

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

000052

NAME OF DECEASED (Last, First, Middle) / Nom du décédé (Nom et prénoms) UBAYD HARHOOSH HAMED		GRADE / Grade N/A	BRANCH OF SERVICE / Arme N/A	SOCIAL SECURITY NUMBER / Numéro de l'Assurance Sociale (b)(6)
ORGANIZATION / Organisation US91Z-178061 CI CAMP BUCCA TIF		NATION (e.g., United States) / Pays IRAQ	DATE OF BIRTH / Date de naissance 01 JANUARY 1946	SEX / Sexe <input checked="" type="checkbox"/> MALE / Masculin <input type="checkbox"/> FEMALE / Féminin
RACE / Race	MARITAL STATUS / État Civil		RELIGION / Culte	
CAUCASOID / Caucasique	SINGLE / Célibataire	DIVORCED / Divorcé	PROTESTANT / Protestant	OTHER (Specify) / Autre (Spécifier) X ISLAM
NEGROID / Négré	MARRIED / Marié	SEPARATED / Séparé	CATHOLIC / Catholique	
<input checked="" type="checkbox"/> OTHER (Specify) / Autre (Spécifier) IRAQI	WIDOWED / Veuf		JEWISH / Juif	
NAME OF NEXT OF KIN / Nom du plus proche parent		RELATIONSHIP TO DECEASED / Parenté du décédé avec le sué		
STREET ADDRESS / Domicile à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) / Ville (Code postal complet)		

MEDICAL STATEMENT / Déclaration médicale	
CAUSE OF DEATH (Enter only one cause per line) / Cause du décès (N'indiquer qu'une cause par ligne)	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH / Maladie ou condition directement responsable de la mort	PENETRATING TRAUMA TO HEAD
ANTECEDENT CAUSES / Symptômes précurseurs de la mort	MORTAR BLAST
MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE / Condition morbide, s'il y a lieu, menant à la cause primaire	
UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE / Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS / Autres conditions significatives	

MODE OF DEATH / Condition de décès	AUTOPSY PERFORMED / Autopsie effectuée <input type="checkbox"/> YES / Oui <input type="checkbox"/> NO / Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES / Circonstances de la mort suscitées par des causes extérieures
NATURAL / Mort naturelle	MAJOR FINDINGS OF AUTOPSY / Conclusions principales de l'autopsie	
ACCIDENT / Mort accidentelle		
SUICIDE / Suicide	NAME OF PATHOLOGIST / Nom du pathologiste	
<input checked="" type="checkbox"/> HOMICIDE / Homicide	SIGNATURE / Signature	DATE / Date
		AVIATION ACCIDENT / Accident à Avion <input type="checkbox"/> YES / Oui <input type="checkbox"/> NO / Non

DATE OF DEATH (Hour, day, month, year) / Date de décès (l'heure, le jour, le mois, l'année) 0745 09 JUNE 2007	PLACE OF DEATH / Lieu de décès TIF CAMP BUCCA, IRAQ APO AE 09375
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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 / Nom du médecin militaire ou du médecin sanitaire (b)(3):10 U.S.C. 130(b)	TITLE OF DEGREE / Titre ou diplôme MD EMERGENCY MEDICINE
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GRADE / Grade 0-4	INSTALLATION OR ADDRESS / Installation ou adresse TF 31 CAMP BUCCA, IRAQ APO AE 09375
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DATE / Date 9 JUNE 2007	(b)(3):10 U.S.C. 130(b), (b)(6)
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¹ None disease, injury or example which caused death, but was a factor in dying such as heart failure, etc.
² None conditions contributing to the death, but not related to the disease or condition causing death.
³ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc.
⁴ Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.

Instructions - Medical Officer in attendance will:
 Prepare, in one copy only, items 1 through 10 and sign item 11. Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.
 Print or type entries.

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) UBAYD HARHOOSH HAMED US91Z-178061C1 REGISTER#25851	2. TIME OF DEATH (Hour-day-month-year) 0745 09 JUNE 2007	3. MEDICAL EXAMINER/ CORONER'S CASE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	4. RELIGION ISLAM	5. CHAPLAIN NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH		

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

CAUSE OF DEATH

7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) PENETRATING TRAUMA TO HEAD	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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) MORTAR BLAST (2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. b.	

9. DATE 09 June 2007	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER ATTENDANCE (b)(3); 10 U.S.C. 130(b); (b)(6)
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SECTION B - ADMINISTRATIVE

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

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input type="checkbox"/> NO		21. AUTOPSY ORDERED BY (Signature)
22. PROVISIONAL PATHOLOGICAL FINDINGS		
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

TAB

CERTIFICATE OF DEATH

For use of this form, see AR 190-8; the proponent agency is DCSPER.

IDENTIFICATION SERIAL NUMBER

US91Z-178061C1

000054

FROM: TF 31st CAMP BUCCA, IRAQ APO AE 09375

TO:

NAME (Last, first, MI) UBAYD HARHOOSH HAMED		GRADE N/A	SERVICE NUMBER ISN (b)(7)(E)
NATIONALITY IRAQ	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE FALLUJAH, IRAQ	
PLACE OF BIRTH SAQLAWIA, IRAQ			DATE OF BIRTH 01 JANUARY 1946
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN			FIRST NAME OF FATHER
PLACE OF DEATH CAMP BUCCA, IRAQ	DATE OF DEATH 09 JUNE 2007	CAUSE OF DEATH PENETRATING TRAUMA TO HEAD	
PLACE OF BURIAL			DATE OF BURIAL
IDENTIFICATION OF GRAVE			

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

RETAINED BY DETAINING POWER

FORWARDED WITH DEATH CERTIFICATE TO (Specify)

FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

DO NOT WRITE IN THIS SPACE
CERTIFIED A TRUE COPY

DATE

9 JUNE 2007

(b)(3); 10 U.S.C. 130(b), (b)(6)

(b)(3); 10 U.S.C. 130(b), (b)(6)

WITNESSES

(b)(3); 10 U.S.C. 130(b), (b)(6)

ADDRESS

TF 31st CAMP BUCCA
IRAQ APO AE 09375

ADDRESS

TF 31st CAMP BUCCA
IRAQ APO AE 09375

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

9 JUNE 7

DEATH NOTE

0745AB

PT BROUGHT TO CSH DURING MASCAL.

PT PULSELESS AND APNEA 2 MASSIVE

PENETRATING TRAUMA TO HEAD AND (L) LEG.

PT PRONOUNCED

(b)(3);10 U.S.C. 130(b),(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
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UBAYD, HARHOOSH HAMED
(b)(6) M
01JAN1946
DETAINEE

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1 USAPA V2.00

STATEMENT OF IDENTIFICATION

For use of this form, see AR 638-2; the proponent agency is ODCSPER

NAME OF DECEASED (Last, First, MI)	GRADE	SSN	BRANCH OF SERVICE	DATE OF INCIDENT
UBAYD, HARHOOSH HAMED	SI	(b)(6)	DETAINEE	09JUN07

ORGANIZATION AND BASE	PLACE OF DEATH/INCIDENT
DETAINEE	CAMP BUCCA

CONDITION OF REMAINS (Describe briefly in Narrative below)

<input checked="" type="checkbox"/> Recognizable	Not Recognizable	Commingled	Mutilated
Burned	Decomposed	Semi-Skeletal	Skeletal

MEANS OF IDENTIFICATION (Check all appropriate boxes. Specify supporting data in Narrative below)

<input type="checkbox"/> Fingerprint Comparison	Footprint Comparison	Dental Comparison	Anatomical Comparison
Skeletal Comparison	Personal Effects	Visual Recognition	Identification Tag(s)
<input checked="" type="checkbox"/> Other (Explain in Narrative)			

ENCLOSURES

DD Form 565	DD Form 890	DD Form 891	DD Form 892
DD Form 893	DD Form 894	DD Form 897	ID Card
DD Form 369	FD 258	AF Form 137	SF 803
Dental X-Rays	SF 88	SF 93	<input checked="" type="checkbox"/> DD Form 2084
SF 801	Photo	<input checked="" type="checkbox"/> SF 600	<input checked="" type="checkbox"/> DD FORM 3894

NARRATIVE AND SUMMARY (Continue on reverse or use additional sheets, if required)

IDENTIFIED THROUGH D.M.S., IRIS SCAN AND PHOTOGRAPH.