:							
Were any drugs administered during admission in hospital?							
Yes		No		✓	Unsure		
if YES, please list drugs.							
Clinical History	Age	Race	B	Sex	Male	✓	Female
Circumstance of death:	Suicide	Homicide	✓	MVA	Unknown		Other
Please provide relevant facts in the history							
# GSW VICTIM							
Relevant post mortem observations by the pathologist (e.g. tablet pieces in stomach, needle puncture marks on arm, where specimens were sampled from, etc)							



health and
social development

Department: Health and Social Development
GAUTENG PROVINCE

Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 575/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

000250

I, MATLOU ZACHARIA MOLOTO declare under oath:-

I am a Chief Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service GA-RANKUWA.

In the performance of the my official duties in connection therewith and on 2012 / 08 / 22 I received the following Bullet(s) from FO B.MOGAKANE

1. **One bullet with Official seal no (FSB1050954)**

While the bullet(s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012 / 08 / 22 I handed the above bullet(s) to SAPS Photographer

No 7184288-6 Rank S1087 Name SEKATE J.J

7184288-602
J.J. SEKATE

SIGNATURE OF P/OFFICER

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

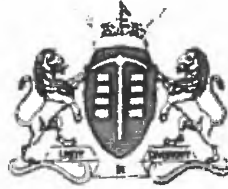
M.M. Moloto
Signature of Chief Forensic Officer

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS
Date: 2012 / 08 / 22

Lucas Menzelwa Mahlangu
(Signature)

NAME : LUCAS MENZELWA MAHLANGU
 ADRESS : 6543 KGOTLENG STREET, GARANKUWA
 RANK : ASSISTANT DIRECTOR



Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 575/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, MATLOU ZACHARIA MOLOTO declare under oath:-

I am a Chief Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service GA-RANKUWA.

In the performance of the my official duties in connection therewith and on 2012 / 08 / 22

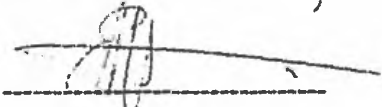
I received the following sample(s) from F.O. M. GARANKUWA

One DNA swab specimen(s)

While the specimen(s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 20 12 13 I handed the above specimen(s) to the investigating officer

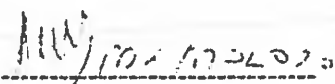
No 90644010 Rank P/Investigator Name Lance Mhlungu


SIGNATURE OF I/O

The Dna was sealed with the official seal no (PA 5000486906)

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa


Signature of Chief Forensic Officer

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 20 12 13

(Signature)

NAME : LUCAS MENZELWA MAHLANGU
ADDRESS : 6543 KGOTLENG STREET, GARANKUWA
RANK : ASSISTANT DIRECTOR

DR 0575/12.....

AFFIDAVIT IN TERMS OF SECTION 212(4) ACT 51 OF 1977.

I, RYAN BLUMENTHAL [Qualifications: MBChB DipForMed(SA) MMed(MedForens)(Pret) FCForPath(SA)], attached to the Section Forensic Pathology Services (Pretoria), Private Bag X323, ARCADIA, 0007, declare under oath as follows:

I am in the employ of the Gauteng Provincial Government as a forensic pathologist (specialist medical practitioner) in Pretoria.

On 22/8/2012 the body of an adult black male

was presented to me. The body was marked with an identification tag bearing the number :

DR 0575/12 The body was identified as that of

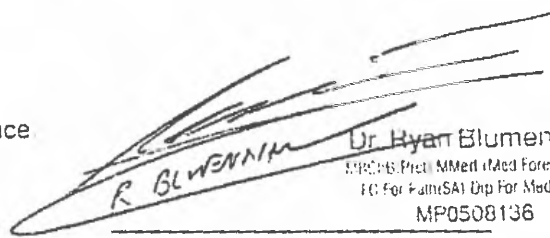
Mphumzeni Ngxande

according to SAPS 377 On 22/8/2012 I performed

an autopsy on said body and noted my findings on the attached form (GW 7/15), which facts I ascertained through an examination which required skill in biology, anatomy and pathology.

The content of this affidavit to the best of my knowledge and belief is true and correct. I am aware that if this affidavit should be presented as evidence and contains something that I know to be false, or that I believe is untrue, I may be prosecuted.

I am fully cognisant with the contents of this affidavit.
I have no objection to taking the prescribed oath.
I consider the prescribed oath as binding on my conscience


Dr. Ryan Blumenthal
MBChB Pret, MMed (Med Forens) Pret
FC For Path(SA) Dip For Med (SA)
MP0508136

DATE 2012 -08- 2 9

NAME: DR R BLUMENTHAL
OFFICIAL TITLE: SENIOR SPECIALIST

I certify that the deponent acknowledged that he is fully cognisant with this affidavit and he knows and understands the contents of this affidavit, signed and sworn before me at Pretoria on the undermentioned date.

DATE: _____
PRETORIA

COMMISSIONER OF OATHS

FULL NAMES AND SURNAME _____

TITLE / RANK: _____ PERSAL NUMBER: _____

ADDRESS: **PRETORIA MEDICO-LEGAL LABORATORY**
10 Dr Savage Road, RIVIERA, 0084, Pretoria

00262(a)



SOUTH AFRICAN POLICE SERVICE

IDENTIFICATION OF BODY

De 515/

Station/Government Mortuary phokeung CAS/CR/Serial No. 1004/12

In printing Phumzile Camdeon Sum

Identity number [redacted] an/a adult/minor White/Black/Asian/Coloured
male/female residing at wanderkop [redacted]

On 2012-08-20 at the Government Mortuary, phokeung

I identified the body of a White/Black/Asian/Coloured male/female to medico legal assistant.....

as being that of Mphuzeni Nxande

Particulars of deceased:

- 1. Identity number [redacted]
- 2. Date of birth 1974-06-22
- 3. Residential address wanderkop [redacted]
- 4. Employed at Karoo Mine Louisa
- 5. Relationship to deponent Nephew
- 6. Marital status married
- 7. Name and address of residence/employment of deceased's husband/wife/father/mother/brother/sister/other relative Nxeleni - Eastern Cape

"The content of this declaration is true to the best of my knowledge and belief.

I am aware that should it be submitted as evidence and I know that something appears therein which I know to be false or believe not to be true, I could be liable to prosecution."

- 1. I know and understand the contents of this declaration.
- 2. I have objection/no objection to taking the prescribed oath.
- 3. I consider the prescribed oath to be binding/not binding on my conscience.

Phumzile
Signature/thumb print/mark

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature/thumb print/mark was placed thereon in my presence, at phokeung (place) on 2012-08-20 (date) at (time).

[Signature]
(Signature) Commissioner of Oaths

Full first names and surname Joy Anna Mfulwane
Business address (Street address of Police Station) Salima section - phokeung
Forensic Medico legal Service

Designation (rank) A/C South African Police Service

*Delete and initial words not applicable.



575/2012

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakke.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, by straatnaam en/of nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING wat in die sakke agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek- distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc. have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional district office of the DEPARTMENT OF HOME AFFAIRS.

NEXT OF KIN

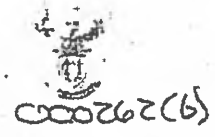
1



S. A. BURGER/S. A. CITIZEN

VAN/SURNAME
NGXANDE

VOORNAME/FORENAMES
MPHUMZENI



GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH

1974-06-22



DATUM UITGEREIK
DATE ISSUED

2010-01-12

UITGEREIK OP BESAG VAN DIE
DIREKTUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

5116/12

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakke.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, by straatnaam en/of nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING wat in die sakke agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek- distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

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1



S. A. BURGER/S. A. CITIZEN

VAN/SURNAME
FUM

VOORNAME/FORENAMES
PHUMZILE CAMEROON



GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH

1964-05-01



DATUM UITGEREIK
DATE ISSUED

2010-02-19

UITGEREIK OP BESAG VAN DIE
DIREKTUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

A587

GW 7/15

REPUBLIC OF SOUTH AFRICA
GAUTENG DEPARTMENT OF HEALTH

000263

REPORT ON A MEDICO LEGAL POST MORTEM EXAMINATION

Death Register No. 0576/2012

To the magistrate of: RUSTENBURG

I, RYAN BLUMENTHAL do hereby certify:

(i) that at THE MEDICO-LEGAL LABORATORY GARANKUWA (MLL), on the 22nd day of August 2012 commencing at 11h30am I examined the body of an adult black male; and

(ii) that this body was identified to me -

- (a) by TP Sekhuta of the MLL, Garankuwa, as being that of DR0576/2012; and
- (b) by SAPS 377 on 20/08/2012 as being that of SITELEGA MERIC GADLELA whose reputed/estimated age was 50 years; and

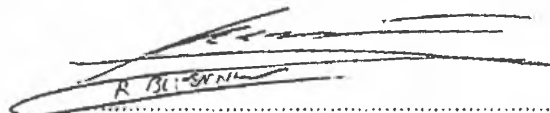
(iii) that death took place as informed on 16/08/2012 (the probable time of death was not determined due to refrigeration).

(iv) that the chief post mortem findings made by me on this body were the following: An adult black male with a perforating gunshot wound through-and-through the thorax and neck. The gunshot entrance wound was located on the right posterior thorax and the gunshot exit wound was located on the left lateral aspect of the neck. The gunshot wound path travelled from right-to-left, from back-to-front at an upward angle of trajectory through-and-through the right lung lower lobe, the descending arch of the aorta and the left lung upper lobe.

(v) that, as a result of my observations a schedule of which follows, I concluded that the cause of death was the following:

GUNSHOT CHEST

Dated at PRETORIA this 29 day of August 2012

Signature: 

Qualifications: MBChB(Pret) MMed(MedForens)(Pret) DipForMed(SA) FC For Path(SA)

Designation: SENIOR SPECIALIST / FORENSIC PATHOLOGIST

FORENSIC PATHOLOGY SERVICE: PRETORIA
 OFFICIAL POSTAL ADDRESS: PRIVATE BAG X323, ARCADIA 0007 Tel: (012) 323 5298
 re/ms

000264

SCHEDULE OF OBSERVATIONS:

GENERAL: An adult black male.

1. Height: 1.68m.
Mass: 55.0kg.
Physique: Normal.
Nutrition: Good.

2. Special identifying features:

- The decedent has short shaven scalp hair.
- A 6.0cm x 3.0cm hyperpigmented patterned birthmark is located on the medial aspect of the left thigh.
- A 3.0cm x 2.0cm birthmark is located on the lateral aspect of the right thigh.
- A 5.0cm horizontally-orientated scar overlies the superior aspect of the right kneecap.
- No further special identifying features can be identified.

3. Secondary post-mortem changes:

- The body is an advanced stage of autolysis and secondary flaccidity is present.

4. External appearance of body and condition of limbs:

(Please see attached Annexure A):

4.1 General:

- External examination shows an adult black male.
- At the outset of the examination the face was stained with blood.

4.2 Clothing:

- A black zipper jacket (*Hengmafushi Pacific*).
- A blue-and-brown horizontally-striped shirt.
- A brown belt.
- Khaki trousers (rolled up to the knees).
- Red leather shoes with brown laces.
- Black socks.
- Grey / black shorts.
- *Jockey* underpants.
- And a horizontally-striped T-shirt.

4.3 Gunshot entrance wound:

- This wound is located on the posterolateral aspect of the right thorax.
- The central aspect of this wound is located 11.0cm lateral-and-to-the-right of the posterior midline.
- The central aspect of this wound is located 17.0cm superior from the right iliac crest.
- Examination shows a 0.7cm in diameter central concentric punched-out wound defect.
- A surrounding collar of abrasion is present.
- Examination of the surrounding skin and outer clothing layer shows no powder burns, stippling or tattooing.
- This wound is located below the tenth rib on the posterolateral aspect of the right side of the thorax.

000265

- This wound is located above the level of the right dome of the diaphragm.
- Features are in keeping with a gunshot entrance wound to the region.

4.4 Gunshot exit wound:

- This wound is located on the left lateral aspect of the neck.
- The central aspect of this wound is located 11,0cm below the left ear tragus
- The central aspect of this wound is located 8,0cm lateral-and-to-the-left of the anterior midline.
- The central aspect of this wound is located 7,0cm superior from the left clavicle.
- Examination shows a 0,7cm irregular lacerated wound defect.
- Subcutaneous ecchymotic haemorrhages are present surrounding the wound.
- Features are in keeping with that of a gunshot exit wound to the region.

4.5 Tangential gunshot wound:

- A tangential gunshot wound through the lateral aspect of the left hand index finger is present.

4.6 Other findings:

- Multiple, fresh, traditional-healer marks are present overlying the body. These are located below both clavicles; on the lateral aspects of both hips; on the anterior and posterior aspects of both thighs; and on the lateral aspects of both knees.

HEAD AND NECK

5. Scalp and skull:

- Reflection of the scalp shows no abnormalities.
- Examination of the skull shows no fractures.

6. Intracranial contents:

- The brain is autolytic.

Brain mass: 1500g.

7. Orbital, nasal and aural cavities:

- Not visualized.

8. Mouth, tongue and pharynx:

- No abnormalities can be detected.

9. Neck structures:

- The gunshot wound path travels from right-to-left, at an upward angle of trajectory, from back-to-front, through-and-through the neck. The gunshot exit wound is located on the lateral aspect of the left side of the neck.

CHEST

10. Thoracic cage and diaphragm:

- The gunshot entrance wound is located within the tenth rib space on the posterolateral aspect of the right side of the thorax. This wound is located above the level of the right dome of the diaphragm.

000756

Death Register No. DR0576/2012

- This gunshot wound perforates through-and-through thoracic vertebrae T2/T3.
 - The left thoracic cavity contains 600,0ml blood and the right thoracic cavity contains 60,0ml of blood.
 - The gunshot wound path travels from right-to-left, from back-to-front at an upward angle of trajectory through-and-through the thoracic cage.
11. Mediastinum and oesophagus:
- No abnormalities can be detected.
12. Trachea and bronchi:
- The gunshot wound perforates through-and-through the right bronchus.
13. Pleurae and lungs:
- The gunshot wound perforates through-and-through the right lung lower lobe and through-and-through the left lung upper lobe.
 - Both lungs show signs of collapse atelectasis.
- Lung mass: L: 210g R: 250g.
14. Heart and pericardium:
- Advance autolysis makes interpretation of subendocardial haemorrhage difficult.
 - No injuries or abnormalities to the heart can be identified.
- Heart mass: 360g.
15. Large blood vessels:
- High-velocity perforating gunshot wound injury to the descending arch of the aorta is present.
 - Post mortem haemolysis of red blood cells has stained the intima of the large arteries.

ABDOMEN

16. Peritoneal cavity:
- No abnormalities can be detected.
17. Stomach and contents:
- The stomach contains approximately 30,0ml of brown fluid.
 - The gastric mucosa is autolytic.
18. Intestines and mesentery:
- Autolytic.
19. Liver, gall-bladder and biliary passages:
- The liver is autolytic.
- Liver mass: 1100g.
20. Pancreas:
- Autolytic.
- Pancreatic mass: 110g
21. Spleen:
- The spleen is pale and the capsule is wrinkled.

- Section shows an autolytic spleen parenchyma.
- Spleen mass: 40g.

22. Adrenals:

- Autolytic.

23. Kidneys and ureters:

- Both kidneys are pale and autolytic.

Kidney mass: L: 100g R: 100g.

24. Urinary bladder and urethra:

- The bladder is empty.
- The bladder mucosa is autolytic.

25. Pelvic walls:

- No abnormalities can be detected.

26. Genital organs:

- The penis appears circumcised.
- No abnormalities can be detected.

SPINE

27. Spinal column:

- The gunshot wound path travels from right-to-left, from back-to-front and at an upward angle of trajectory through-and-through the thoracic vertebral bodies.
- The gunshot wound perforates through-and-through the vertebral bodies of thoracic vertebrae T2/T3.

28. Spinal cord:

- Not visualized; however injury should be predicted at the level of thoracic vertebra injury T2/T3.

SPECIMENS RETAINED:


NATURE OF SPECIMENS	NATURE OF INVESTIGATION REQUIRED	DISPOSAL OF SPECIMENS
Blood - brachial vessels.	Ethanol.	Handed to Z Moloto for sealing with seal no. PMK070527/8.
Stomach contents, bile and liver.	Toxicological examination.	Given to Z Moloto for sealing with seal no. TX032303.
Buccal swabs.	DNA examination.	Given to Z Moloto for sealing with seal no. PA5000486898.
Cardiothoracic organs	Occupational Diseases in Mines and Works Act (Act 78 of 1973)	National Institute for Occupational Health

000269

ADDITIONAL OBSERVATIONS:

- DHA -1663 A07501055.
- Please see attached Annexure A.
- Whole body x-rays were performed and no projectiles could be identified. A subtle 'lead storm' could be identified on the left side of the heart.
- Lt-Col André Botha (Ballistics – Service number: 04301722), HP Kruger (Forensics Silverton – Service number 04257758) and Const IJ Sekete (LCRC Brits – Service number: 7184886) attended the post mortem examination and took the necessary photographs.

HISTOLOGICAL REPORT: None.


Dr. Ryan Blumenthal
MBCrB(Ph), MMed (Med Forel) (Frel)
F1 For Path(A) Exp For Med (SA)
MP030813G

Full body, male, anterior and posterior views (ventral and dorsal)

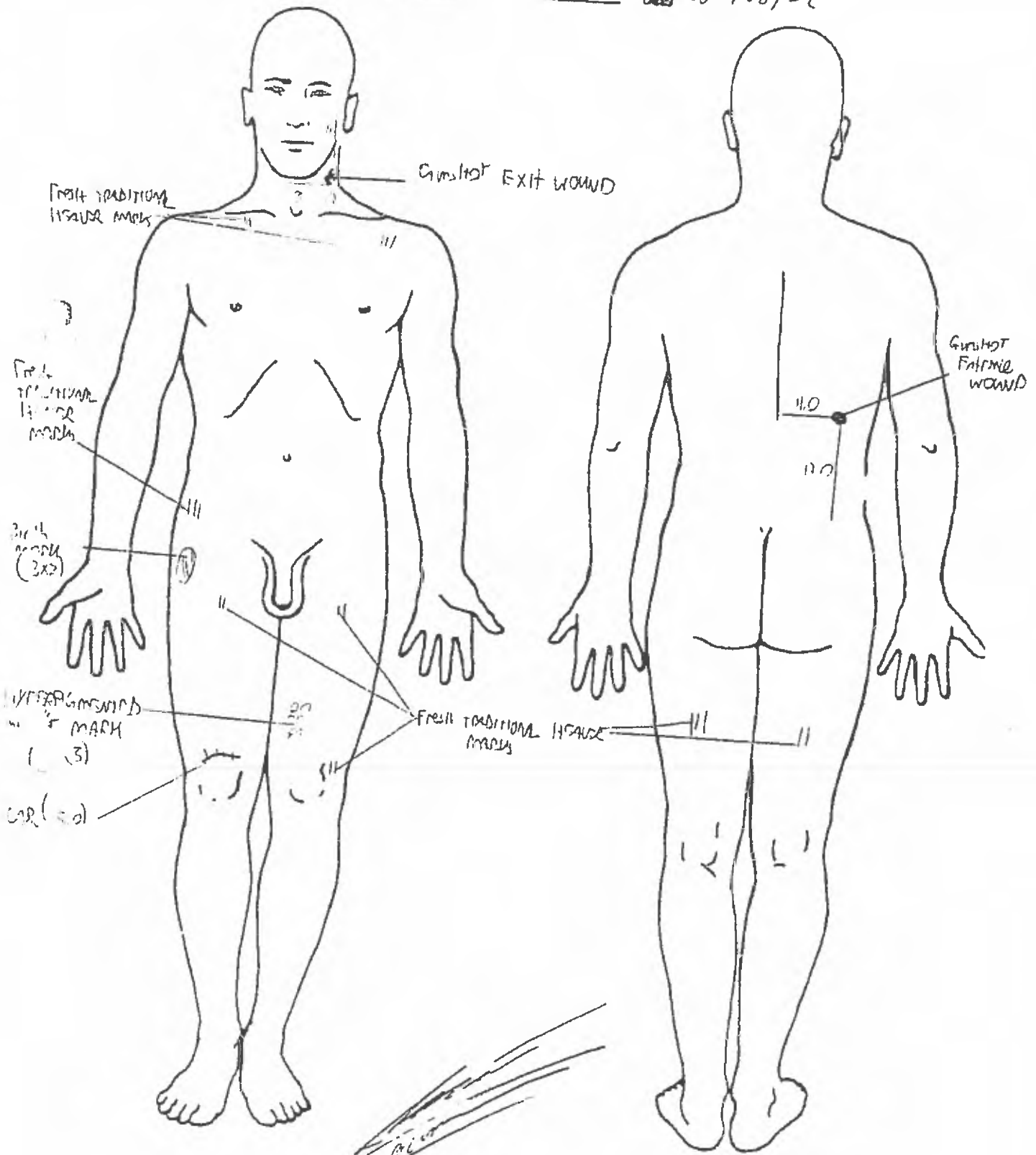
000759

Name ANNEXURE A

Autopsy No. DR 576/2012

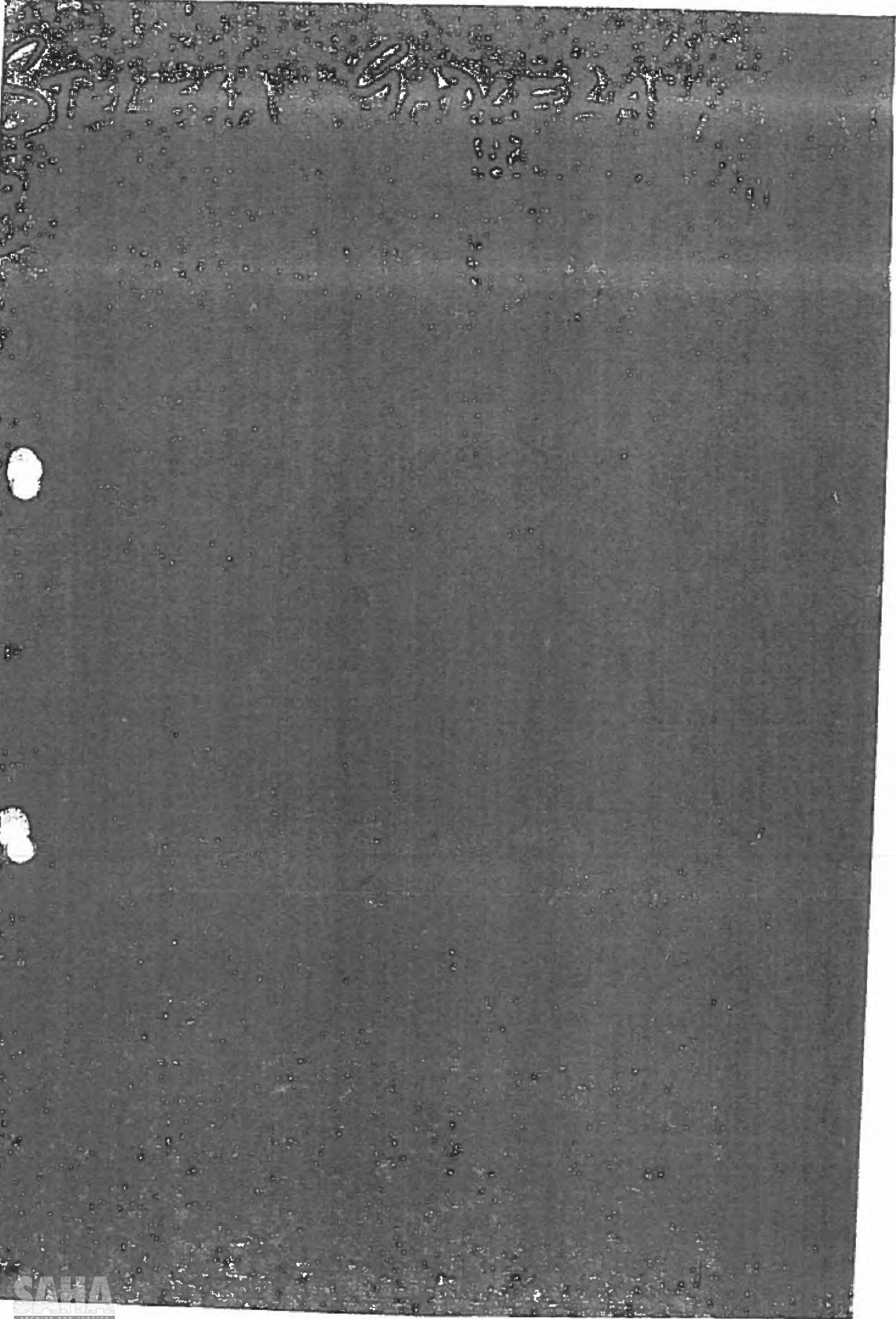
Age _____ Race B Sex ♂

Date 2012/08/27



R. Blumenthal

Dr. Ryan Blumenthal
 MChB(Pret) MMed (Med Forens) Pret
 FRC Path(SA) Dip For Med (SA)
 MP0508136



000371



TEBA Limited
RSA Reg No 1902/001680/06

000072

General Agreement of Service

Registration Date: 2012/04/26

Sumame:	GADLELA	Employer:	KAREE MINE	596
Other Names:	STELEGA	Site:	KAREE MINE	596
Gender:	MALE	BI-1733 No:	A0179940	
Father's Name:	TITUS GADLELA	Industry No:	C1164958	
Mother's Name:	MARIA GADLELA	TRP No:	WDH37VJ	Expiry Date: 2013/05/02
Spouse's Name:	BETTY-NGWENYA GADLELA	Office:	MANZINI	5305
Chief / Headman:	NDABAZEZWE	Serial Number:	432	Year: 2012
Country:	SWAZILAND	Company No:		627879
District:	MANZINI	Occupation:		
Language:	SWAZI	Passport No.		40157882
Religion:	[REDACTED]	Passport Expiry Date:		2020/09/28
Home Address:	[REDACTED] [REDACTED] [REDACTED] [REDACTED] M200	Identity No: (Did not Pass Value)		
Living out / Mine Accommodation:	[REDACTED] [REDACTED] [REDACTED] [REDACTED] 0284	Date of Birth:		1962/08/15
Emergency Contact:	BETTY-NGWENYA GADLELA [REDACTED]	Marital Status:		MARRIED
Death Beneficiary:	BETTY-NGWENYA GADLELA	Dependents:		13
Beneficiary Relation:	WIFE	Education Std Attained:		STANDARD 5 PASSED
Beneficiary Address:	[REDACTED] [REDACTED] [REDACTED] [REDACTED] M200	Qualification:		ABET Numeracy Qualification
Beneficiary Contact:	[REDACTED]	ABET Literacy Qualification:		-
Previous Agreement		Office: MANZINI		5305
Serial Number:	108	Serial Number: Year	108	2011
Date of last discharge:		No. of Weeks on last agreement:	52	
Last Employer:	KAREE MINE	Agreement Period (Weeks):		52
Endorsements, Vaccinations etc.		Agreement Expiry Date:		2013/04/25
		Experience:		458 - EX LEAVE
		Industry Certificate No:		GEN26410/11
		Type of Employment:		Underground
		Employee's Signature or Mark		NOT AVAILABLE
<p>I accept and agree that my medical exit certificate and radiological reports will be retained by TEBA Ltd and attached to my record of service that is held by TEBA Ltd in its database. Furthermore, I authorise TEBA Ltd to disclose the contents thereof to mining Industry officials for possible employment.</p> <p>The employment of the employee is subject to the employee being declared fit by way of an occupational medical examination, and the employee having a satisfactory prior employment record. The employee further authorises and agrees that TEBA Limited may at any time verify his/her fingerprints and Industry number with its own database and, that held by the Department of Home Affairs.</p>				
<p>Capturer: Phako Melanzi Date Printed: 2012/08/17 05:22:10 PM</p>				

576.



000079

Employee Detail

Employee number 00627879 Find

Employee : 00627879 - Gadlela SM (Stelega Mernck)

Acting Occupation

General Personnel Vehicles Certificates Service history Parades Allowancas

Employee 00627879
Surname Gadlela
Initials SM
First name Stelega Mernck
Id number 40157882
Department K31388801D10E0
Occupation Team Leader Production
Category K3 Shaft
Contractor



Access
Pay history
Post dates
Additional
Mining
Biometrics

Acquire | Fingerprint | Edit | Close



000074

DEATH REPORT INVOICE

DEATH REPORT AND INVOICE NUMBER: C596/50/2012

MINE: Koree Mine Code: 596

INDUSTRY Number : C1164958	DATE OF REPORT: 2012/08/17
DECEASED'S PARTICULARS	
FIRST NAME: STELEGA	DATE OF DEATH : 2012/08/16
SURNAME : GADLELA	CAUSE OF DEATH: UNNATURAL CAUSES
ID/PASSPORT NO: [REDACTED]	PLACE OF DEATH: WONDERKOP
COY. NO : 627879	MINE ACCIDENT? N/A
SERIAL : 432/5305	REPORTED BY: JONES MARUPING
OFFICE : MASERU	REPORTED TO: TRACY COETZEE
DEPENDANT / BENEFICIARY	
NAME : BETTY-NGWNYA	ADDRESS : [REDACTED] [REDACTED] [REDACTED] [REDACTED]
SURNAME : GADLELA	
KINSHIP: WIFE	
NAME OF TRUSTEE:	
NO FUNERAL ADVANCE AUTHORISED	
PAY TO : NO PAYMENT AUTHORISED	Amount : 0.00
PAYMENT AUTHORISED BY:	
COMMENTS:	
FOR TEBA USE ONLY	
CASH AND BANK PARTICULARS	
THE FOLLOWING TO BE REFLECTED ON CASH AND BANK	
ACCOUNT NO. 77162/0050	
TRANSACTION DESCRIPTION: C596-50-2012	
PAYMENT EXPIRY DATE: 30 DAYS	
SIGNATURE _____ OR	L.T.P
WITNESS _____	

NB.: URGENT REPLY BY RURAL OFFICE:

Please supply the following information by return e-mail / fax within 24 Hours of receipt of this e -mail / fax:

Date reported to Family: Time:

To whom reported: To whom reported (Name & Designation):



000275

SOUTH AFRICAN POLICE SERVICE

Body number DR576/12/1

AUTHORITY TO HAND OVER BODY AND ACKNOWLEDGEMENT OF RECEIPT

To: The Commander
Government Mortuary

Phokeng

PART A

AUTHORITY TO HAND OVER BODY

You are hereby authorised to hand over the body of Gadela Sibelega Meric

to

of

Place Phokeng

A.F. Khumalo

(Signature of next of kin or other authorised person)

Date 2012-08-26

Address

(Tel. No. [REDACTED])

PART B

ACKNOWLEDGEMENT OF RECEIPT

I certify having received the body of

properly cleaned, sutured and prepared for burial from the government mortuary at

Place

(Signature of next of kin, other authorised person or representative of undertaker)

Date

Address

(Tel. No.)

Suid-Afrikaanse Polisie



South African Police Service

000776

POLISIERAPPORT WAT LYK NA LYKHUIS VERGESEL
POLICE REPORT ACCOMPANYING BODY TO MORTUARY

1/2

SAPD 13 Nr SAPS 13 No.	Lyk Nr Body No.	<i>2576/12</i>
Naam van lid/persoon van wie lyk ontvang word Name of member/person from whom body is received		
Nommer, rang en naam van lid wat lyk ontvang Number, rank and name of member receiving body		

Volle naam en adres van oorledene
Full names and address of deceased

Merk toepaslike blok met X / Mark applicable square with X

ID Nr :
ID No :

Wit White	Swart Black	Bruin Brown	Asiër Asian	Manlik Male	Vroulik Female
--------------	----------------------------	----------------	----------------	----------------------------	-------------------

In lewe bekend as (volle name)
Known as (full names)

Ouderdom Huwelikstatus Land gebore
Age Marital status Land born

BESONDERHEDE VAN STERFGEVAL / PARTICULARS OF DEATH

Datum en tyd van dood *2012/08/16* Plek van dood *Nordkrop*
Date and time of death Place of death

Merk toepaslike blok met X / Mark applicable square with X

Motorbotsing Motor accident	Bestuurder Driver	Passasier Passenger	Voelganger Pedestrian	Fietsryer Cyclist	Motorfietsryer Motorcyclist	
Selfmoord Suicide	Vuurwapen Fire-arm	Opgehang Hanging	Pille Pills	Vergas Gassed	Van gebou afgesprong Jumped from building	Ander Other
Ander Other	Van gebou geval Fell from building	Met vuurwapen gedood Killed with fire-arm	Met mes/voorwerp gesteek Stabbed with knife/object	Vergiftig Poisoned		
Sterf onder narkose Died under anaesthetic	Skielike dood sonder mediese geskiedenis Sudden death without medical history	Sterf in aanhouding Died in custody				

Volledige geskiedenis
Full history



000377

SOUTH AFRICAN POLICE SERVICE

Body number DR576/12/1

AUTHORITY TO HAND OVER BODY AND ACKNOWLEDGEMENT OF RECEIPT

To: The Commander
Government Mortuary

Phokeng

PART A

AUTHORITY TO HAND OVER BODY

You are hereby authorised to hand over the body of Gadiera Sitelega Mexic.

to

of

Place Phokeng

A.F. Khumalo

(Signature of next of kin or other authorised person)

Date 2012-08-28

Address

(Tel. No. [REDACTED])

PART B

ACKNOWLEDGEMENT OF RECEIPT

I certify having received the body of

properly cleaned, sutured and prepared for burial from the government mortuary at

Place

(Signature of next of kin, other authorised person or representative of undertaker)

Date

Address

(Tel. No.)

000779



SOUTH AFRICAN POLICE SERVICE

IDENTIFICATION OF BODY

Station/Government Mortuary Phokeng CAS/CR/Serial No. DR576/12
In printing

I, Andrew Fana Khumalo

Identity number [redacted] an/a ~~adult/minor~~ White/Black/Asian/Coloured

male/female residing at Marikana - [redacted]

On 2012-08-20 at the Government Mortuary, Phokeng

I identified the body of a ~~White/Black/Asian/Coloured~~ White/Black/Asian/Coloured male/female to medico legal assistant

as being that of Sibelega Meric Gadlela

Particulars of deceased:

- 1. Identity number [redacted] 2. Date of birth 1962-08-15
- 3. Residential address Marikana - [redacted]
- 4. Employed at Lanmin Kater Mine
- 5. Relationship to deponent Family friend 6. Marital status Married
- 7. Name and address of residence/employment of deceased's husband/wife/father/mother/brother/sister/other relative Manzini

"The content of this declaration is true to the best of my knowledge and belief.

I am aware that should it be submitted as evidence and I know that something appears therein which I know to be false or believe not to be true, I could be liable to prosecution."

- 1. I know and understand the contents of this declaration.
- 2. I have objection/no objection to taking the prescribed oath.
- 3. I consider the prescribed oath to be binding/not binding on my conscience.

A.F. Khumalo
Signature/thumb print/mark

"I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature/thumb print/mark was placed thereon in my presence, at Phokeng (place) on 2012-08-20 (date) at [redacted] (time).

[Signature]
(Signature) Commissioner of Oaths

Full first names and surname Soy Anna Mbulwane
Business address (Street address of Police Station) Salema Section
Forensic Medico Legal Service

Designation (rank) A/C South African Police Service

*Delete and initial words not applicable



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12

Handwritten signature or scribble



TEBA Limited

RSA Reg. No 1902/001680/06

General Agreement of Service

Registration Date: 2012/04/26

Surname: GADLELA	Employer: KAREE MINE	000291	596
Other Names: STELEGA	Site: KAREE MINE		596
Gender: MALE	BI-1733 No: A0179940		
Father's Name: TITUS GADLELA	Industry No: C1164958		
Mother's Name: MARIA GADLELA	TRP No: WDH37VJ	Expiry Date: 2013/05/02	
Spouse's Name: BETTY-NGWENYA GADLELA	Office: MANZINI		5305
Chief / Headman: NDABAZEZWE	Serial Number: 432	Year: 2012	
Country: SWAZILAND	Company No: [REDACTED]		627879
District: MANZINI	Occupation: [REDACTED]		
Language: SWAZI	Passport No: [REDACTED]		
Religion: [REDACTED]	Passport Expiry Date: 2020/09/28		
Home Address: [REDACTED]	Identity No: (Did not Pass verification)		
Living out / Mine Accommodation: [REDACTED]	Date of Birth: 1962/08/15		
[REDACTED]	Marital Status: MARRIED		
[REDACTED]	Dependents: 13		
Emergency Contact: BETTY-NGWENYA GADLELA	Education Std Attained: STANDARD 5 PASSED		
[REDACTED]	Qualification: ABET Numeracy Qualification		
Death Beneficiary: BETTY-NGWENYA GADLELA	ABET Literacy Qualification: -		
Beneficiary Relation: WIFE	Agreement Period (Weeks): 52		
Beneficiary Address: [REDACTED]	Agreement Expiry Date: 2013/04/25		
[REDACTED]	Experience: 458 - EX LEAVE		
Beneficiary Contact: [REDACTED]	Industry Certificate No: GEN26410/11		
Previous Agreement	Type of Employment: Underground		
Office: MANZINI	5305		
Serial Number: 108	Year: 2011	No. of Weeks on last agreement: 52	
Date of last discharge: 2012/03/23			
Last Employer: KAREE MINE	596		
Endorsements, Vaccinations etc.			
<p>I accept and agree that my medical exit certificate and radiological reports will be retained by TEBA Ltd and attached to my record of service that is held by TEBA Ltd in its database. Furthermore, I authorise TEBA Ltd to disclose the contents thereof to mining industry officials for possible employment.</p> <p>The employment of the employee is subject to the employee being declared fit by way of an occupational medical examination, and the employee having a satisfactory prior employment record. The employee further authorises and agrees that TEBA Limited may at any time verify his/her fingerprints and industry number with its own database and, that held by the Department of Home Affairs.</p>		<p>Employee's Signature or Mark</p> <p>NOT AVAILABLE</p> <p>576.</p>	
<p>Capturer: Phako Melanzi</p> <p>Date Printed: 2012/08/17 05:22:10 PM</p>			

000282

2/10/12
R. J. C.

000000

2/1/12

Handwritten signature or initials



NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act,
1992 (Act No. 51 of 1992)

Space for Bar Code

000284



9999

• Must be completed in black ink (please tick where applicable). SERIAL No

• Please refer to instructions

FILE No: DR 976/12 DATE: 10/08/2012 A07501055

A PARTICULARS OF DECEASED INDIVIDUAL / STILLBORN CHILD

Identity number of deceased: 601578821111111111
Date of death: 2012 08 16
Surname: Saldveiga
Maiden Name (if female):
Forenames: Saldveiga Merik

Date of birth: 1962 08 11
Age of last birthday: 49 years
Sex: Male
If death occurred within 24 hours after birth number of hours alive:

MARITAL STATUS OF DECEASED: Single Civil Marriage Living as married Widowed
Religious Law Marriage Divorced Customary Marriage

PLACE OF BIRTH (Municipal district or country if abroad): Swaziland
PLACE OF DEATH (City / Town / Village): Wondetkop
PLACE OF REGISTRATION OF DEATH:
CITIZENSHIP OF DECEASED: Swaziland

B PARTICULARS OF INFORMANT

Identity number: [Redacted]
Initials and Surname: A F Khumalo
Relationship to deceased: Parent Spouse Child Other kin Other (specify)
Postal address:
Postal Code:
Was the next of kin of the deceased a smoker during the past five years? Yes No Refuse to answer
Date: 2012 08 20 Signature: A F Khumalo

Left thumb print of deceased
Left thumb print of informant
Dialling Code: 0581
Telephone No: 78015685

C PARTICULARS OF FUNERAL UNDERTAKER

Initials and Surname:
Designation No:
Place of burial / cremation:
Date:
Signature:

Office Stamp of Funeral Undertaker

D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively from the cause specified in Section G.
I, the undersigned, am not in the position to certify that the deceased died exclusively due to natural causes.
Initials and Surname:
Date signed:
Signature:

Postal address:
Postal Code:
SAMDIC / SANDI Reg. No:

D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST

I, the undersigned, hereby certify that my knowledge and belief is based on the body of the person in question and that I am a duly qualified person in terms of the Act 1992 (Act No. 51 of 1992) and the Commission's rules.
Natural causes Section 61 Unnatural Other (specify):
Initials and Surname: R BLUMENTHAL
Place of post-mortem: KARAKWA
Date: 2012 08 22
Mortuary reference: DR 976/12
Date signed: 2012 08 22

Postal address:
10 AN SAVIAGE POOR
P.1111
P.O. BOX
5001
MP0505136
Dr. Ryan Blumenthal
Signature: [Signature]
SAMDIC Reg. No:
SAMDIC Reg. No. (Med. Forens) Prof
SAMDIC Reg. No. (Med. Forens) Prof
MP0508136

E. FOR OFFICIAL USE ONLY

Registration of Death approved and Burial Order issued
Initials and Surname of Registrar:
Postal address:
Force No:
Designation No:





NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act,
1992 (Act No. 51 of 1992)

Space for the Cause

• Must be completed in black ink (please tick where applicable) SERIAL No: 000295

• Please refer to instructions

FILE No: 27613 DATE: 2012-11-25 A0752155

A PARTICULARS OF DECEASED INDIVIDUAL / STILLBORN CHILD

Identity number of deceased: [Grid] Date of death: 2012/11/25

Surname: [Grid] Maiden Name (if female): [Grid] Sex: Female

First name: [Grid] If death occurred within 24 hours after birth number of hours alive: [Grid]

MARITAL STATUS OF DECEASED: Single Civil Marriage Living as married Widowed
 Religious Law Marriage Divorced Customary Marriage

PLACE OF BIRTH (Municipal district or country if abroad): [Grid] PLACE OF DEATH (City / town / Village): [Grid] PLACE REGISTRATION OF DEATH: [Grid] CITIZENSHIP OF DECEASED: [Grid]

B PARTICULARS OF INFORMANT

Identity number: [Redacted] Initials and Surname: [Grid] Relationship to deceased: Parent Spouse Child Other kin Other (specify): [Grid]

Postal address: [Grid] Postal Code: [Grid] Drilling Code: 078 Telephone No: [Grid]

Was the next of kin of the deceased a smoker* during the past five years? Yes No Refuse to answer Date: [Grid] Signature: A.F. Kllume/O

C PARTICULARS OF FUNERAL UNDERTAKER

Initials and Surname: [Grid] Designation No.: [Grid] Place of burial / cremation: [Grid] Date: [Grid] Signature: [Grid]

D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

I, the undersigned, hereby certify that the deceased named in Section A, in the best of my knowledge and belief, died solely and exclusively due to NATURAL CAUSES, as specified in Section G:

I, the undersigned, am not in the position to certify that the deceased died exclusively due to natural causes.

Initials and Surname: [Grid] Date Signed: [Grid] Signature: [Grid] Postal address: [Grid]

D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST

I, the undersigned, hereby certify that a medico-legal post-mortem examination has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purposes of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:

Natural Cause (as defined in Section G) Unnatural Under investigation

Initials and Surname: [Grid] Place of post-mortem: CARAKW Date: 2012/08/22 Mortuary reference: 27613 Date signed: 2012/08/22

Signature: Dr. Ryan Blumenthal SAMDC Reg No. [Grid] MDC No. [Grid] PO For PATHEAL Dip For Med (SA) [Grid] MP0508138 Office Stamp

E FOR OFFICIAL USE ONLY

Initials and Surname in Register: [Grid] Registration of Death approved and Burial Order issued: [Grid] Postal address: [Grid] Force No.: [Grid] Designation No.: [Grid] Personal No.: [Grid]