

SCHEDULE

(Rule) 3
(Rule 3A)

FORM E

Coroner Mrs: Linda P. Urrutia
COMMONWEALTH OF THE BAHAMAS - MEDICAL CERTIFICATE OF DEATH/STILL BIRTH

Deceased-Name: Surname First Middle Smith Daniel Wayne		Sex: M	Date and hour of death: Day Month Year Hour 10 9 2006		Date and Birth: Day Month Year 22 1 1986		Age at last Birthday 20yrs	Under 1 year: Month days	Under 1 day: Hour Min.
CAUSE OF DEATH: Part I Disease or condition directly leading to death (a) Reserved								Approximate interval between onset and death	
Antecedent causes: Morbid conditions, if any, giving rise to the above (b) Pending chemical analysis and Histopathology report.								due to or as a consequence of	
cause, stating the underlying condition last (c)									
Part II Other significant conditions contributing to the death but not related to the disease or condition causing it:									
Accident or Injury (Brief description)						Autopsy: (yes or no) Yes		Case referred to Coroner (yes or no) Yes	
Certifier's Signature: To the best of my knowledge and belief, death occurred at the time and date and due to the cause(s) stated. <i>Hoffman, M. A. Raju</i> Signature: <i>M. A. Raju</i> Date: <i>12/19/2006</i>				Name, qualification and address of certifier: Dr. Govinda Raju & Dr Cyril B. Wecht Pathology Department Princess Margaret Hospital		Name and address of attending physician if other than certifier:			
Confirmation of cause of death in case of cremation: I have examined the dead body and hereby confirm the cause of death as certified above.						Name and address of medical practitioner confirming cause:			
Signature: _____ Date: _____						Signature: _____ Date: _____			
Place of death: (Specify hospital or address of other place) Doctor's Hospital		If hospital, indicate: inpatient/ op/Emergency Room /DOA		Usual Residence, address and Island		Citizen: (Name of Country) USA		Occupation	
Married, never married Widowed, Divorced, (specify)		Spouse-Name: (if wife, give maiden name) Surname First Middle		Survived by Spouse: & (yes or no)		Father's Name: Surname First Middle		Mother's Maiden Name: Surname First Middle	
Informant's Signature: I certify that the above particulars are true to the best of my knowledge and belief. Signature: _____ Date: _____				Informant's relation to deceased or other description:		Name and address of Informant:			
Disposition: (Person to whom body is released) Signature: _____ Date: _____ Name and Address:		Type of disposition:(specify burial, cremation, removal, etc)		Date of Disposition: Date Month Year		Name and location of cemetery, crematory or other place of disposition:			

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