



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850  
301-319-0000



**AUTOPSY EXAMINATION REPORT**

Name: Al Alwani, Thair Hamid Khalaf Hassan      Autopsy No.: (b)(6)  
CCN: (b)(6)      AFIP No.: (b)(6)  
Date of Birth: (b)(6) 1979      Rank: Civilian detainee  
Date of Death: (b)(6) 2007      Place of Death: Iraq  
Date/Time of Autopsy: 28 DEC 2007 1030 to 1400      Place of Autopsy: Port Mortuary, Dover AFB,  
Dover, DE  
Date of Report: 23 JAN 2008

**Circumstances of Death:** This 28-year-old civilian detainee was reportedly killed by small arms fire while being transported in a mine resistant ambush protected vehicle. During this transport, the civilian detainee reportedly grabbed an M4 rifle and fired one round below the groin area of a Marine. The Marine was not struck yet, retrieved his 9 mm pistol and shot the civilian detainee. At the time of his death, the civilian detainee was reportedly flex cuffed in the front and blindfolded.

**Authorization for Autopsy:** Armed Forces Medical Examiner, per 10 U.S. Code 1471

**Identification:** Presumptive identification is established by the examination of accompanying paper work.

**CAUSE OF DEATH:** Multiple gunshot wounds

**MANNER OF DEATH:** Homicide

### **EXTERNAL EXAMINATION**

The body is that of a well-developed, well-nourished male. The body weighs 167 pounds, is 67 ½ inches in length and appears compatible with the reported age of 28 years. The body is cold. Rigor is passing in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. Injuries of the head are described below. The head is normocephalic, and the scalp hair is black. Facial hair consists of a mustache and beard. The irides are brown. The corneae are cloudy. The conjunctivae are pale. The sclerae are white. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural and in good condition. Examination of the neck reveals no evidence of injury. A 1/2 x 1/4 inch scar is on the right cheek. Injuries of the torso are described below. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is flat. Healed surgical scars are not identified. The external genitalia are those of a normal adult circumcised male. The anus is unremarkable. The extremities show healed scar on both knees (right 1/2 inch and left 1 inch). The fingernails are intact. No tattoos are identified. Brown paper bags are secured over both hands with rubber bands.

### **CLOTHING AND PERSONAL EFFECTS**

The clothing and personal effects are photographically documented.<sup>1</sup>

#### **WORN:**

- Red and white headscarf (lying on the back of the head)
- Olive colored jacket (cut)
- Long green shirt that extends to the legs (cut)
- Black shirt (cut)
- White t-shirt (cut)
- Black t-shirt (cut)
- White tank top (cut)
- White boxers (cut)
- Gray pants (cut)
- Black socks
- Brown sandal (right foot)

#### **ACCOMPANYING:**

- White flex cuffs
- Brown sandal

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<sup>1</sup> There are multiple defects identified on the headscarf, shirts and coat. Bullet wipe is seen associated with some of the defects on the headscarf. No definitive soot deposition or unburned gunpowder is seen.

### MEDICAL INTERVENTION

- None

### RADIOGRAPHS

A complete set of postmortem radiographs is obtained. Injuries seen radiographically are incorporated into the Evidence of Injury section below.

### EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity. All wound pathways are given relative to standard anatomic position.

#### PERFORATING GUNSHOT WOUND OF THE HEAD:

##### Entrance:

On the right side of the head, posterior to the right ear, is a 1/4 inch circular entrance gunshot wound. The edges of the wound contain multiple fine lacerations. There is an eccentric marginal abrasion that measures up to 1/8 inch on the anterior border at the two to four o'clock position. There is also a 1/2 inch poorly formed and faint abrasion extending from the two to four o'clock position of the anterior border. The wound is located 3-1/2 inches below the top of the head and 3-3/4 inches to the right of the posterior midline. No soot or gunpowder stippling is identified on the surrounding skin. (A section of this wound is submitted for histologic examination. Please see the Microscopic Examination section below.)

##### Injured:

The right temporoparietal scalp, right temporoparietal bones (1/2 inch defect with inward beveling), right occipital lobe of the cerebrum, cerebellum, occipital bone (1 x 1/2 inch defect with outward beveling), and occipital scalp on the left side of the head are injured.

##### Exit:

On the left side of the head, posterior to the left ear, is a 1/2 x 1/4 inch lacerated exit gunshot wound located 5 inches below the top of the head and 2 inches to the left of the posterior midline.

##### Recovered:

Two copper colored metal jacket fragments are recovered from the head scarf. One copper colored metal fragment and one gray colored metal fragment is recovered from the inner table of the left side of the occipital bone. One copper and gray colored metal fragment is recovered from the right temporal scalp.

Trajectory:

The bullet trajectory is right to left, slightly front to back and slightly downward.

Associated Injuries:

Associated is diffuse subarachnoid hemorrhage, subgaleal hemorrhage of the right and left side of the scalp, and linear fractures of the occipital, right temporal and right parietal bones.

PERFORATING GUNSHOT WOUND OF THE TORSO (RIGHT):

Entrance:

On the right side of the chest is a 1/4 inch circular entrance gunshot wound with a concentric 1/8 inch marginal abrasion. The wound margin appears dark and dried, and there is a slight red-purple discoloration of the skin immediately surrounding the wound. No definitive soot or gunpowder stippling is identified on the skin surrounding the wound. The wound is located 13-3/4 inches below the top of the head and 1/2 inch to the right of the anterior midline. (A section of the wound is submitted for histological examination. Please see the Microscopic Examination section below.)

Injured:

The skin, subcutaneous tissues, right second intercostal muscles, middle lobe of the right lung (1/4 inch lacerated wound), hilum of the right lung, lower lobe of the right lung (1 inch lacerated wound), posterior aspect of the ninth right rib, and skin of the right side of the back are injured.

Exit:

On the right side of the back (superior) is a 1/2 x 1/4 inch lacerated exit wound that has an eccentric marginal abrasion that measures up to 3/8 inch on the medial/inferior border in the four to ten o'clock position. The wound is located 17-1/2 inches below the top of the head and 2-3/4 inches to the right of the posterior midline.

Recovered:

No evidence is recovered at autopsy.

Trajectory:

The trajectory of the bullet is front to back and downward with slight left to right deviation.

Associated Injuries:

Associated with this wound is a right hemothorax (1250 ml).

PERFORATING GUNSHOT WOUND OF THE TORSO (LEFT):

Entrance:

On the left side of the chest is an oval 1/4 x 1/8 inch entrance gunshot wound with an eccentric marginal abrasion that measures up to 3/8 inch on the lateral border in the twelve to four o'clock position. The wound is located 14-1/2 inches below the top of the head and 1-1/2 inches to the left on the anterior midline. There is no soot or gunpowder stippling identified on the surrounding skin. (A section of the wound is submitted for histological examination. Please see the Microscopic Examination section below.)

Injured:

The skin, subcutaneous tissues, second left intercostal muscles, pericardium, heart (right ventricle - 1/2 inch lacerated wound, interventricular septum, tricuspid valve, and right atrium - 1/2 inch lacerated wound), right hemidiaphragm (1/2 inch lacerated wound), liver (5 inch pulpified wound of the anterior right lobe and 2 inch pulpified wound of the posterior right lobe), right hemidiaphragm (1/2 inch lacerated wound), ninth right intercostal muscle and skin of the right side of the back are injured.

Exit:

On the right side of the back (inferior) is a 1/4 inch exit wound with irregular margins and an eccentric marginal abrasion that measures 1/8 inch on the lateral/superior border (nine to six o'clock position), and 1/4 inch on the medial/inferior border (six to nine o'clock position). The wound is located 19-3/4 inches below the top of the head and 5-3/4 inches to the right of the posterior midline.

Recovered:

No evidence is recovered.

Trajectory:

The trajectory of the bullet is left to right, front to back and downwards.

Associated Injuries:

There is a hemopericardium (30 ml), a right hemothorax (1250 ml), and a hemoperitoneum (300 ml).

HEALED SUPERFICIAL PENETRATING BLAST FRAGMENTATION INJURY OF THE HEAD.

Entrance:

On the right cheek is a 1/2 x 1/4 inch well healed scar located 7 inches below the top of the head and 4-1/2 inches to the right of the anterior midline.

Injured:

The skin, subcutaneous tissues and muscle of the right side of the face are injured.

Recovered:

One irregular gray-metal fragment is recovered from a fibrous capsule adjacent to the right zygoma.

Trajectory:

The trajectory of the metal fragment is most likely right to left, back to front and upward.

Associated Injuries:

Associated with this wound is fibrosis and scarring seen on the right side of the face.

OTHER INJURIES:

There is a 1/2 x 1/4 inch abraded contusion on the right side of the forehead above the medial aspect of the right eyebrow. On the second finger of the left hand is a 1/4 inch linear abrasion.

**INTERNAL EXAMINATION**

**BODY CAVITIES:**

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The sternum and vertebral bodies are visibly and palpably intact. The right posterior ninth rib is fractured. No adhesions are present in any of the body cavities. One thousand two hundred and fifty milliliters of blood is identified in the right pleural cavity, 30 ml of blood is identified in the pericardium, and 300 ml of blood is identified in the peritoneum. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 1/2 inch thick.

HEAD AND CENTRAL NERVOUS SYSTEM:

Please see Evidence of Injury. Injuries of the scalp, skull and brain are described above. The scalp is reflected. The calvarium of the skull is removed. There is no epidural or subdural hemorrhage present. Where uninjured, the leptomeninges are thin and delicate. Blood tinged cerebrospinal fluid surrounds the injured brain which weighs 1270 grams. Where uninjured, the gyri and sulci are unremarkable. Coronal sections through the cerebral hemispheres reveal no non-traumatic lesions. Transverse sections through the brain stem are unremarkable. The atlanto-occipital joint is stable. The spinal cord is unremarkable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage by layer-wise dissection. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

CARDIOVASCULAR SYSTEM:

See Evidence of Injury. The injured heart weighs 310 grams. Where uninjured, the epicardial surface is smooth, and there is minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show wide patency. Where uninjured, the myocardium is homogenous, red-brown, and firm, and the valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.0, 1.1, and 0.3-cm thick, respectively. Where uninjured, the endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

RESPIRATORY SYSTEM:

Please see Evidence of Injury. The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. Where uninjured, the pulmonary parenchyma is diffusely congested and edematous, exuding slight to moderate amounts of blood and frothy fluid; no focal non-traumatic lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The injured right lung weighs 300 grams. The left lung weighs 290 grams.

HEPATOBIILIARY SYSTEM:

Please see Evidence of Injury. The 1480 gram liver has a smooth capsule covering dark red-brown, moderately congested parenchyma with no focal non traumatic lesions noted. The gallbladder contains 10 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GASTROINTESTINAL SYSTEM:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 20 ml of partially digested food. The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 90 grams; the left 90 grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surface. The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 50 ml of clear yellow urine. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 170 gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

ENDOCRINE SYSTEM:

The pituitary gland is examined in situ and is unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM:

No non-traumatic abnormalities of muscle or bone are identified.



RECOVERED EVIDENCE:

- Left hand swab in swab box
- Right hand swab in swab box
- Brown paper bag, rubber band and fingernail clippings from left hand
- Brown paper bag, rubber band and fingernail clippings from right had
- Major case fingerprints
- One white cotton tank top
- One black t-shirt
- One white t-shirt
- Black long sleeved sweatshirt
- Tan striped calf-length blood soaked t-shirt
- Black/brown reversible corduroy jacket
- Brown leather sandals
- One gray pair of pants
- One pair of white boxer shorts
- One pair of black socks
- Metal bullet fragments from head (see Evidence of Injury section above)
- Metal bullet fragments from red/white scarf (see Evidence of Injury section above)
- Metal bullet fragments from right jaw (see Evidence of Injury section above)
- White cut flexi-cuff
- Red and white patterned scarf

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by (b)(6) OAFME staff photographer.
2. Personal effects and evidence are released to Special Agent (b)(6) NCIS - HQ - Washington DC.
3. Specimens retained for toxicology testing are: brain, heart, lung, liver, spleen, kidney, skeletal muscle, adipose tissue, blood, vitreous fluid, bile, urine and gastric contents.
4. The dissected organs are forwarded with body.
5. Special Agent (b)(6) attended the autopsy in its entirety.
6. (b)(6) OAFME staff autopsy assistant, assisted with the autopsy.

MICROSCOPIC EXAMINATION

- Entrance gunshot wound (head) No definitive soot deposition is seen
- Entrance gunshot wound (right chest) No definitive soot deposition is seen
- Entrance gunshot wound (left chest) No definitive soot deposition is seen

**FINAL AUTOPSY DIAGNOSES:**

- I. **Perforating gunshot wound of the head**
  - A. **Entrance:** On the right side of the head, posterior to the right ear, is a 1/4 inch circular entrance gunshot wound; there is an eccentric marginal abrasion; there is a poorly formed faint abrasion extending from the two to four o'clock position; no soot or gunpowder stippling is identified
  - B. **Injured:** The scalp, right temporal/parietal bone, cerebrum, cerebellum, occipital bone and occipital scalp
  - C. **Exit:** On the left side of the head, posterior to the left ear, is a 1/2 x 1/4 inch lacerated exit gunshot wound
  - D. **Recovered:** Two copper colored metal jacket fragments from the head scarf; one copper colored metal fragment and one gray colored metal fragment from the inner table of the left side of the occipital bone and one copper and one gray colored metal fragment from the right temporal scalp
  - E. **Trajectory:** Right to left, slightly front to back and slightly downward
  - F. **Associated injuries:** Diffuse subarachnoid hemorrhage, subgaleal hemorrhage, and linear fractures of the occipital right temporal and right parietal bones
- II. **Perforating gunshot wound of the torso (right)**
  - A. **Entrance:** On the right side of the chest is a 1/4 inch circular entrance gunshot wound with a concentric 1/8 inch marginal abrasion; no definitive soot or gunpowder stippling is identified on the surrounding skin
  - B. **Injured:** The skin, subcutaneous tissue, right second intercostal muscles, right lung, posterior aspect of the ninth right rib and skin of the right side of the back
  - C. **Exit:** On the right side of the back (superior) is a 1/2 x 1/4 inch lacerated exit wound
  - D. **Recovered:** Nothing
  - E. **Trajectory:** The trajectory of the bullet is front to back and downward with slight left to right deviation
  - F. **Associated injuries:** Associated with this wound is a right hemothorax (1250 ml)
- III. **Perforating gunshot wound of the torso (left)**
  - A. **Entrance:** On the left side of the chest is an oval 1/4 x 1/8 inch entrance gunshot wound with an eccentric marginal abrasion; there is no soot or gunpowder stippling identified on the surrounding skin
  - B. **Injured:** The skin, subcutaneous tissue, second left intercostal muscles, pericardium, heart, right hemidiaphragm, liver, ninth right intercostal muscles and skin of the right side of the back
  - C. **Exit:** On the right side of the back (inferior) is a 1/4 inch exit wound with lacerated margins
  - D. **Recovered:** Nothing
  - E. **Trajectory:** Left to right, front to back and downward
  - F. **Associated injuries:** There is a hemopericardium (30 ml), a right hemothorax (1250 ml) and a hemoperitoneum (300 ml)
- IV. **Healed superficial penetrating blast fragment injury of the head**
  - A. **Entrance:** On the right cheek is 1/2 x 1/4 inch scar
  - B. **Injured:** Skin, subcutaneous tissue and muscle

- C. **Recovered:** One irregular gray metal fragment is recovered from a fibrous capsule adjacent to the right zygoma
- D. **Trajectory:** Most likely right to left, back to front, and upward
- E. **Associated injuries:** Fibrosis and scarring of the right side of the face
- V. **Other injuries:**
  - A. **Abraded contusion** of the right side of the forehead
  - B. **Linear abrasion** of the second finger of the left hand
- VI. **Natural Disease:** None identified within the limits of the examination
- VII. **Medical Therapy:** None
- VIII. **Postmortem Changes:** As described above
- IX. **Identifying Marks:** As described above
- X. **Toxicology (AFIP):**
  - A. **VOLATILES:** No ethanol is detected in the blood and vitreous fluid
  - B. **DRUGS:** No screened drugs of abuse or medications are detected in the urine
  - C. **CARBON MONOXIDE:** The carboxyhemoglobin saturation in the blood is less than 1%
  - D. **CYANIDE:** No cyanide is detected in the blood

#### OPINION

This 28-year-old civilian detainee (b)(6) died of multiple gunshot wounds. The detainee suffered a perforating gunshot wound of the head. The entrance was on the right side of the head posterior to the right ear, and there was no evidence of close range discharge of a firearm surrounding the wound. The scalp, skull and brain were injured. The exit wound was located on the left side of the head posterior to the left ear. Multiple bullet fragments were recovered from a headscarf which was situated behind the deceased head, the scalp, and the inner table of the occipital bone. The trajectory of this bullet was right to left, slightly front to back and slightly downward. Associated injuries included bleeding into the subarachnoid space of the brain, subgaleal hemorrhage, and fractures of the occipital, right temporal, and right parietal bones. A second gunshot wound was to the right side of the chest. The entrance was located on the right side of the chest and there was no evidence of close range discharge from a firearm on the skin surrounding the wound. The skin, subcutaneous tissues, right second intercostal muscles, right lung, the posterior aspect of the ninth right rib, and the skin of the right side of the back are injured. An exit was located on the right side of the back (superior). No evidence was recovered in association with this wound. The trajectory of the bullet was front to back and downward with slight left to right deviation. Associated with this wound was a right hemothorax. There was also a perforating gunshot wound of the left side of the chest. The entrance was located on the left side of the chest and there was no evidence of close range discharge of a firearm surrounding the wound. The skin, subcutaneous tissues, second left intercostal muscles, pericardium, heart, right hemidiaphragm, liver, and skin of the right side of the back were injured. There was an exit wound on the right side of the back. No evidence was recovered in association with this wound. The trajectory of the bullet was left to right and front to back and downward. Associated with this wound were a hemopericardium, a right hemothorax, and a hemoperitoneum. An additional injury discovered at autopsy was a healed superficial penetrating blast fragmentation injury of the head. The entrance was evidenced by a scar on the right cheek. The blast fragment injured the skin, subcutaneous tissues and muscle of the right side of the face. One irregular gray metal fragment

was recovered from a fibrous capsule adjacent to the right zygoma. The trajectory of the metal fragment was most likely right to left, back to front and upward. Injuries associated with this wound were fibrosis and scarring which was seen on the right side of the face. Additional minor injuries discovered at autopsy were an abraded contusion on the right side of the forehead and a linear abrasion on the second finger of the left hand. The toxicology screen is negative for cyanide, volatiles and screened medications and drugs of abuse. The carxyhemoglobin saturation in the blood was not elevated. The manner of death is homicide.

(b)(6)

(b)(6)

MEDICAL EXAMINER

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et Prénoms) <b>AL Awani, Their Hamid, Khalaf Hassan</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation		NATION (e.g. United States) Pays	DATE OF BIRTH Date de naissance
			SOCIAL SECURITY NUMBER Numéro de l'Assurance Social <b>(b)(6)</b>
			SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARRIAGE STATUS Stat Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasienne		<input type="checkbox"/> SINGLE Célibataire	
<input type="checkbox"/> NEGROID Négresse		<input type="checkbox"/> DIVORCED Divorcé	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> SEPARATED Séparé	
		<input type="checkbox"/> WIDOWED Veuve	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du défunt avec le défunt	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE Ville (Citer pays complet)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer une cause par ligne) <b>Multiple gunshot wounds</b>			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			
ANTICIPANT CAUSES Symptômes précurseurs de la mort	MORIBUND CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition mortelle, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Cause mortelle, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES OUI <input type="checkbox"/> NO NON	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort attribuées par des causes extérieures	
<input type="checkbox"/> NATURAL Non naturelle	REMARKS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Non accidentelle			
<input type="checkbox"/> SUICIDE Suicide			
<input checked="" type="checkbox"/> HOMICIDE Homicide			
DATE OF DEATH (Day, Month, Year) Date du décès (Jour, Mois, Année) <b>(b)(6) 2007</b>	PLACE OF DEATH Lieu de décès <b>Iraq</b>		
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 la mort est survenue aux heures indiquées et de la cause des causes énoncées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin officier ou du médecin assistant <b>(b)(6)</b>		TITLE OR DESIGNATION Titre ou désignation <b>Medical Examiner</b>	
GRADE Grade <b>(b)(6)</b>	INSTALLATION OR ADDRESS Installation ou adresse <b>(b)(6)</b>		
DATE Date <b>12/28/2007</b>			

DD FORM 2064

REPLACES DA FORM 2064, 1 JAN 72 AND DA FORM 2064-REP, 28 SEP 76, WHICH ARE OBSOLETE.

MEDCOM 0678

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS (b)(6)	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

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