ld number	▼ 5510305762083	lejane TJ (Thabiso Johannes	: 1
Acting Occupation			Access
Employee	20043828		Pay history
Surname	Thelejane		Post dates
Initials	TJ		A <u>d</u> ditional
Firstname	Thabiso Johannes	F	Mining
ld number	Committee of the later of the l		Biometrics
Department	K41CFHL02D45A0		1
Occupation	Team Leader	D	
Category	K4 Shaft		la de la companya de
Contractor		10. Sharman anni 114	



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Capturer: MPHO KHABANE
Date Printed: 2012/08/17 04:37:55 PM

TEBA Limited

RSA Reg. No 1902/001680/06

Conditional Agreement of Service

Registration Date: 2011/10/122

Surname: THELEJANE Employer: THABISO JOHANNES Other Names: FHL CONTRACTING (PTY) LTD BHY MALE Gender: Father's Name: WESTERN PLATINUM LIMITED 582 Mother's Name: Spouse's Name: MAKOPANO AGNES THELEJANE Industry No: Z9275792 Chief / Headman: SOUTH AFRICA Country: MATATIELE District: TOM LONMIN CONTRACTORS Office: 9215 Language: SOTHO Religion: **ROMAN CATHOLIC** Serial Number: Year: 2011 Home Address: Company No: Occupation: Passport No. MATATIELE Pagsport Exp 4730 Living out / Mine Identity No: (Did not Pass Accommodation: MARIKANA WEST SECTION **MARIKANA** 1955/10/30 MARIK Marita Status: MARRIED MAKOPANO AGNES THELEJANE **Emergency Contact:** endents: 0 MAKOPANO AGNES THELEJANE Death Beneficiary: dication Std Attained: Beneficiary Relation: TANDARD 2 PASSED Beneficiary Address: ualification MATATIELE **BET Numeracy Qualification** 4730 vpeliciary Contact: **ABET Literacy Qualification** avious Agreement _ .fice; Serial Number: Year No. of Weeks in last agreement: Agreement Period (Weeks): 52 Agreement Expiry Date: 2012/10/10 111 - NOVICE Date of last discharge: Experience: Last Employer: Industry Certificate No: Type of Employment: Underground Endorsements, Vaccinations etc. Employee's Signature or Mark 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. NOT AVAILABLE 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 ID number with its own database and, that held by the Department of Home Affairs.

NO



REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

83/BI - 1663 5 4 Page 1

NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992)	Space for Bar Code
• Must be completed in black ink (please tick where applicable) SERIAL No: • Please refer to instructions	9 9 9 9
FILE No: DESCE/12 DATE: 2012 08 22 AO 7501068	0 0 0 0
A PARTICULARS OF DECEASED INDIVIDUAL STILLBORN CHILD	Date of birth
Identity number of deceased Date of death	Age at last
Surname THELEJANE	binhday years
Maiden Name (If female)	Sex In ALE
Forenames THARTSO JOHANNES	24 hours after birth number of hours alive
MARITAL STATUS OF DECEASED Single Civil Marriage Living as married	Widnwed
Religious Law Marriage Divorced Customar	y Marriage Of deceased
PF F OF BIRTH (Municipal district or country if abroad)	humi
PT ~CÉ OF DEATH (City / Town / Village)	of of
. LE REGISTRATION OF DEATH	Color and the Color of the Colo
B PARTICULARS OF INFORMANT	11 1
Identity number	
Initials and Surname	mani
Relationship to deceased Parent Spouse Child Other kin Other	er (specify)
Postal address	[3]
Postal Code	Dialling Code
Was the next of kin of the deceased a smoker* during the past five years? Yes No Refuse to answer	Telephane No.
Date Signature	
C PARTICULARS OF FUNERAL UNDERTAKER	Office Stamp of Funeral Undertaker
Initials and Surname	
D. Jation No. Place of burial / cremation	Congression and the first section is a second or section as a
r Signature	10 (a 44 to 10) (a 47 to 1) 1
D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NI	JRSE Postal address
I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to ATURAL 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 Posts	al Code
D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST	SAMDC / SANC Reg. No.
1, the undersigned, hereby certify that a medicolegal post-mortem examination has been conducted on	Postal address 43 KGOTLENG STR
the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:	PARKUWA DIR
Natural (Cause of Death as indicated in Section G) Unnatural Under investigation	
murais and parimute. Let Life 1.1 - 1.1 - 1.1 - 1.1	11 Code 0208 103650491
Place of post-mortem CAPANKUWA Date 2012 08 22	SAMDC Reg. No.
Mortuary & 566/2012 Date signed 2012 08 22 Signatur	e Kicky unin
E FOR OFFICIAL USE ONLY Initials and Surname or Registrar Registration of Death approved	Office Stamp
Postal	<u> </u>
address Designation No.	<u> </u>
Postal Persul No Persul No	



ARCHIVE FOR JUSTICE

REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

83/BI - 1663 Page I

NOTIFICATION / REGISTER OF DEATH / STILLBIRTH 055

	in terms of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992)	ace for Bar Code
	leted in black ink (please tick where applicable) SERIAL No sinstructions SEC 2 DATE: 202 08 22 A0 7501068	
	ARS OF DECEASED INDIVIDUAL TSTILLBORN CHILD	Date of birth
Identity number	Date of T.	[1955] [10] BD]
of deceased	death	Age at last 55 years
Surname	THELESPINE	Sex to A LE
Maiden Name (If female)		If death occurred within
Forenames	THREED SOHDUNES	24 hours after birth number of hours alive
MARITAL ST	ATUS OF DECEASED Single Civil Marriage Living as married Widowed	
	Religious Law Marriage Divorced Customary Marriage	print ed
PLACE OF BIR	H (Municipal district or country if abroad)	of deceased
PLACE OF DEA	TH (City / Town / Village)	the state of the s
PI REGIST	RATION OF DEATH	7
	F DECEASED	
	ARS OF INFORMANT	
Identity number		nting nt
Initials and Sums	me	J dmin
Relationship to d	eccased Parent Spouse Child Other kin Other (specify)	of informans
Postel address		3
	Postal Code	Dialling Code
	in of the deceased a re past five years? Yes No Refuse to answer	Telephone No.
Date	Signature	
C PARTICUI	ARS OF FUNERAL UNDERTAKER Off	ice Stamp of Funeral Undertaker
Initials and Suma	me ll	
Designation No.	Place of burial / cremation	
Da'	Signature	
D. ERTIFIC	CATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE Posts	al address
	i, hereby certify that the deceased named in Section A, to the best	
as specified in Se		
I, the undersigned due to natural cau	, am not in the position to certify that the deceased died exclusively	
Initials and Surna		
Date Signed	Signature	SAMPC (SAMC Per No
	Signature CATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST Posta	SAMDC / SANC Reg. No.
I, the undersigned, the body of the pe	hereby certify that a medicolegal post-mortem examination has been conducted on rison whose particulars are given in Section A and that the body is no longer rison of the January Act. 1959 (Act. No. 58 of 1959) and that the cause of death is:	TLENG STR
Natural (Cause of De	ath as indicated in Section G) Unnatural Under investigation	
Initials and Surna		
	TICK HLATSE POSTAL COde DADIS	177/12/06/21
Place of	" BE GETTE	03630491- SAMDC Rep. No.
post-mortem	Date DOLD OX DD	0363049- SAMDC Reg. No.
Mortuary reference	SECIONA Date Signed 2012 08 22 Signature Chilli	(111)
Mortuary reference CE FOR OFFIC Registra	Date DOLD ON DO Signature CAULL TAL USE ONLY Initials and Surmame or Registrar tion of Death approved	SAMDC Reg No.
post-mortem Mortuary reference Postal	Date DO 12 08 DO Signature C.C.U.L. TAL USE ONLY Initials and Surname or Registrar tion of Death approved lat Order issued Force No./	(111)
Mortuary reference E FOR OFFIC Registre and Bur	Date DOLD ON DO Signature CAULL TAL USE ONLY Initials and Surname or Registrar tion of Death approved laid Order issued Force No./ Designation No.	(111)
post-mortem Mortuary reference Postal	Date DO 12 08 DO Signature C.C.U.L. TAL USE ONLY Initials and Surname or Registrar tion of Death approved lat Order issued Force No./	(111)

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

	·	mpletion s						(<u>y</u>)		Space	for Bar Code		
• Must be completed in b • Please refer to instruct FILE No. SEC	ions 12 DATE:201	$k \sqrt{}$ where $2 \cdot 08 \cdot 3$	e appli	cable)	5ERI 750	AL 1,	368				====	+	
F DEMOGRAPHIC I	DETAILS												
Initials and Surname of dec	eased												
Identity number													
PLACE OF DEATH	Hospital: (Inpat Other (Specify)	ient 🗍	ER/	Outpati	ent		DOA [)	2. Nurs	ing Home [3. Hom	
FACILITY NAME: (If not an institution, give st			***********	1 *********	**********				************	* 15 ibida seret * * e e i i i i e e e i i i e e e i i i e e e i i i e e e i i i e e e e i i i e e e e i i i e	711111-100001-011000	・事業でも、1.4 研究性が予定される。 ・予算ではからかり間ではまる。	n del espera paga al Esa espera paga di Rai Sel espera di Antonio Proprincia di Rai
USUAL RESIDENTIAL A	DDRESS OF DECEAS	SED (Where so	omeone	lived o	n most de	ays)							
Street name and number			TT	T									
Name of Plot, Farm, etc.													
Suburb / Village													
To: City			11										
Produce / Country		!											
i . Code													
Magisterial district													
Census enumerator area					11	1							
DECEASED'S EDUCA		only highes				chiev							
None Grl Gi	r2 Gr3 G	r4 Gr5	1	Gr6	Gr7		Gr8 Form 1	Gr9 Form 2	Gr10 Form 3 NTC1	Gr11 Form 4 NTC2	Gr12 Form 5 NTC3	Univ Tech	CODE
USUAL OCCUPATION (give type of work done	during most of work	ing life. Do		"retir	ed". Re	fer I		uctions.	INDUSTR				*** [2=14=+-919144)
Was the deceased a smoker	five years ago? (Yes		No			Do not kn	iow	Not	applicable (minor)	
IMMEDIATE or condition of Sequentially li leading to im Enter UNDER (Disease or in	ase, injuries or complic c or respiratory arrest, CAUSE (Final disease esulting in death) ist conditions, if any, nediate cause. LYING CAUSE last jury that initiated	cutions that can shock or heart (a) PE Due to (c	or a con	List of OP 1	ATII cc of w ce of)	Sause Sus Sus Sus Sus Sus Sus Sus Sus Sus Sus	on each			between o	mate interv nset and De fonths / Yen	al :ath rs)	OR OFFICE USE ONLY ICD-10
events resulting	ig in ucaui)	(d) Due to (d			~~~			••••••••			1 .4		
PART 2 Other signification not resulting in	ant conditions contribu n the underlying cause	ting to death b	ut —						***********				
If a female, was she pro	enant 42 days prior to	death? (7)	Yes	5		No [7					
If stillborn, please write]					J				l	
Do you consider the dec	eased to be: Africa	n Whit	e 🗌	India	ın 🗌	Col	oured	Other	(Specif	5y)			
Method of ascertainmen	at of cause of death:											1	
1. Autopsy	2. Opinion of	attending med	ical prac	titione	r 🔲		2. O _i	inion of att	tending medi	cal practitio	ner on duty		
	4. Opinion of	registered prof	essiona	l nurse			5. In	crview of f	amily memb	er			
6. Other Spec	ify)	-	••••••						**********	ala m 2 - 1 + 1 1 1 1 1 1 1 1 1	Babon propins and regard ().)
Someone who smokes tobar	co on most days										Governmen	Printing Works	Ter (012) 334-4502

NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

83/BI - 1663 Page 2

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

MARCET

(After completion seal to ensure confidentiality)	Space for Bar Code
Must be completed in black ink (please tick where applicable) SERIAL No:	
Please refer to instructions FILE No. DE SECTION DATE: 2012 08 22 A0 7501068	
F DEMOGRAPHIC DETAILS	
Initials and Surname of deceased	
Identity number	
PLACE OF DEATH 1. Hospital: (Inpatient	2. Nursing Home 3. Home
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	
of Plot, Farm, etc.	
ub 3/ Village	
/ City	
rovince / Country ostal Code	
fagisterial district	
ensus enumerator area	
DECEASED'S EDUCATION (Specify only highest class completed / achieved)	
None Gr1 Gr2 Gr3 Gr4 Gr5 Gr6 Gr7 Gr8 Gr Form For	
1 2	NTC1 NTC2 NTC3
JSUAL OCCUPATION OF DECEASED give type of work done during most of working life. Do not use "retired". Refer to instructions	SS / INDUSTRY (e.g. Mining, Farming etc.)
Vas the deceased a smoker* five years ago? (🗸) Yes No Do no	ot know Not applicable (minor)
IMMEDIATE CAUSE (Final disease or condition resulting in death) One to the disease 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or a consequence of)	(Days / Months / Years) ICD-10
THE HEAD	
leading to immediate cause. Due to (or a consequence of)	
Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death) (c). Due to (or a consequence of)	
(d) Due to (or a consequence of)	
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 O	ther (Specify)
Method of ascertainment of cause of death:	
Autopsy 2. Opinion of attending medical practitioner 2. Opinion of attending medical practitioner	of attending medical practitioner on duty
4. Opinion of registered professional nurse 5. Interview	of family member
6. Other (Specify)	

Suid-Afrikaanse Polisiediens



South African Police Service

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

BA1258

Number, rank ar									
			•						
full names and a	res van oorlede ddress of decea	ene ased	***************************************			, , , , m ; \$ ' A ~ \$ \$ ## ; \$ \$	######################################		*************
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ID Nr : ID No :		********	Wit White		wart- lack	Brown	Asiēr Asian	Mahilik	Vroulik Female
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Known as (full na	Huwel Maritiz	ikstatus al status			Lan				
Known as (full na	Huwel Maritiz ESONDERH	ikstatus al status IEDE VA	AN STEP	RFGE Plei	EVAL /	PARTICI			ρ
Couderdom Age Datum en tyd va Date and time o	ESONDERH an dood of death blok met X /	IEDE VA	AN STEP	Plel Place	EVAL /	PARTICI Dod ath		F DEATH	fietsryer rcyclist
Couderdom Age	ESONDERH an dood of death blok met X /	IEDE VA	AN STEP	Plel Place via P	k van de ce of de with X Voetga Pedes	PARTICI de dath	JONES OF	F DEATH Moto Moto	rfietsryer
Couderdom Age Datum en tyd va Date and time of Merk toepaslik	ESONDERH an dood of death blok met X /	IEDE VA	AN STEF	Plel Place	k van de ce of de with X Voetge Pedes	PARTICI Dod ath	JDN03	F DEATH Moto Moto Margespring	rfietsryer
Known as (full national Age Balance and time of Merk toepastike Motorbotsing Motor acciden	ESONDERH an dood of death Bestu Drive	IEDE VA	AN STEF	Pille	k van de ce of de with X Voetge Pedes	PARTICI de dath de la	ULARS OF	F DEATH Moto Moto Margespring	rfietsryer rcyclist Ander
Known as (full national Age Balance and time of Merk toepastike Motorbotsing Motor acciden	ESONDERH an dood of death Bestu Drive	Mark app	AN STEF	Pille Pills	k van doce of de with X Voetga Pedes	PARTICI pod ath	ULARS OF	Moto Moto afgespring in building	rfietsryer rcyclist Ander



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

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology

I, E MADUE ELA declare under oath:

Service Ga-Rankuwa.

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: ACSLE 1/2

In the performance of the official duties in connection therewith and on $\frac{20/2 - 28 - 22}{1}$ received the following exhibit (s): ALC	
From BR MUSAKANE	
While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact a not interfered with.	nc
On 2012 - 08 - 27 I handed the above exhibit (s) to the LIFE officer	
REF! Pm 3828/12	
The ALC was sealed with the official seal no local 070583	
 I know and understand the contents of this declaration. I have no objection to taking the prescribed oath. 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.	3
Place: Ga-Rankuwa FPS Date: 2012-09/10 JW M2 MOLO? C.F.O NAME: MATLON ZACHAMA MOLO?	
ADRESS : 6543 KGOTLENG STREET, GA-RANKUWA	
RANK: CHIEF FOREMSIL OFFICER	

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 627 120
AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:
I,declare under oath:-
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 $\frac{\sqrt{5/2} - \sqrt{2} - \sqrt{2}}{2} = 1$ 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 = 10 = 0 = 0 = 1 I handed the above exhibit (s) to the officer
REFL CORRECTED
Thewas sealed with the official seal no
The was sealed with the official seal no
 I know and understand the contents of this declaration. I have no objection to taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.
Place: FPS Ga-Rankuwa
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.
Places Co Paralause EDS
Place: Ga-Rankuwa FPS Date: 701-108/12 MM Ma Mo Lors C.F.O
MATLOY DACHARIA WISLOT
NAME :
ADRESS : 6543 KGOTLENG STREET, GA-RANKUWA
RANK: CHIEF FOREMON OFFICER

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: AL 566 1/2

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

I, B MASSPELA declare under oath:

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 - 08-22 I received the following exhibit (s): TOXICOLOGY

From DR

E

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 $\angle PB$ officer REF! TX2544/2 - 7X2549/12

The TOX was sealed with the official seal no TX 012624

- I know and understand the contents of this declaration.
- 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

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.

F.C. S.-F.O.

Place: Ga-Rankuwa FPS

NAME: 6543 KGOTLENG STREET, GA-RANKUWA

RANK

: CHIEF FOREMIL OfficER

.1/2
.11

600000

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

I, E MANAGELA declare under oath:

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 - 08-23 I received the following exhibit (s): ToxicoLogy

ئے

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

REFI_TX2546/2-TX2547/

The ICY was sealed with the official seal no TX C1Z 624

- I know and understand the contents of this declaration.
- 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

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

NAME

: MATLOY ZACHARIA MOLOS.

: MATLOY ZACHARIA MOLOS.

6543 KGOTLENG STREET, GA-RANKUWA

ADRESS

: CHIEF FORENSIL OfficER **RANK**



1/4	ocument no mer	746/1	ersion: Revis	sion 0.1	Effective	Pale: 29 delta	uary 2008
Post Mortem Toxic	ology Referral	Form (PLEASE P	RINT CLEARL	Y IN ENG	JSH)	001	1/10
Mortuary PH Reference OR PM or	EXEMG	Prioril	y Status:	Urgent		Routine	3
WC) 56 Case number		812 If URG	ENT, please le reason				
SAPS station . MA	ZIKANF		ie reason				
Date of specimen collection Time of specimen		20	0/2-	08.	-33		
collection Date of death	 			~ ~ ~			
Was the deceased	hospitalized he		n? Yes	28	No		
If YES, please indicated the property of hospitalization	ate the followi		ir res		J NO		
Were toxicological a On blood in hospital If YES, please list re	?	ed Y	S	No	-	Unsure	
Were any drugs adm hospital? If YES, please list dr		admission in Ye	es	No		Unsure	
Clinical History Circumstance of death:	Age Suicide	Race Homicide	MVA	-	ale L nknown	Female Other	-
Please provide relev	ant facts in the	history					
							
				 			
Relevant post mort on arm, where spe	em observatio	ns by the patholo impled from, etc)	gist (e.g. table	t pieces in	stomach, r	needle punc	ture marks
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			V	5,1 3,1	FIRE	(3)	
			-	1/	Mill of		







600004

Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 566/12

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

I, MATLOU ZACHARIA MOLOTO ____ declare under oath:-

I am a <u>Chief Forensic Officer</u> 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

Two different bottles with Official seal no (FSB1050997)

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

On 2017 08 1 28

I handed the above bullet(s) to SAPS Photographer

No 784464-3 Rank C81 Name M.Z Mores

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) (m2 mows

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

Place: Ga-Rankuwa FPS

Date: 2017 1 8 1 28

· / / ((, co), 11.

NAME

LUCAS MENZELWA MAHLANGU

ADRESS

6543 KGOTLENG STREET, GARANKUWA

RANK

ASSISTANT DIRECTOR





000005

Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 566/12

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

	m a <u>Chief Forensic Officer</u> in the Gauteng Department of Health, stationed at Forensic thology Service GA-RANKUWA.
I re	the performance of the my official duties in connection therewith and on 2012 / 08 / 22 received the following sample(s) from
	nile the specimen(s) was in my possession or control, it was kept in safe custody, seal kept intac I not interfered with.
	I handed the above specimen(s) to the investigating officer TOGUESTO Rank Rank Name Name
Th	SIGNATURE OF I/O Dna was sealed with the official seal no (PA 5000486914)5
1. 2. 3.	I know and understand the contents of this declaration. I have no objection to taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.
2. 3. Pla	I have no objection to taking the prescribed oath. I consider the prescribed oath to be binding on my conscience. ce: FPS Ga-Rankuwa
2. 3. Pla ラウス/c I ce dec	I have no objection to taking the prescribed oath. I consider the prescribed oath to be binding on my conscience. ce: FPS Ga-Rankuwa

ADRESS :

6543 KGOTLENG STREET, GARANKUWA

RANK

ASSISTANT DIRECTOR



A578

DEATH REGISTER NO. PHOKENG 567/2012

G.P.-S

REPUBLIC OF SOUTH AFRICA

GW 7/15

MEDICO LEGAL POST-MORTEM REPORT

000066

AND

AFFIDAVIT IN TERMS OF SECTION 212(4), ACT 51 OF 1977, AS AMENDED

I, KEVEN KHAZAMULA HLAISE, [MBChB, DTM&H, Cert.Med & Law, Dip.For Med, FC For.Path. Dept. of Forensic Medicine, Box 127, MEDUNSA, 0204. Tel No.: (012) 7009247, Fax No.: (012) 5600161).

state under oath:

I am in the service of the Government as a Head of Clinical Unit (Medical) at Ga-Rankuwa FPS and Acting HOD/Snr. Lecturer in the Department of Forensic Pathology at the University of Limpopo (MEDUNSA Campus).

- 1. At the Ga-rankuwa Medico-legal Laboratory (Mortuary), on August 21, 2012 commencing at 14h00, I examined the body of a **BLACK ADULT MALE** marked PHOKENG 567/2012. I recorded my findings which facts I ascertained by means of an examination requiring skill in biology, anatomy and pathology.
- 2. The body marked PHOKENG 567/2012 was identified to me by Mr P T Sekhute (Persal No 05219787) who is a facility Manager at Phokeng FPS in the North West Province.
- 3. Death, as informed, occurred on August 16, 2012; time of death was unavailable.
- 4. The chief post-mortem findings made by me on the body were:
 - 1. A single penetrating bullet wound of pelvis perforated the pelvic cavity and lacerated the right internal iliac artery and rectum, fractured the L5 lumbar vertebra, sacrum and both pelvic bones, and terminated in the muscles of lateral aspect of left hip where a bullet was found. The bullet wound and spent bullet were consistent with high velocity firearm. No autopsy signs of range of fire were identified although decomposition changes were present.
 - 2. Approximately 1 litre of free blood in the peritoneum.
 - 3. Early decomposition.
 - 4. No other significant forms of injury other than the gunshot wound.
 - 5. No scarification marks on the body.
 - 6. Relevant evidence collected is detailed at end of this report.
 - 7. SAP 180 stated that the deceased was shot.
- 5. That as a result of my observations | concluded that the cause of death was:

A SINGLE PENETRATING GUNSHOT WOUND OF PELVIS PERFORATING THE PELVIC CAVITY.

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DEATH REGISTER NO. PHOKENG 567/2012

OCOOGG (9)

SCHEDULE OF OBSERVATIONS: GENERAL

1. Height: 1,64 m

Mass: 54 kg

Physique: Normal

Nutrition: See paragraph 3

- 2. Special identifying features: Young adult black male with an old amputation of last phalanx of left little finger, and an old scar on lateral part of left knee. The following blood-stained clothes were identified on deceased: Blue-white sport T-shirt branded Supersport United F.C./DSTV. Uzzi blue jeans. Bear red underwear. Red-checkered boxer underwear. Gold rim on right central incisor teeth. There is no bullet defect on the right lateral waist side of Uzzi blue jeans and no soot or grease staining. "B3" mark written with a black marker was identified on right side of abdomen.
- 3. Secondary post-mortem changes: Body was refrigerated. Flaccidity is present.

 There is early decomposition showing bloating of face and abdomen, blue-green discoloration, and marbling.



- 4. External appearance of body and condition of limbs:
 - 4.1. (Wound A): There is a 0,5 cm X 0,5 cm oval-shaped penetrating bullet wound with a collar of abrasion on lateral aspect of the right hip, 15 cm to the right of anterior midline and 55 cm below shoulderline. This wound is consistent with an entrance wound.
 - **4.2.** There is a 4 cm X 4 cm irregular-shaped abrasion on left cheek.
 - **4.3.** There are multiple small irregularly-shaped abrasions on the following areas the right cheek just above jawline, right side of upper and lower lips, in middle of skin area of right sternomastoid muscle, horizontally along the right posterior waistline where there is a belt imprint, left elbow, left knee, and middle of left shin and behind right ear.
 - 4.4. There are no other wounds on skin.
 - 4.5. There are no scarification marks on body.
 - 4.6. X-ray was performed before evisceration and showed one bullet lodged on lateral aspect of left hip. The bullet was recovered from the muscles on the lateral aspect of the left hip, 60 cm below shoulderline. The bullet showed a sharp pointed end, is deformed and flattened.
 - 4.7. Track of wound A: Wound A perforates the pelvis from right to left in a slightly backwards direction. The path of bullet track perforates the lateral wall of right pelvic bone, the right internal iliac artery and its surrounding structures, the rectum, the L5 lumbar vertebra and upper part of sacrum, the posterior wall of left pelvic bone and terminates in the muscles on lateral aspect of left hip where a bullet was recovered.
 - 4.8. SAP 180 stated that the deceased was shot.
 - **4.9.** There was no blood in the peripheral vessels and therefore blood for Alcohol, toxicology and DNA was taken from the free blood in the abdominal cavity.



HEAD AND NECK

- 5. Head: Scalp shows no subscalp haematomas. Skull and mandible are intact and unremarkable.
- 6. Brain: Brain shows early decomposition with blue-green discoloration and softening present, but is intact. There is no epidural, subdural or subarachnoid haemorrhage. The blood vessels at the base of the brain are normal with no dilatations or aneurysms present. No contusions of the brain are present. No herniation of the brain is present. Serial coronal sections of the brain with 1cm thickness show no old or recent pathological changes. The cerebellum and brain stem are unremarkable.
- 7. Orbital, nasal and aural cavities: Are intact and show no macropathology.
- 8. Mouth, tongue and pharynx: Are intact and show no macropathology.
- 9. Neck structures: Are intact and show no macropathology.

CHEST

- 10. Thoracic cage and diaphragm: The ribs and sternum are intact. The diaphragm is intact. There is no free blood in the chest cavity.
- 11. **Mediastinum and oesophagus**: Oesophagus is intact and shows no macropathology. Mediastinum is unremarkable.
- 12. Trachea and bronchi: Are intact and show no macropathology.
- 13. Pleurae and lungs: Lungs are intact but show early decomposition with blackish colour changes present.
- 14. Heart and pericardium: The heart is intact but shows early decomposition with colour changes present. The atria and the right ventricles show no evidence of recent or old ischaemic changes. The heart valves are unremarkable. The coronary arteries have a normal distribution and anatomical position. The coronary ostia occupy a normal anatomical position and are patent. The coronary arteries are widely patent with no significant atherosclerosis present. There is no coronary thrombosis.
- 15. Large blood vessels: There is a bullet transecting perforation of right internal iliac artery and associated surrounding structures with extensive surrounding haemorrhage see also paragraphs 4, 15, 16, 18 and 25.

ABDOMEN

- 16. **Peritoneal cavity**: There is approximately 1 litre of free blood in the peritoneum which was 700 ml in the measuring jug. See also paragraphs 4, 15, 16, 18 and 25.
- 17. Stomach and contents: There is partially digested food in stomach but stomach is intact.



- 18. Intestines and mesentery: There is a bullet perforation of rectum with surrounding haemorrhage. See also paragraphs 4, 15, 16, and 25.
- 19. Liver, gall-bladder and biliary passages: The liver shows early decomposition with color changes and softening, but was intact.
- 20. Pancreas: Shows autolysis.
- 21. Spleen: Autolytic but intact.
- 22. Adrenals: See paragraph 3.
- 23. **Kidneys and ureters:** Both kidneys show early decomposition with color changes and softening but intact.
- 24. **Urinary bladder and urethra**: There is extensive hemorrhage around soft tissues of bladder but bladder appears intact. See also paragraphs 4, 15, 16, and 25. There is no urine in the bladder.
- 25. Pelvic walls: There is a gaping bullet perforation through lateral wall of right pelvic bone with inverted bone fragments associated with surrounding soft tissue hemorrhage. There is a bullet perforation of posterior wall of left pelvic bone with extensive bone fragmentation and soft tissue hemorrhages. See also paragraphs 4, 15, and 16.
- 26. Genital organs: Normal male genitalia.

SPINE

- 27. Spinal column: There is a large furrowed bullet perforation of L5 lumbar vertebra and upper part of sacrum with extensive bone shattering and extensive bone fragmentation associated with extensive surrounding soft tissue hemorrhages. See also paragraphs 4, 15, 16, and 25.
- 28. Spinal cord: See paragraph 27.

SPECIMENS SENT FOR FURTHER INVESTIGATION

- Blood for alcohol content determination was withdrawn from the femoral vessels with
 a syringe and transferred to a bottle which had been removed from a polystyrene
 container, after a string with a metal seal no PMK070597 was cut. Both the tube and the
 container were marked PHOKENG 567/2012. After placing the bottle into the
 polystyrene container, the container was resealed with a new piece of string and a metal
 seal no PMK070598 and handed to Forensic Officer B Mogakane of Garankuwa FPS.
- TOXICOLOGY: The stomach contents and blood were placed in a plastic box marked PHOKENG 567/2012 and sealed with seal no. TX000140. The box was handed to Forensic Officer B Mogakane, Garankuwa FPS.







- Blood and mouth swabs were taken and sealed in a SAPS DNA evidence bag with seal number PA5000486901 and handed to Forensic Officer B Mogakane, Garankuwa FPS.
- The thoracic block organs (i.e. heart and lung together with upper airways structures) were taken and placed in a NIOH plastic container with Formalin and container was labeled PHOKENG 567/2012 (original label 32 of 46).

EXHIBITS TAKEN FOR FURTHER BALLISTIC ASSESSMENT

 A spent bullet was placed in a plastic container which was labeled and sealed in a SAPS evidence bag with seal no PA60007756505 and this was handed to Forensic Officer B Mogakane of Garankuwa FPS.

ASSISTANTS AT THIS AUTOPSY:

- Dr Marna du Plessis, a Forensic Registrar at Garankuwa FPS, scribed at this autopsy and helped with the collection of evidence.
- Dissectors FO S Shisana of Garankuwa, FPS and FO D Makabe of Phokeng FPS.
- X Ray Examination was performed by SFO S I Farhina of Pretoria FPS, Persal No. 04227743.
- FO Baby Mogakane received all evidence, exhibits and specimens that were collected at this autopsy.

THE FOLLOWING PERSONS WERE PRESENT AT THIS AUTOPSY EXAMINATION:

- Lt L W Visser of Silverton SAPS Ballistics.
- AO E Coetzee Silverton SAPS Ballistics.
- Const Sekete SAPS LCRC at Brits
- W/O G C Van Eeden Forensic Science Laboratory.
- *Lt T A Manama SAPS LCRC at Brits.

ADDITIONAL OBSERVATIONS

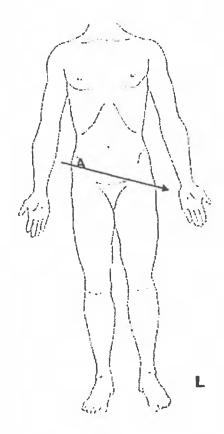
- BI 1663 form number A07501025 signed.
- · Thoracic organs were taken NIOH.



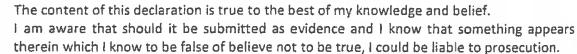


DIAGRAM

Diagram depicting bullet wound described in paragraph 4.



Arrow indicates direction of the bullet



- 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.

K K Hlaise

Principal Specialist/Snr Lecturer Head of Clinical Unit (Medical)

extlene,

MBChB, DTM&H, Cert.Med & Law, Dip.For Med, FC For.Path



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DEATH REGISTER NO. PHOKENG 567/2012

I certify that the deponent has acknowledged that he knows and understands the contents of this declaration which was sworn to before me and the deponent's signature was placed theron in my presence.

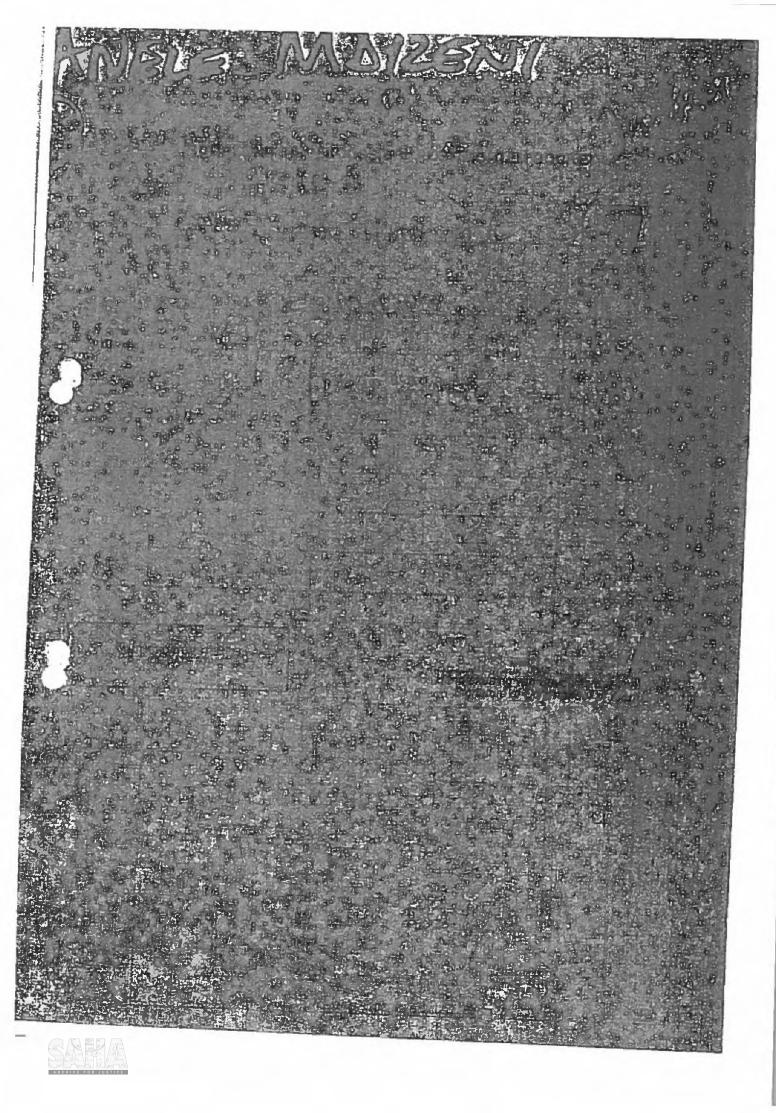
COMMISSIONER OF PATHS

Full Name (in BLOCK letters):

Business Address (in BLOCK Letters):

200= 5

Designation (Rank):



GERÉGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in Hierdig sakkle.

2: Indien u van adres verander het, of indien besonderhede van u hustige adres, be stradnach ervor nommer, ens. verander het, moet die vorm KENRSGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identheitsdokument is, gebruik word if die verandering aan te meid en moet dit ingedien word by of gepos word aan die naaste street distriction van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDR.

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

2. If you have changed your address, or, it paniousline of your present address, e.g. cama distrect andress street number, etc. have been changed, the NOTICE OF GHANGE OF ADDRESS From its the pocket at the Dank of the learny domain must be used. It should be be added in at or posted to the residence of the part of the PARTMENT OF HOME AFFAIRS.

I.D.No.

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME MDIZENI

VOORNAME/FORENAMES **DUMISANI**

GEBOORTEDISTRIK OF LAND! DISTRICT OR COUNTRY OF BIRTH

AFRICA

SOUTH



DATUM UITGEREIK DATE ISSUED

2005-11

GEREGISTREERDE WOON EN POSADRES

1. Beweier die bewins van digeregistreerde woon- en POSADRES in fliefdie siekkie

2. Indien ui van adres verander hel, of indien besonderhede van uit hudige adres, by straetnaam enter nommer, ens verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie egter in die identifeisdokument is, gebruik word om die verandering aan te meister moet dit ingeden word by of gepos word aan die naaste streek-distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

RÉGISTERED RESIDENTIAL AND POSTAL ADDRESS

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/distinct office of the DEPARTMENT OF HOME AFFAIRS.

I.D.No.

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME **MDIZENI**

VOORNAME/FORENAMES **ANELE**

GEBOORTEDISTRIK OF LAND! DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GENGORTEDATUM/ DATE OF BIRTH

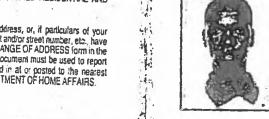
1983-02-06

DATUM UITGEREIK DATE ISSUED

2002-12-11

DIMEKTEUM-GENBRAAL: BINNELANDSE BAKE

issued by Authority of the director-general: home affairs







SOUTH AFRICAN POLICE SERVICE

	IDENTIFICATION OF BODY
	Station/Government Mortuary
	In printing 1. Dunisani Mdizeri
	Identity number*an/a *adult/m inor_White /Black/Asi an/Colou red
	on 2012 - 08 - 20 at the Government Mortuary, Procedure
	I identified the body of a *White/Black/Asian/Goloured *male/female to *medico legal assistant
	as being that of
	3 Recidential address SKOP ND/QQS -
	4 Employed at 10 mm/n - tonge M/ne.
	5. Relationship to deponent. \$10 - 6. Marital status. Marital status.
	7. Name and address of *residence/employment of deceased's *husband/wife/father/mother/brother/sister/other
	relative Elliotdale.
	"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	 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.
	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
	at:(time).
	(Signa vure) Commissioner of Oaths
	Full first names and surname 204 Hma Whilmane
	Full first names and surname Joy Anno Mhulwave Business address (Street address of Police Station) Salema Section from Medico 1899. Solemale Medico 1899. Setvice
	Designation (rank) 7 C: South African Police Service
	*Delete and initial words not applicable.



TEBA Limited

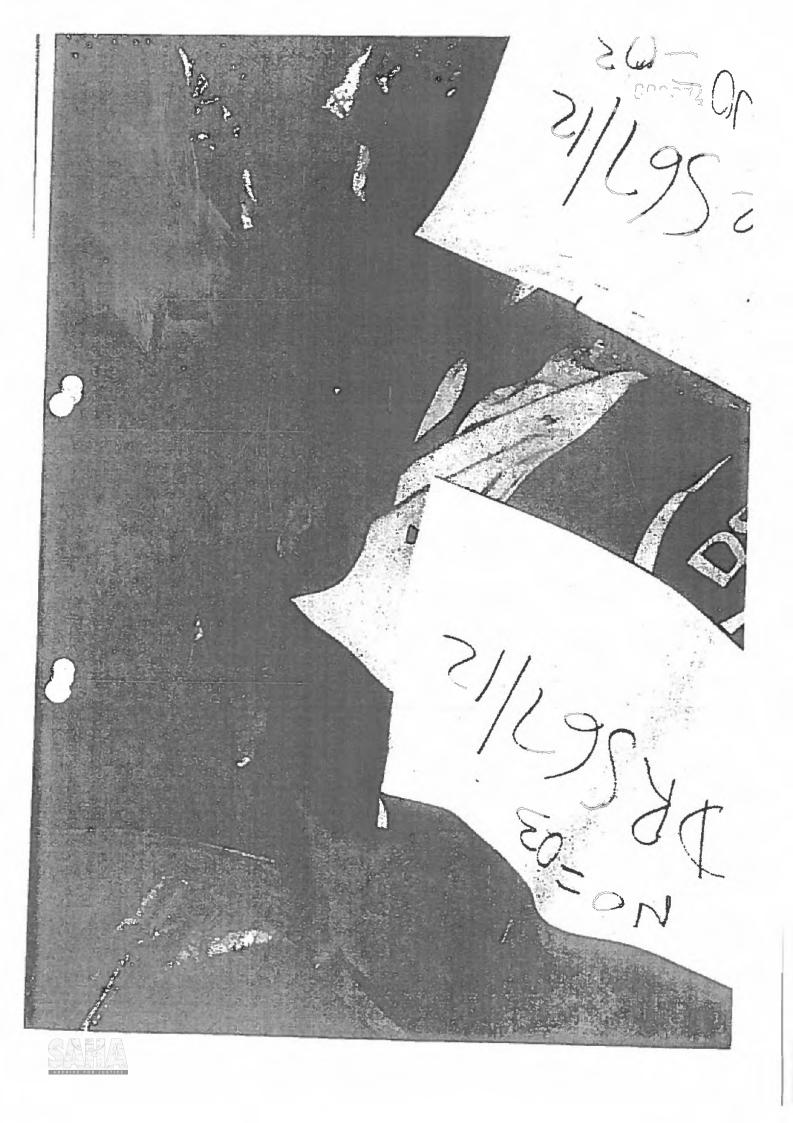
RSA Reg. No 1902/001680/06

Conditional Agreement of Service

Registration Date: 2011/07/29

MOIZENI Employer: Surname: 596 Other Names: ANELE KAREE MINE MALE Gender: Site: WANDILE MDIZENI 596 Father's Name: KAREE MINE NOTJHOVILE MDIZENI Mother's Name: UNATHI NDOYISILE Spouse's Name: 20764338 Industry No: Chief / Headman: BANGILE SOUTH AFRICA Country: ELLIOTDALE District: Office: **MTHATHA** 3909 Language: **XHOSA** Religion: AGNOSTIC Year: 2011 Serial Number: 1644 Home Address: 5500082 Company No: Occupation: Passport No. ELLIOTDALE 5070 Identity No: (Did not Pass aucommodation: **SELOKONG SECTION** 1983/02/06 WONDERKOP Date on Bith: SINGLE NOTJHOVILE MDIZENI **Émergency Contact:** ents: **UNATHI NDOYISILE** Death Beneficiary: Cation Std Attained: WIFE Beneficiary Relation: EGRADE 8 PASSED Beneficiary Address: Qualification ELLIOTDALE ABET Numeracy Qualification Beneficiary Contact: ABET Literacy Qualification ous Agreement J: TOM KAREE 0596 Serial Number: No. of Weeks Year ast agreement: Agreement Period (Weeks): 52 106 2010 Agreement Expiry Date: 2012/07/27 Experience: 458 - EX LEAVE Date of last discharge: 2011/06/27 Last Employer: WESTERN PLATINUM LIMITE 582 Industry Certificate No: GEN59589 Type of Employment Underground Endorsements, Vaccinations etc. GEN NO. 22095/11 Employee's Signature or Mark 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. **NOT AVAILABLE** 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 ID number with its own database and, that held by the Department of Home Affairs. Capturer: Alton Jozana Date Printed: 2012/08/17 05:16:23 PM





(RSA Reg. No. 1902/001680/06) TEL: NO. (014) 566 5331 FAX: NO. (014) 566 4666

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PO Box 111 RUSTENBURG O 300

DEATH REPORT INVOICE

DEATH REPORT AND INVOICE NUMBER: C596/53/2012

MINE: KAREE MINE Code: 596	
INDUSTRY Number: 20764338	DATE OF REPORT: 2012/08/17
DECEASED'S	PARTICULARS
FIRST NAME: ANELE	DATE OF DEATH : 2012/08/16
SURNAME: MDIZENI	CAUSE OF DEATH: UNNATURAL CAUSES
ID/PASSPORT NO:	PLACE OF DEATH: WONDERKOP
COY. NO: 5500082	MINE ACCIDENT? N/A
SERIAL: 1644/3909	REPORTED BY: JONES MARUPING
OFFICE : ELLIOTDALE	REPORTED TO: TRACY COETZEE
DEPENDANT	BENEFICIARY
AME: UNATHI	ADDRESS : ADDRESS :
SURNAME: NDOYISILE	
KINSHIP: WIFE	
NAME OF TRUSTEE:	460000000
NO FUNERAL ADV	ANCE AUTHORISED
PAY TO: NO PAYMENT AUTHORISED	Amount : 0,00
PAYMENT AUTHORISED BY:	
COMMENTS:	
FOR TEB	A USE ONLY
CASH AND BA	NK PARTICULARS
THE FOLLOWING TO BE REFLECTED ON CASH AND	BANK
ACCOUNT NO. 77162/0050	
TRANSACTION DESCRIPTION: C596-53-2012	
ÝMENT EXPIRY DATE: 30 DAYS	
	LTP
SIGNATURE OR	
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 w	hom reported (Name & Designation):





Other Names:

Father's Name:

Mother's Name: Spouse's Name:

Chief / Headman:

Gender:

Country:

District:

Language:

Home Address:

Living out / Mine

Accommodation:

Emergency Contact:

Death Beneficiary:

Beneficiary Relation:

Beneficiary Address:

Beneficiary Contact:

Serial Number:

Date of last discharge:

GEN NO 22095/11

108

vious Agreemen fice: TOM KAREE

Religion:

MDIZENI

ANELE

MALE

BANGILE

XHOSA

WANDILE MDIZENI

UNATHI NDOYISILE

SOUTH AFRICA

ELLIOTDALE

AGNOSTIC

ELLIOTDALE 5070

BRITS

SELOKONG SECTION WONDERKOP

NOTJHOVILE MDIZENI

UNATHI NDOYISILE

FI LIOTDALE

5070

Last Employer: WESTERN PLATINUM EMITE

Endorsements, Vaccinations etc.

NOTJHOVILE MDIZENI

TEBA Limited

RSA Reg. No 1902/001680/06

Conditional Agreement of Service

Registration Date: 2011/07/29 Employer; KAREE MINE 596 Site: KAREE MINE 596 Industry No: Z0764338 Office: **MTHATHA** 3909 2011 Serial Number: 1644 Year: 5500082 Company No: Occupation: Passport No. Identity No: (Did not Pas Date of Birth: 1983/02/06 Marital Status: SINGLE cation Std Attained: RADE 8 PASSED alification BET Numeracy Qualification **ABET Literacy Qualification** 0596 st agreement: Agreement Period (Weeks): 52 Agreement Expiry Date: 2012/07/27 Experience: 458 - EX LEAVE 2011/06/27 Industry Certificate No: 582 GEN59589 Type of Employment: Underground Employee's Signature or Mark NOT AVAILABLE

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.

No. of Weeks

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 ID number with its own database and, that held by the Department of Home Affairs.

Capturer: Alton Jozana

Date Printed: 2012/08/17 05:16:23 PM

Suid-Afrikaanse Polisiediens



South African Police Service

000007

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

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SOUTH AFRICAN POLICE SERVICE

Body number 5.6.7 (12

AUTHORITY TO HAND OVER BODY AND ACKNOWLEDGEMENT OF RECEIPT

	To: The Commander							
	Government Mortuary							
	propers.							
	PART A							
	AUTHORITY TO HAND OVER BODY							
	You are hereby authorised to hand over the body of Anele Maizen							
	to							
	of							
	Place Droke you							
	Date 2012 -3 (Signature of next of kin or other authorised person)							
	Address							

	(Tel. No. 073 62 650 709.)							
	PART B							
}	ACKNOWLEDGEMENT OF RECEIPT							
	I certify having received the body of							
	receipt never greceived are body of							
	properly cleaned, sutured and prepared for burial from the government mortuary at							
1	Place(Signature of next of kin, other authorised							
1	Date							
	Address							
	(Tel. No)							



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cting Occupation	nnet Vehicles Certificates Service history Parades Allowances	
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ld number		Biometrics
Department	4B4400200R54A0	2
Occupation	General Engineering	
Category	4B Shaft	
Contractor		



DEPARTMENT OF HOME AFFAIRS



NOTIFICATION / REGISTER OF DEATH / STILLBIRTH U

in terms of the Births and Deaths Registration Act, 1992 (Act No. 51/of 1992) 21/08/2012	Space for Bur Code
• Must be completed in black ink (plchse tiel / where applicable) SERIAL No:	
FILE NO. 567 112 DATE: 26 108 112 A07501025	3333
A PARTICULARS OF DECFASED INDIVIDUAL / STILLBORN CHILD	Date of birth
Identity number of decard death Date of Det 12 OK 116	1118310210
Surname MANDEWN	Age at last burthday
Minden Name (If female) Forenaises Americal III	H death occurs d with u H hour after both number of froms after
MARITAL STATUS OF DECEASED Single Civil Marriage Living as married Widno d	N-2 1-12
Religious Low Marriage Divorced Customary Marriage	af deceased
PLACE OF BIRTH (Municipal district or country if abroad)	quin quin
PLACE OF DEATH (City / Town / Village). 400 NEX 120 P	44.4
PLACE REGISTRATION OF DEATH	
CITUM ASHIBOLDECEASID SOUTH BRAICOL	Annual Control of the
B PARTICULARS OF INFORMANT	on to the appear.
Identity number	of informant
Initials and Surname D Mdi 2 e Wi	April 198
Relationship to deceased Parent Spouse Child Other kin Other especifys	
Postal address	3
Postal Co le	Desting
Was the next of kin of the deceased a Refuse to T	Code 1521/121, 1
Date Dool 15 0 8 150	Telephone No.
1801 tre 0.0: 8001 Signature 400080	1/01/17/17/11/11/11
C PARTICULARS OF FUNERAL UNDERTAKER	Office Mamp of Funeral Cadertaker
Initial and Surname	
Designation No. Place of burial Genacion.	
Date Signature,	an delated to should should be should be should be
D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE	Postal addres
The undersign of hereby carrier that the deceased named in Section A, to the best some knowledge and be of died solely and actusively the no NATERAL CALSES.	
A specific J in Section G.	
the inderstand, an norm to position to certify but the deceased disd is histoclassed and in about a most	
from its and Surname Per al Code 1	
Date Signed Supriators	SAMDC/53NC Reg. No.
D.2 CERTIFICATE BY DISTRICT SURGEON/FORENSIC PATROLOGIST	Postal address
I, the case (sign dish as south that a medicule of past a outent examination of the reconduct dion the body of the person who are interesting and the configuration of the purpose of the logical Not, 1989 (Act No. Cot 1986) and that the first south of the purpose of the logical No. (Cot 1986) and that the first south of the purpose of the logical No. (Cot 1986) and that the first south of the purpose of the logical No. (Cot 1986) and that the purpose of the logical No. (Cot 1986) and that the purpose of the logical No. (Cot 1986) and that the purpose of the logical No. (Cot 1986) and that the purpose of the logical No. (Cot 1986) and that the purpose of the logical No. (Cot 1986) and the person had a logical not be presented in the purpose of the logical No. (Cot 1986) and the person had a logical not be presented in the purpose of the logical notation of the person of the	1271
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E FOR OFFICIALUSE ONLY Initials and Surpano or Registrar	Office Stamp
Registration of Beath approved and Burial Order Issued Postel address Designation No. 1.	



NOTIFICATION / REGISTER OF DEATH / STILEBIRTH

in terms of the Births and Deaths Registration Act,	Space or Bar Cute
1992 (Act ₁ No. 51/of 1992)	81
• Must be completed in black ink (please tick \(\frac{1}{2} \) where applicable) SERIAL No:	0 /
* Please refer to distructions	
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A PARTICULARS OF DECEASED INDIVIDUAL / STILLBORN CHILD	Date of birth
Identity number of deceased Date of leath []	المحالالة لينالالغامان
Sumance (NA) DeW.	Age at last ye i
Manden Names	Su Malle
(If female)	It death occurred within 24 hours after birth
MARITAL STATUS OF DECEASED Single Civil Marriage Living as married	Widowed Widowed
hand party	-1
Religious Law Marriage Divorced Custo	man, Marriage []]
PLACE OF BIRTH (Municipal district or country if abroad).	d co
PLACE OF DEATH (City / Yown / Village) > DQ V & : A ! Q V	telling of the second of the s
PLACE REGISTRATION OF DEATH	
B PARTICULARS OF INFORMANT	The first section of the section of
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Initials and Surmane DWA, Dolo, 1	mer especity)
the second of th	There especity)
Postal address	7 2
	the second section and second sections.
Post il Code	Daling O7B
Was the next of kin of the deceased a smoker—thing the past five years? Yes No Refuse to answer	277 977 97
Date 5 15 6 18 130	l'éléphone No
1 1/400 1 31 31 1/31 X 1 1 31/21 27 1/1 / /	
Signature (A. A. J. Land L. Signature (A. A. J. Land Land Land Land Land Land Land Land	
C PARTICULARS OF FUNERAL UNDERTAKER	Office Stamp of Francis Contro taker
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C PARTICULARS OF FUNERAL UNDERTAKER Initials and Surname Designation No. Place of burial / cremation Date Signature D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL L. the undersigned, bereby certify that the deceased named in Section A, to the be to provide the content of the c	NUMBER
C PARTICULARS OF FUNERAL UNDERTAKER Initials and Surname Designation No. Place of burial / cremation Date Signature D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL I. the undersigned, hereby or riffy that the deceased named in Section A, to the best Simy knowledge and belief, died solely and exclusively due to NATURAL CAUSES. Type-tife d in Section G.	NUMBER
C PARTICULARS OF FUNERAL UNDERTAKER Initials and Surname Designation No. Place of burial / cremation	NUMBER
C PARTICULARS OF FUNERAL UNDERTAKER Initials and Sumance Designation No. Place of burial / cremation Date Signature D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL I. the undersigned, hereby certify that the deceased named in Section A, to the be a Smy knowledge and befief, died solely and exclusively due to NATURAL CAUSES. I specified in Section G. the undersigned, am not in the position to certify that the deceased died exclusively to natural causes.	NUMBER
C PARTICULARS OF FUNERAL UNDERTAKER Initials and Sumance Designation No. Place of burial / cremation Date Signature D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL L. the undersigned, hereby certify that the deceased named in Section A, to the be a Smy knowledge and befief, died solely and exclusively due to NATURAL CAUSES. Specified in Section G. the undersigned, am not in the position to certify that the deceased died exclusively are to natural causes.	NURSE Postal address
C PARTICULARS OF FUNERAL UNDERTAKER Initials and Surname Designation No. Place of burial / cremation Date Signature D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL L. the undersigned, hereby certify that the deceased named in Section A, to the be to the undersigned, am not in the position to certify that the deceased died exclusively the to natural causes. Intuition and Surname Date Signature D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST	NURSE Postal address Postal Code
C PARTICULARS OF FUNERAL UNDERTAKER Initials and Surname Designation No. Place of burial / cremation	NURSE Postal address Postal Code SAMIXC / SANC Reg Sep.
C PARTICULARS OF FUNERAL UNDERTAKER Initials and Sumame Designation No. Place of burial / cremation Date Signature. D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL L. the undersigned, hereby certify that the deceased named in Section A, to the be a City knowledge and belief, died solely and exclusively due to NATURAL CAUSES. Installs and Sumante Date Signature. D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST L. the under igned, hereby certify that, medical, gill po t-mortem examination has been conducted on	NURSE Postal address Samix 'Sanc Reg 'on Postal address Postal address 127
C PARTICULARS OF FUNERAL UNDERTAKER Initials and Surname Designation No.	NURSE Postal address Postal Code SAMIXC / SANC Reg Sep.
C PARTICULARS OF FUNERAL UNDERTAKER Initials and Surname Designation No.	NURSE Postal address SAMDC (SANC Reg. 40). Postal address UL ROX 1/2/7 Postal address OZ 6/2047
C PARTICULARS OF FUNERAL UNDERTAKER Initials and Surname Designation No. Place of burial / eremation Date Signature D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL I. the undersigned, hereby certify that the deceased named in Section A, to the best specified in Section G. Typecified in Section G. The undersigned, am not on the position to certify that the deceased died exclusively are to natural causes. Inmals and Surname Date Signature D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST I, the under igned, hereby certify that, medicol, p.d post-mortem examination has been conducted on the body of the person who esparated are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of ik ath is: Natural (Cause of D. abstraction G) Unmatural X Under investigation Place of post-mortem Place of post-mortem Date	NURSE Postal address SAMIX SANC Reg and Postal address Postal address O BOX 127 Postal Code O BOX 127 SAMDC Reg No
C PARTICULARS OF FUNERAL UNDERTAKER Initials and Surname Designation No.	NURSE Postal address SAMDC (SANC Reg. 40). Postal address UL ROX 1/2/7 Postal address O SANDC (SANC Reg. 40). Postal address O SANDC (SANC Reg. 40). SAMDC (SANC Reg. 40). Postal address O SANDC (SANC Reg. 40). SAMDC (SANC Reg. 40).
C PARTICULARS OF FUNERAL UNDERTAKER Initials and Sumame Designation No. Place of burial / cremation Date Signature D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL I. the undersigned, hereby certify that the deceased named in Section A, to the be 1 Cray knowledge and behef, died solidy and exclusively due to NATURAL CAUSES. Specific d in Section G. the undersigned, am not in the position to certify that the deceased died exclusively to to natural causes. Inmals and Sumante Date Signed Signature. D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST I, the under igned, hereby certify that it, incdically all post-incortem examination has been conducted on the bash of the person who e-particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of it in this Natural (Cause of D. ath. sindicated in Section G) Unmatural (Cause of D. ath. sindicated in Section G) Unmatural (Cause of D. ath. sindicated in Section G) Date Place of post-mortern Date Date Date Date Place of post-mortern Mortoury Date Signed ZO I ZO B ZI Signature Place of post-mortern Date Solo I ZO B ZI Signature Place of post-mortern Date Solo I ZO B ZI Signature Place of post-mortern Date Solo I ZO B ZI Signature of Registration of Death approved	NURSE Postal address SAMIX SANC Reg and Postal address Postal address O BOX 127 Postal Code O BOX 127 SAMDC Reg No
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2. Opinion of attending medical practitioner on duty

5. Interview of family member

INFORM	MATION FO						ĽY	PAG	2222	
	(After compl	etion seal to	ensure <u>c</u>	ontide	entiality	,		Space fo	or Bur Code	
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DEMOGRAPHIC DETAIL	7									
nitials and Surname of deceased	A	MISPE	-1,-151				TIT		111	TT
lentity number		118117	100			11			-1	
LACE OF DEATH 1 Ho	ospital: (Inpatient	ER/O	utpatient		DOA [)	2. Nursi	ng Home		3. Hom
ACILITY NAME: If not an institution, give street name		turned company and a company of the	• 1218-121-1-1218		egil er en med	10 10 10 4 10 (44) 0	24 2460 24	record record ages	Service at Case	Cally and
SUAL RESIDENTIAL ADDRESS	OF DECEASED	(Where someone li	lved on mos	t days)						
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JSUAL OCCUPATION OF DEC	CEASED	1 1		TYPE	E OF BUS	INESS /	I NTCI INDUSTR	Y (e.u. Mi	ning, Farr	ning etc
give type of work done during n	tost of working	life. Do not use	"retired".		to instruc					
and contract the contract of t	gerft dant begillegeitengig ge	a emple gere verifically collect	LANGUAGE VANCES	1 4 (4)	W.	ml -	۹			T ACMIETO
Vas the deceased a smoker* five yea	TE 1902 ([7])	Yes [7	No [7	Do not kno		Not	applicable ((minur)
				.40 L		IN HOLKIN		1701		-
PART 1 Enter the disease, injur- such as cardiac or respi	ies or complication	us that caused the	List only o	ne caus	se on each	line.	0.	between o	mate interveneet and De fooths / Yea	eath
IMMEDIATE CAUSE	(Final disease	(a) C/7.cc	·s40	7 4	NOCI	e ct	Polu	15.		
or condition resulting in	n death)	Due to (or a cons	requence of)						
Sequentially list condit		(b)					400 to 1	the state of the state of	(mgm) 12 1 mm # 1 (1 1 1 # #	(na (10 ka ())
leading to immediate ca Enter UNDERLYING	CAUSE last	(c)		-						
(Disease or injury that events resulting in deat		Due to for a cons	equence of							
		(d)				est mist Jeen	allest re	History or and a second	i l-quidee Pibbieg	
~		Due to (or a cons	sequence of)						
PART 2 Other significant condi- not resulting in the und	tions contributing erlying cause give	to death but in in Part 1	***************************************			(1.16 th (1.16 (week)	are steel	* 178 P. 17 B. 17 A 9491	题表表中:中美丽·小中国《本》 國際	t e al
If a female, was she pregnant 42	days prior to deat	h? ()	Yes		No					
If stillhorn, please write mass in	grams			_						
Do you consider the deceased to	be: African	White _	Indian] (oloured _	Other	(Specij	5v)	drived to promit the en	4 1 1-0
Method of ascertainment of caus	e of death:	,								£.,

2. Opinion of attending medical practitioner

4 Opinion of registered professional nurse



1. Autopsy

83/B1 THE WALLS 12 INFORMATION FOR MEDICAL AND HEALTH USE ONLY (After completion seal to ensure confidentiality) Space for Bur Code Must be completed in black ink (please tick where applicable) SERIAL No. · Please refer to instructions FILE No: 567 120/2 DATE: 2 F DEMOGRAPHIC DETAILS Initials and Somante of deceased Identity number LR / Ompation DOA 2. Nursing Home 1 Home PLACE OF DEATH 1, Hospital, alimpatient 4. Other (Specify) FACILITY NAME: (If not an institution, give areet name and number USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days) Street name and number Name of Plot, Farm, etc. Suburb / Village Town / City Province / Country Postal Code 13 Magisterial district Consus enumerator area DECEASED'S EDUCATION (Specify) only highest class completed / achieved) Gr4 G₁6 Gr7 Gr8 Gr4 Cir10 Gr12 Univ CO Gra Gr5 Grl Cic2 None Form Form Form Tech Form Form 1 NTCI NTC2 NTCI TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.) USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use "retired". Refer to instructions. Do not know has applicable (namer) Was the docea of a smoker* five years ago? (c) Yes No FOR OFFI G MEDICAL CERTIFICATE OF CAUSE OF DEATH Approximate interval USE ONL PART 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, between onset and Death such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line, IC10-10 11.5/207 IMMEDIATE CAUSE (Final disease (a)... or condition resulting in death) One to for a conviguence of) Sequentially list conditions, if any, leading to immediate cause. Due to (or a consequence of) Enter UNDERLYING CAUSE last (c)..... (Disease or injury that initiated Due to (or a consequence of) events resulting in death) Due to (or a consequence of) 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? (No

Other

5. Interview of family member

2. Opinion of attending medical practitioner on duty

Coloured



1. Autopsy

If stillborn, please write mass in grains

Method of ascertainment of cause of death:

White

2. Opinion of attending medical practitioner

4. Opinion of registered professional nurse

Indian

Do you consider the deceased to be:

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO:	R567112
	Property.

AFFIDAVIT IN TERMS	OF SECTION 212(8) ACT 51	OF 1977 AS AMENDED:
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I. E MANUPELO. declare under oath:

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 $\frac{2012 - 08 - 21}{}$ received the following exhibit (s): ALC

From DR FO MICIAKANE

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

On Zo12 - 08 - 27 I handed the above exhibit (s) to the LAB officer REFI_BM 3829/12_

The Alewas sealed with the official seal no Pork 070597

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

Place: FPS Ga-Rankuwa

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 MM 2/no2073
C.F.O

: MADLOY ZACHARIA MOLOZI : 6543 KGOTLENG STREET, GA-RANKUWA NAME

. CHIEF FOREMSIC OFFICE RANK

The same stands of the same of
FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 100000
AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:
I,declare under oath:-
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 <u>17/2 - 27 - 21</u> [received the following exhibit (s): 15/4 = 1
From DR CO PARTITIONS
While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact an not interfered with.
On $342 - 63 \cdot 17$ I handed the above exhibit (s) to the 100 officer
REFI_02222_2
The Ars was sealed with the official seal no Ars 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
 I know and understand the contents of this declaration. I have no objection to taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.
Place: FPS Ga-RankuwaS-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 10022 C.F.O

NAME : MATLOW ZACHARIA MALONA ADRESS : 6543 KGOTLENG STREET, GA-RANKUWA

RANK : CHIEF FOREHOLD OFFILER

