

CERTIFICATE OF DEATH

For use of this form, see AR 19L. The proponent agency is DCSPER.

INTE' INT SERIAL NUMBER
US9IZ-309102CI

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

TO:

NAME (Last, first, MI) MUHAMMAD HAMID OBAIN		GRADE N/A	SERVICE NUMBER ISN (b)(7)(E)
NATIONALITY IRAQ	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE HAWANIYAH, IRAQ	
PLACE OF BIRTH HAWANIYAH, IRAQ			DATE OF BIRTH 31 DECEMBER 1988
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 CHEST	
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 Internec). 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)	
	(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
	(b)(3):10 U.S.C. 130(b),(b)(6)	ADDRESS TF 31st CAMP BUCCA IRAQ APO AE 09375

HOSPITAL REPORT OF DEATH

NAME AND LOCATION OF HOSPITAL

000079

For use of this form, see AR 40-400, THE PROFOBENT ACER.

OFFICE OF THE SURGEON GENERAL

TF 31st CSH CAMP

CA, IRAQ APO AE 09375

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)

MUHAMMAD HAMID OBAIN
US91Z-309102CI
REGISTER#25848

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

0745 09 JUNE 2007

3. MEDICAL EXAMINER/
CORONER'S CASE

YES NO

4. RELIGION

ISLAM

5. CHAPLAIN NOTIFIED

YES 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

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, asphyxia, etc. It means the disease, injury, or complication which caused death)

DUE TO (or as a consequence of)

PENETRATING TRAUMA TO THE CHEST

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

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

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

RANCE

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) <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

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

USAPA V2 01

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
MUHAMMAD, HAMID OBAIN	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)

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 256	AF Form 137	SF 803
Dental X-Rays	SF 88	SF 93	<input checked="" type="checkbox"/> DD Form 2064
SF 601	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.