HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40-400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL

NAME AND LOCATION OF HOSPITAL

Instructions - Medical Officer in attendance will:

Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.

Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)

Nelson, Andrew

468-08-8742

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

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

29 Aug 07/1052

3. MEDICAL EXAMINER/ CORONER'S CASE ☑ YES ☐ NO

4. RELIGION

Roman Catholic

5. CHAPLAIN NOTIFIED ☑ YES ☐ NO

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

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) Cardiopulmonary Arrest	
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	DUE TO (or as a consequence of) (1) Hemorrhagic Shock, Fem	
	(2) GSW Chest	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	
	b.	

9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE
29 Aug 2007	[redacted]	

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place) ☐ YES ☐ NO

21. AUTOPSY ORDERED BY (Signature)

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
NELSON ANDREW		USA	468-08-8742

ORGANIZATION Organisation	NATION (e.g., Chiefs Stores) Pays	DATE OF BIRTH Date de naissance	SEX Sexe
			MALE Masculin FEMALE Féminin

RACE Race	MARITAL STATUS Etat Civil	RELIGION Culte
CAUCASOID Caucasique	SINGLE Célibataire DIVORCED Divorce	PROTESTANT Protestant OTHER (Specify) Autre (Spécifier)
NEGROID Négroïde	MARRIED Marié	CATHOLIC Catholique
OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf SEPARATED Séparé	JEWISH Juif

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit

STREET ADDRESS Domicile à (Rue)	CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal comprise)

MEDICAL STATEMENT Déclaration médicale

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)

INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès

PHASE OF CONDITION DIRECTLY LEADING TO DEATH[1] (Cause de condition directement responsable de la mort)[1]

Cardiopulmonary Arrest

Hemorrhagic shock from GSW chest.

ANTECEDENT CAUSES

MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a, ou menant à la cause primaire

UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a, ou ayant suscité la cause primaire

CONDITIONS CONTRIBUTIVES[2] (Conditions significatives)[2]

MODE OF DEATH Condition de décès

AUTOPSY PERFORMED Autopsie effectuée YES Oui NO Non

MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie

NAME OF PATHOLOGIST Nom du pathologiste

SIGNATURE Signature DATE Date

CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures

AVIATION ACCIDENT Accident à Avion YES Oui NO Non

DATE OF DEATH (Hour, day, month, year) Date du décès (Heure, le jour, le mois, l'année)

PLACE OF DEATH Lieu de décès

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin assistant

(b)(6), 5 USC b(3)(10 USC 130b)

GRADE

DATE

29A

[redacted]

[1] Mort

[2] Prévoir la condition qui a conduit à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort

DD FORM 2064, APR 1977 REPLACES DA FORM 2566, 1 JAN 1973 AND DA FORM 2566-R/PAS, 26 SEP 1975, WHICH ARE OBSOLETE USAPA V1.00