

# REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

<u>ה</u>ער אל פ 83/BI - 1663

Space for Bor Code

 $p_{agg}$  .

### NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act,

1992 (Act No. 51 of 1992)	
• Must be completed in black ink (please tick / where applicable) SERIAL No	
• Please refer to instructions FILE No: DATE: A0 7501086	9999
A PARTICULARS OF DECEASED INDIVIDUAL / STILLBORN CHILD	Date of birth
Identity number Of deceased Of death	
Surname	Age at last years
Maiden Name	Sex Sex
(If female) Forenames	If death occurred within  24 hours after birth number of hours alive
MARITAL STATUS OF DECEASED Single   Civil Murriage   Living as married	Widnwed
	enary Marriage
	900
PLACE OF BIRTH (Municipal district or country if abroad).  PLACE OF BIRTH (City / Town / Village)	/ dec
F E REGISTRATION OF DEATH	30
CITIZENSHIP OF DECEASED .	
B PARTICULARS OF INFORMANT	
Identity number	n interest
Initials and Surname	d dun de dun de
Relationship to deceased Parent Spouse Child Other kin	Other (specify)
Postal address	Les
	about 1 publication 1 to 2 publication 2 pub
Postal Code	Dialling Code
Was the next of kin of the deceased a smoker* during the past five years?  Yes No Refuse to answer	Telephone No.
Date Signature	
C PARTICULARS OF FUNERAL UNDERTAKER	Office Stamp of Futeral Undertaker
Initials and Surname	
ration No. Place of burial / cremation	
D Signature	
D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL	
I, the undersigned, hereby certify that the deceased named in Section A, to the best	
of my knowledge and belief, died solely and exclusively due to NATURAL CAUSES.  as specified in Section G.	
I, the undersigned, am not in the position to certify that the deceased died exclusively due to natural causes.	
Initials and Surname Po	ostai Code
Date Signed Signature	SAMDC / SANC Reg. No.
D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST	Postal address
the undersigned, hereby certify that a medicolegal post-mortem examination has been conducted on he body of the person whose particulars are given in Section A and that the body is no longer equired for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is	DIC SAVRGE RDI
Vatural (Cause of Death as indicated in Section G) Unnatural X Under investigation PA	P S T O P I A
	stal Code 000/
Ost-morters CARANTUA Date ZO /Z 08 Z2	SAMDERS NO.
ference 08575/2012 Date signed 2017 08 22 Signat	ture Dr. Dr. Diamentina
FOR OFFICIAL USE ONLY Initials and Surname or Registrar	FC for Part 549 our for Med 184 Stamp
Registration of Death approved and Burial Order issued	MP0508136
istal Gress Porce No./ Designation No.	
state Persui No Persui No	

# REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

83/BI - 1663 Page I

### NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

	in terms of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992)	pace for Bar Code
Must be completed it Please refer to instrictle PILE No:	n black ink (please tick / where applicable) SERIAL No: uctions DATE:  A0 7501086	
		Date of birth
	OF DECEASED INDIVIDUAL / STILLBORN CHILD	Date of Bittal
Identity number of deceased	Date of death	Age at last
Surname		birthday years
Maiden Name		Sex
(If female)		If death occurred within 24 hours after birth
		number of hours alive
MARITAL STATUS	OF DECEASED Single Civil Marriage Living as married Widowed Religious Law Marriage Divorced Customary Marriage	Lest thumb print of deceased
IL/ BIRTH (Mu	nicipal district or country if abroad)	cean
'LAL DEATH (Ci	y / Town / Village)	of de
LACE REGISTRATIO	N OF DEATH	3
TTIZENSHIP OF DEC	EASED	
PARTICULARS	OF INFORMANT	
lentity number		5.
itials and Surname		of informant
·lationship to deceased	Parent Spouse Child Other kin Other (specify)	info
stal address		less of
	Postal Code Postal Code	Dialling
is the next of kin of th		Code
oker* during the past		Telephone No.
	OF FUNERAL UNDERTAKER	
	OF FOREXAS ORDERTAKER	Office Stamp of Funeral Undertaker
als and Sumanie		
ie No.	Place of burial / cremation	
	Signature	
CERTIFICATE	BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE Pos	stal address
: undersigned, herely knowledge and belecified in Section G	y certify that the deceased named in Section A, to the best ief, died solely and exclusively due to NATURAL CAUSES.	
undersigned, am no	it in the position to certify that the deceased died exclusively	
Is and Surname	Postal Code Postal Code	
Signed	Signature	SAMDC / SANC Reg. No.
CERTIFICATE	AT ATOMATOM ATRACTANT MANAGEMENT A STATE	stal address
dy of the person w	errify that a medicolegal post-mortem examination has been conducted on lose particulars are given in Section A and that the body is no longer the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is.	NUMBER RPAY
il (Cause of Death as ind	cated in Section G) Unnatural Under investigation PRCTORIA	
and Surname	IR BLUMENT HALL POSTAI COde DO O	40000000000
" GARAVI	MA Date	SAMDC Reg. No.
m 575/	2012 Date signed Signature	Blamenthal
R OFFICIAL U	Organization and the state of t	Mentification Forens) Pret
Registration of	Death approved MP	0508136 Stamp
and Burial Ord	Force No./ Designation No.	

### NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

83/BI - 1663 Page 2

### INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After completion seal to ensure confidentiality)

											Space ;	or our Code			
· Must be completed in blo		se tick 🛭	where			SERI			5.7			00	025	0	
· Please refer to instruction TLE No:	ns DATE:			A	0.	750	10	86							
F DEMOGRAPHIC DI	ETAILS														
Initials and Surname of decer	ised						$\neg \vdash$	П						T	$\sqcap$
Identity number								11		J.					
PLACE OF DEATH  1. Hospital: (Inpatient ER / Outpatient DOA )  2. Nursing Home 3. Home						]									
	4. Other (Specify)														
FACILITY NAME: (If not an institution, give stre															
USUAL RESIDENTIAL AD	DRESS OF DE	CEASED	(Where so	meune	lived o	n most da	ys)								
Street name and number															
Na: Plot, Farm, etc.															
Subu Village															
Town / City															
Province / Country							T								
Postal Code								-							
Magisterial district		_		П	TT	TI	1				111		TT	TT	
Census enumerator area														11	
DECEASED'S EDUCATI	ION (Specifi	y / or	lly highes	t class	compl	cted / ac	hieve	d)				· · · · · · · · · · · · · · · · · · ·			
None   Grl   Gr2		Gr4	Grá		Gr6	l Gr7		Gr8	Gr9	Gr10	1 GrII	Gr12	Uni	v	CODE
Titale Gr.						0		onn	Form	Form	Form	Form	Tec		CODE
								1	2	3 NTC1	NTC2	NTC3			
USUAL OCCUPATION O			125- 23-		Har sta	TY			SINESS / IN	NDUST	RY (e.g. Mi	ning, Farr	ni <b>ng e</b> t	c.)	
(give type of work done d	uring most of	working	111C. DO	not use	reur	ea . Ke	jer to	insiru	uctions.						
***************************************		*******					********	********			*********			*********	
Was the deceased a smoker*	five years ago	V	)	Yes		No			Do not know	, [	Not	applicable (	minor)		
G DICAL CERTIFI	CATE OF C	AUSE C	F DEAT	H										FOD /	OFFICE
P. 1 Enter the discas	se, injuries or c	omplicatio	ons that car	sed the								mate interviouset and De			ONLY
such as cardiac	or respiratory	arrest, sho	ck or heart	failure.	. List o	nly one c	ause o	n each	line.			onths / Yea		IC	D-10
IMMEDIATE (	CAUSE (Final	disease	(a)												TI
or condition res	-		Due to (				********	********		******	. 4 * * * * * * * * * * * * * * * * * *	************	******	'	
Sequentially lis	t conditions, if	any,	(b)	• • • • • • • • • •		**********	********	******	**********		************	************			
leading to imme Enter UNDERL	ediate cause,	7 Jane	Due to (	or a con	sequen	ce of)								1	
(Disease or inju			(c) Due to (i				*		*****************	******		***********		1 1	
events resulting	in death)					- ,									
							*********	*********	*,**:**********	11.5402		********	•••••		
Due to (or a consequence of)  PART 2 Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1															
If a female, was she pregnant 42 days prior to death? ( / ) Yes No															
If stillborn, please write mass in grams															
Do you consider the deceased to be: African White Indian Coloured Other (Specify)															
Method of ascertainment of cause of death:															
I. Autopsy	2. Opin	ion of atte	nding med	ical pra	ctitione	г		2. Op	inion of atten	đing med	ical practitio	ner on duty			
4. Opinion of registered professional nurse 5. Interview of family member															

## NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After compl	etion seal to ensure confiden	tiality)	,	Space for Bar Code		
Must be completed in black ink (please tick where applicable) SERIAL No: Please refer to instructions ILE No: DATE: AO 7501086						
DEMOGRAPHIC DETAILS						
nitials and Surname of deceased						
dentity number		<u>'111</u>	1			
PLACE OF DEATH 1. Hospital: (Inputient	ER / Outpatient De	DA [])	2. Nursing Ho	ome 3.	Home	
4. Other (Specify) FACILITY NAME. If not an institution, give street name and number			**************************************		ent of the second section (\$	
ISUAL RESIDENTIAL ADDRESS OF DECEASED	(Where sumeone lived on most days)				<del></del>	
treet name and number						
Jame of Plot, Farm, etc.						
ubu Ilage					4-1-1-1	
'own/					4-1-1-1	
rovince / Country						
ostal Code				<del></del>	<del></del>	
lagisterial district						
ensus enumerator area						
ECEASED'S EDUCATION (Specify 🗸 on	ly highest class completed / achieve	d)				
None Gr! Gr2 Gr3 Gr4		Gr8 Gr9 form Form	Form Fo	orti Gri2	Univ CODE Tech	
ve type of work done during most of working	life. Do not use "retired". Refer to	instructions.  Do not know		g. Mining, Farmin	The second discovering the second second	
the deceased a smoker* five years ago? (	لـــا لـــا	120 1101 K1104	<u> </u>	140¢ applicante (inti-		
MFDICAL CERTIFICATE OF CAUSE Of  Enter the disease, injuries or complication such as cardiac or respiratory arrest, shown as cardiac or conditions, if any, leading to immediate cause.  Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)	ns that caused the death. Do not enter th	n each line.	bets (D:	pproximate interval ween onset and Death ays / Months / Years)	ICD-10	
\RT 2 Other significant conditions contributing not resulting in the underlying cause give	to death but in in Part 1	P-\$444	\$1060103 of \$1000	reli-citing selection makes par		
a female, was she pregnant 42 days prior to dear	h? ( ) Yes	No				
stillborn, please write mass in grams						
you consider the deceased to be: African	White Indian Cole	oured Other	(Specify)	***********************************		
thod of ascertainment of cause of death:					L	
autopsy 2. Opinion of atter	nding medical practitioner	2. Opinion of atte	nding medical p	ractitioner on duty		
	stered professional nurse	5. Interview of far				

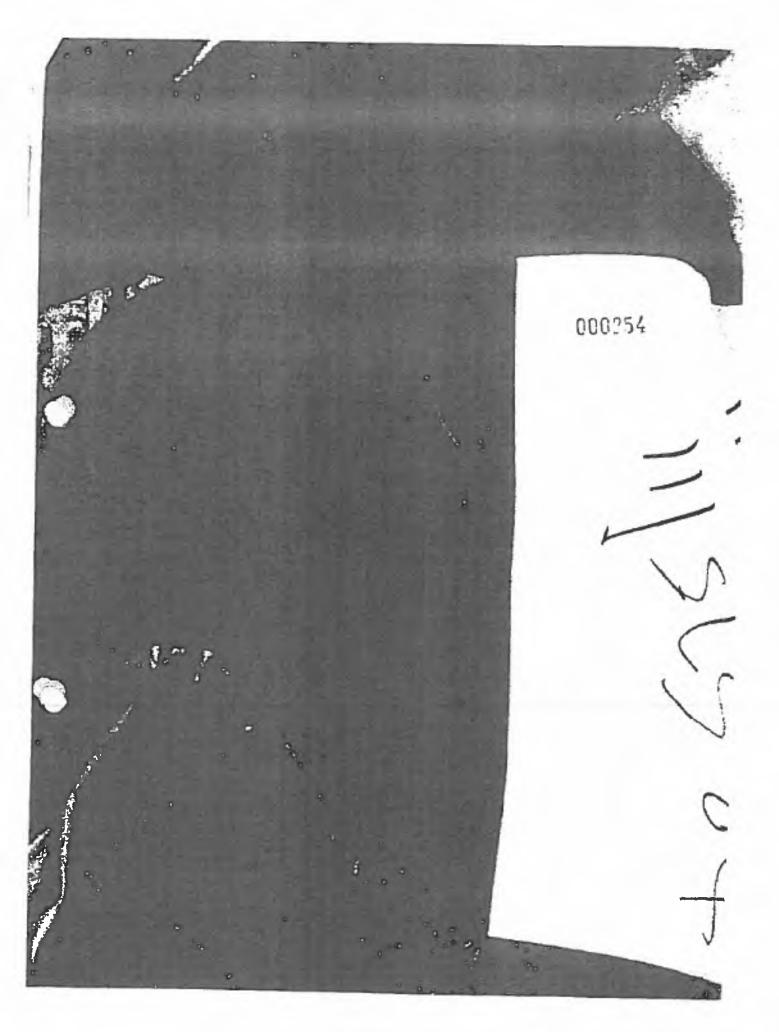
### Suid-Afrikaanse Polisiediens



### South African Police Service

000253 POLISIERAPPORT WAT LYK NA LYKHUIS VERGESEL POLICE REPORT ACCOMPANYING BODY TO MORTUARY Lyk Nr SAPO 13 Nr Body No ... SAPS 13 No ..... Naam van lid/persoon van wie lyk ontvang word Name of member/person from whom body is received Nommer, rang en naam van lid wat lyk ontvang Number, rank and name of member receiving body. Volle naam en adres van oorledene Full names and address of deceased. Merk toepastike blok met X / Mark applicable square with X Vroulik Asiēr Maolik ID Nr: Wit Bruin Female White Brown Asian Mail ID No: In lewe bekend as (volle name) Known as (full names) ...... Land gebore Ouderdom Huwelikstatus Age...... Land born ...... BESONDERHEDE VAN STERFGEVAL / PARTICULARS OF DEATH Datum en tyd van dood Plek van dood Place of death.. Date and time of death. Merk toepaslike blok met X / Mark applicable square with X Passasier Voetganger Metsiyer Motorfietsryer Bastuurder Motorbotsing Pedestrian Cyclist Motorcyclist Motor accident Driver Passenger Ander Van gebou afgespring Selfmoord Opgehang Pille Vergas Vuurwapen Jumped from building Other Pills Gassed Fire-arm Hanging Suicide Met mes/voorwerp gesteé⊭ Vergiftig Van gebou geval Met vuurwapen gedood Ander Stabbed with knife/object Poisened Fell from building Killed with fire-arm Other Sterf in aanhouding Skielike dood sonder mediese Sterf onder narkose géskiedenis Died in custody Died under anaesthetic Sodden death without medical history

Volledige geskiedens





FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: \$2575 113

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 19	77 AS AMENDED:
I, E MANLIPELA declare under oath:-	000255

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on 20/2 - 28 - 22 I received the following exhibit (s): ALC

() From DR FO MUGAKANE

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On ZVIZ - US- 27 I handed the above exhibit (s) to the LAB officer REFI\_ Lm 3837/12\_

The ALC was sealed with the official seal no Port 047193

- I know and understand the contents of this declaration.
- 2. I have no objection to taking the prescribed oath.
- 3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS
Date: 20/2/c9/10 MM m2 m3 L075

C.F.O

NAME: MADICA PRIPARIM M3 L070

ADRESS: 6543 KGOTLENG STREET, GA-RANKUWA

: CHIEF FOREMIC OFFICER RANK



FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO:
AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:
I, declare under oath:- 000256
I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.
In the performance of the official duties in connection therewith and on I received the following exhibit (s): /
From DR
While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.
On I handed the above exhibit (s) to the officer
Thewas sealed with the official seal no
<ol> <li>I know and understand the contents of this declaration.</li> <li>I have no objection to taking the prescribed oath.</li> <li>I consider the prescribed oath to be binding on my conscience.</li> </ol>
Place: FPS Ga-RankuwaSF.O.
I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.
Place: Ga-Rankuwa FPS Date: 2012/09/10 MIII 1772-1773-1773-1773-1773-1773-1773-1773-
NAME : YADLOW LOCKIER MOTORS ADRESS : 6543 KGOTLENG STREET, GA-RANKUWA
RANK : CLUEF FOREITH STRICER



FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 4575 1/2

000257

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology

In the performance of the official duties in connection therewith and on  $\frac{2012 - 08 - 7}{2}$  I

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and

On 2012-08 -27 I handed the above exhibit (s) to the Light officer

The Tex was sealed with the official seal no 1x @32319

I consider the prescribed oath to be binding on my conscience.

I know and understand the contents of this declaration.

I have no objection to taking the prescribed oath.

I. E MISOLIPELA declare under oath:

received the following exhibit (s): TOXICELEGY

MOGARIANE

REFITE 2455/12 TX 257/12

Service Ga-Rankuwa.

not interfered with.

1.

2.

3.

 Place: FPS Ga-Rankuwa	S-F.O.
I certify that the deponent has acknowledged that he/she k declaration which was sworn to before me and the depone presence.	
Place: Ga-Rankuwa FPS Date: 2017/09/10   MW mc mole 2000 C.F.O	
NAME : 6543 KGOTLENG STREET, GA	
RANK: CHIEF FORENTIL C	FICER

	FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-	MORTEM NO:
	AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977	AS AMENDED:
	I,declare under oath:-	000258
	I am a Forensic Officer in the Gauteng Department of Health, station Service Ga-Rankuwa.	ned at Forensic Pathology
	In the performance of the official duties in connection therewith and or received the following exhibit (s):	on :
1,	From DR	
	While the exhibit (s) was in my possession or control, it was kept in so not interfered with.	afe custody, seal kept intact and
	On I handed the above exhibit (s) to the	officer
	REFI TV LEST ZE TOTAL	w.
	Thewas scaled with the official scal no	11.10 00
	<ol> <li>I know and understand the contents of this declaration.</li> <li>I have no objection to taking the prescribed oath.</li> <li>I consider the prescribed oath to be binding on my conscience.</li> </ol>	
	Place: FPS Ga-Rankuwa	
Ė	and the second of the second o	SF.O.
	I certify that the deponent has acknowledged that he/she knows and undeclaration which was sworn to before me and the deponents signature presence.	
	Place: Ga-Rankuwa FPS Date: 2017/09/10	
	NAME: MADLOS ZERLERA ME	323
	ADRESS : 6543 KGOTLENG STREET, GA-RANKUW	'A
	RANK PLITEF FOREMSIL OTTICE	`/Հ



/×°	locumy from	45	2	16	sion: Revi	Islon 02	X Eff	ective Zh.	4	5.7/
Post Mortem Toxic					IT CLEAR	LYINE	NGLISH)			
Complete in full an			-		tatus:	Lizaoni		Routine		
GARAI	HUA	okong 7SL	PIIO	fity or	atus.	Urgent		Rounte		2225
	575/2	012				X			U	00259
Case	7				T, please					
number SAPS			prov	vide re	ason					
station										
Date of specimen collection	2012/09	8/22								
Time of specimen collection	12hoc	)								
Date of death 201		2								
Was the deceased			/her d	eath?	Yes		11	10	V	
If YES, please indicated Length of hospitalization		owing:								
Were toxicological a		ormed		Yes	<del></del>	l No		I Unsure	T-	
on blood in hospital?		THICO		100		1,10	1	Uniouro		
If <u>YES</u> , please list re	sults:									
Were any drugs adm hospital?		ring admission	on in	Yes		No	/	Unsure		
if <u>YES</u> , please list dr	ugs.									
Clinical History	Age		Rac	:e	ß	Sex	Male	Fema	le	
Circumstance of death:	Suicide	Hom	icide	1	MVA		Unknown	Other		
Please provide relev	ant facts in t	ne history								
1	H	GSW	V	10	IM					
Relevant post mort					st (e.g. tab	let piec	es in stoma	ch, needle p	uncti	ure marks
on anni miore spo-	Milato Iro.	) Sampreu n	0111, 0	,60/			- 1	, and		
						+ +	14 L 1 (m)	122		
							1117			





Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 575/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

000250

I, MATLOU ZACHARIA MOLOTO declare under oath:-

I am a <u>Chief Forensic Officer</u> in the Gauteng Department of Health, stationed at Forensic Pathology Service GA-RANKUWA.

In the performance of the my official duties in connection therewith and on 2012 / 08/22 I received the following Bullet(s) from FO B.MOGAKANE

#### 1. One bullet with Official seal no (FSB1050954)

While the bullet(s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 201건 C용/2용 I handed the above bullet(s) to SAPS Photographer

No 718488-6 Rank S1087 Name SEKETE III

SIGNATURE OF P/OFFICER

1. I know and understand the contents of this declaration.

2. I have no objection to taking the prescribed oath.

3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

Signature of Chief Forensic Officer

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 20 17/ U3/

NAME

LUCAS MENZELWA MAHLANGU

ADRESS

6543 KGOTLENG STREET, GARANKUWA

RANK

ASSISTANT DIRECTOR





Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 575/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, MATLOU ZACHARIA MOLOTO declare under oath:-	I,	<b>MATLOU Z</b>	ACHARIA MOL	OTO declar	e under oath:-
--	----	-----------------	-------------	------------	----------------

I am a Chief Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service GA-RANKUWA.

In the performance of the my official duties in connection therewith and on 2012 / 08 / 22 I received the following sample(s) from F.O. DOSCAKAR C

### One DNA swab specimen(s)

While the specimen(s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

No 906 West 10 Rank TToroshyler Name Errore Melang On 200 K 133

I handed the above specimen(s) to the investigating officer

The Dna was sealed with the official seal no (PA 5000486906)

1. I know and understand the contents of this declaration.

I have no objection to taking the prescribed oath. 2.

I consider the prescribed oath to be binding on my conscience. 3.

Place: FPS Ga-Rankuwa

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 20 4 30 .

NAME

LUCAS MENZELWA MAHLANGU

ADRESS

6543 KGOTLENG STREET, GARANKUWA

RANK

ASSISTANT DIRECTOR



### MEDICO-LEGAL LABORATORY: PRETORIA

000000

DR C575/12

#### AFFIDAVIT IN TERMS OF SECTION 212(4) ACT 51 OF 1977.

I, RYAN BLUMENTHAL (Qualifications: MBChB DipForMed(SA) MMed(MedForens)(Pret) FCForPath(SA)], attached to the Section Forensic Pathology Services (Pretoria), Private Bag X323, ARCADIA, 0007, declare under oath as follows: I am in the employ of the Gauteng Provincial Government as a forensic pathologist (specialist medical practitioner) in Pretoria. 8/2012 the body of an cidelt black male was presented to me. The body was marked with an identification tag bearing the number: The body was identified as that of shunzen Ngxande according to SARS 377 On 30/8/3010 | performed an autopsy on said body and noted my findings on the attached form (GW 7/15), which facts I ascertained through an examination which required skill in biology, anatomy and pathology. The content of this affidavit to the best of my knowledge and belief is true and correct. I am aware that if this affidavit should be presented as evidence and contains something that I know to be false, or that I believe is untrue, I may be prosecuted. I am fully cognisant with the contents of this affidavit. I have no objection to taking the prescribed oath. I consider the prescribed oath as binding on my conscience Ur\_Hyaπ Blumenthal ERCOB Prot. MMed (Med Forens) Pret FC For FamisA) Dip For Med (SA) MP0508136 2012 -08- 29 DATE: NAME: DR R BLUMENTHAL OFFICIAL TITLE: SENIOR SPECIALIST I certify that the deponent acknowledged that he is fully cognisant with this affidavit and he knows and understands the contents of this affidavit, signed and sworn before me at Pretoria on the undermentioned date. DATE: COMMISSIONER OF OATHS **PRETORIA** FULL NAMES AND SURNAME

PERSAL NUMBER

ADDRESS: PRETORIA MEDICO-LEGAL LABORATORY
10 Dr Savage Road, RIVIERA, 0084, Pretoria

TITLE / RANK: \_\_\_\_



3





000262(4)

DC 515)

R/Serial No. (12)

SOUTH AFRICAN POLICE SERVICE

### **IDENTIFICATION OF BODY**

Station/Government Mortuary CAS/CR/Serial No. 100.11.
1. Phunziler Canadoon rum
Identity number and a sadult/minor-White/Black/Asian/Culoured
on 2012-08-20 at the Government Mortuary, [Note 25]
On 2012-08-20 at the Government Mortuary, Vocal
t identified the body of a *White/Black/Asian/Coloured *male/female to *medico legal assistant
2003, 600 1 Nava 20
as being that of MP YWW Zen' NGXQ nde.
1. Identity number. 2. Date of birth \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1. Identity number. 2. Date of birth 1.17.4-200.25.  3. Residential address Work 2-1 to f  4. Employed at Korlee Mine Lovini  5. Relationship to deponent Megnewa 6. Marital status Manyiled
3. Residential address MOVIGENTO P.
4. Employed at FORE MINE LOWING
5. Relationship to deponent
7. Name and address of *residence/employment of deceased's *husband/wife/father/mother/brother/sister/other
relative MX elevi - Sastein Cape.
"The content of this declaration is true to the best of my knowledge and belief.
I am aware that should it be submitted as evidence and I know that something appears therein which I know to be false or believe not to be true, I could be liable to prosecution."
<ol> <li>I know and understand the contents of this declaration.</li> <li>I have objection/no objection to taking the prescribed oath.</li> <li>I consider the prescribed oath to be binding/not binding on my conscience.</li> </ol>
Phumai Ce Signature/Ihumb print/mark
'I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature/thumb print/mark was
placed thereon in my presence, at(place) on
at
(Signature) Commesioner of Oaths
Full first names and surname Tow Arma Whilwams
Business address (Street address of Police Station) C-CV (VA SCLION - PNOL C - ST
Full first names and surname Day Arma Minuscome  Business address (Street address of Police Station) College & Section - Profession  Colembic Medico 1990 340108
Designation (rank)

Detete and initial words not applicable.

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON EN POSADRES in hierdie sakkie.

2 Indien u van adres verander het, of indien besonderheide van u heidige adres. By straatnaam ervol -normer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERAMDERING, wat im die saktie agter in die identiteitsdokument is, gebruik word om die verandening aan Ie me to en noet dit ingedie word by of gepos word aan die naastelstreek-distinktantoor van die DEPARTEMENT VAN BINNELANDSE SAKE

REGISTERED RESIDENTIAL AND D'SDOCKEL

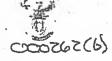
If you have changed your address, or, if particulars of your possess that have been changed, the NOTICE OF CHANGE OF ADORESS forming the pockettal the block of high identity document missible used to report the change and if must be harded in at or posted to the nearest regional at the Coffice of the DEPARTMENT OF HOME AFFAIRS.

等观点。

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME NGXANDE

VCORNAME/FORENAMES **MPHUMZENI** 



GEBOORTEDISTRIK OF LAND! DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

1974-06-22

DATUM UITGEREIK DATT ISSUED

2010-01-12

UITGERBIA OP GUSAG VAN DIE DIRBATEUR-DENERAAL; EINTELANDSG EAKC

DE WOON- EN POSADRES

E DEBOGAY DE DEWNS BALL U GEREGISTREERDE WOON EN

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REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1 Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc. have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pockel at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional district office of the DEPARTMENT OF HOME AFFAIRS.



1

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

FUM

VOORNAME/FORENAMES PHUMZILE CAMEROON

GEBOORTEDISTRIK OF LAND! DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

1964-05-01

DATUM UITGEREIK DATE ISSUED

2010-02-19

uitorreik op getau vak die Direkteur deneraal: Bipnēlandee gake

IFFUED BY AUTHORITY OF THE DIRECTOR-SENERAL: HIME AFFAIRS



क्षित्र । सम्बद्धाः A587

## REPUBLIC OF SOUTH AFRICA GAUTENG DEPARTMENT OF HEALTH

000263

#### REPORT ON A MEDICO LEGAL POST MORTEM EXAMINATION

Death Register No. 0576/2012

To the magistrate of: RUSTENBURG

- I, RYAN BLUMENTHAL do hereby certify:
- (i) that at THE MEDICO-LEGAL LABORATORY GARANKUWA (MLL), on the 22<sup>nd</sup> day of August 2012 commencing at 11h30am | examined the body of an adult black male; and
- (ii) that this body was identified to me -
  - (a) by TP Sekhuta of the MLL, Garankuwa, as being that of DR0576/2012; and
  - (b) by SAPS 377 on 20/08/2012 as being that of SITELEGA MERIC GADLELA whose reputed/estimated age was 50 years; and
- (iii) that death took place as informed on 16/08/2012 (the probable time of death was not determined due to refrigeration).
- (iv) that the chief post mortem findings made by me on this body were the following: An adult black male with a perforating gunshot wound through-and-through the thorax and neck. The gunshot entrance wound was located on the right posterior thorax and the gunshot exit wound was located on the left lateral aspect of the neck. The gunshot wound path travelled from right-to-left, from back-to-front at an upward angle of trajectory through-and-through the right lung lower lobe, the descending arch of the aorta and the left lung upper lobe.
- (v) that, as a result of my observations a schedule of which follows, I concluded that the cause of death was the following:

**GUNSHOT CHEST** 

Dated at PRETORIA this .....

.... day of .....

2012

Signature:

Qualifications. Designation:

MBChB(Pret) MMed(MedForens)(Pret) DipForMed(SA) FC For Path(SA)

SENIOR SPECIALIST / FORENSIC PATHOLOGIST

FORENSIC PATHOLOGY SERVICE: PRETORIA

OFFICIAL POSTAL ADDRESS: PRIVATE BAG X323, ARCADIA 0007 Tel: (012) 323 5298

re/ms



#### SCHEDULE OF OBSERVATIONS:

GENERAL: An adult black male.

1. Height:

1.68m.

Mass:

55.0kg

Physique: Normal

Nutrition:

Good.

#### 2. Special identifying features:

- · The decedent has short shaven scalp hair.
- A 6,0cm x 3,0cm hyperpigmented patterned birthmark is located on the medial aspect
- A 3,0cm x 2,0cm birthmark is located on the lateral aspect of the right thigh.
- A 5,0cm horizontally-orientated scar overlies the superior aspect of the right kneecap.
- No further special identifying features can be identified.

#### 3. Secondary post-mortem changes:

The body is an advanced stage of autolysis and secondary flaccidity is present.

#### 4. External appearance of body and condition of limbs:

(Please see attached Annexure A):

- External examination shows an adult black male.
- At the outset of the examination the face was stained with blood.

#### 4.2

- A black zipper jacket (Hengmafushi Pacific).
- · A blue-and-brown horizontally-striped shirt.
- A brown belt.
- · Khaki trousers (rolled up to the knees).
- · Red leather shoes with brown laces.
- Black socks.
- Grey / black shorts.
- Jockey underpants.
- And a horizontally-striped T-shirt.

#### Gunshot entrance wound:

- This wound is located on the posterolateral aspect of the right thorax.
- . The central aspect of this wound is located 11,0cm lateral-and-to-the-right of the posterior midline.
- The central aspect of this wound is located 17,0cm superior from the right iliac crest.
- Examination shows a 0.7cm in diameter central concentric punched-out wound defect.
- · A surrounding collar of abrasion is present.
- Examination of the surrounding skin and outer clothing layer shows no powder burns, stippling or tattooing.
- This wound is located below the tenth rib on the posterolateral aspect of the right side of the thorax

Page 2 of 6



fran Blumenthal no settled day fores is Pret A) Les for this (CA) 4P0508136

- This wound is located above the level of the right dome of the diaphragm.
- · Features are in keeping with a gunshot entrance wound to the region.

#### 4.4 Gunshot exit wound:

- This wound is located on the left lateral aspect of the neck.
- . The central aspect of this wound is located 11,0cm below the left ear tragus
- The central aspect of this wound is located 8,0cm lateral-and-to-the-left of the anterior midline
- The central aspect of this wound is located 7,0cm superior from the left clavicle.
- · Examination shows a 0,7cm irregular lacerated wound defect.
- Subcutaneous ecchymotic haemorrhages are present surrounding the wound.
- Features are in keeping with that of a gunshot exit wound to the region.

#### 4.5 Tangential gunshot wound:

 A tangential gunshot wound through the lateral aspect of the left hand index finger is present.

#### 4.6 Other findings:

 Multiple, fresh, traditional-healer marks are present overlying the body. These are located below both clavicles; on the lateral aspects of both hips; on the anterior and posterior aspects of both thighs; and on the lateral aspects of both knees.

#### **HEAD AND NECK**

#### 5. Scalp and skull:

- Reflection of the scalp shows no abnormalities.
- Examination of the skull shows no fractures.

#### 6. Intracranial contents:

• The brain is autolytic.

Brain mass: 1500g.

#### 7. Orbital, nasal and aural cavities:

Not visualized.

#### 8. Mouth, tongue and pharynx:

No abnormalities can be detected.

#### 9. Neck structures:

 The gunshot wound path travels from right-to-left, at an upward angle of trajectory, from back-to-front, through-and-through the neck. The gunshot exit wound is located on the lateral aspect of the left side of the neck.

#### CHEST

#### 10. Thoracic cage and diaphragm:

The gunshot entrance wound is located within the tenth rib space on the
posterolateral aspect of the right side of the thorax. This wound is located above the
level of the right dome of the diaphragm.

Page 3 of 6



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MP0508136

Death Register No. DR0576/2012

• This gunshot wound perforates through-and-through thoracic vertebrae T2/T3.

- The left thoracic cavity contains 600,0ml blood and the right thoracic cavity contains 60,0ml of blood.
- The gunshot wound path travels from right-to-left, from back-to-front at an upward angle of trajectory through-and-through the thoracic cage.

#### 11. Mediastinum and oesophagus:

· No abnormalities can be detected.

#### 12. Trachea and bronchi:

• The gunshot wound perforates through-and-through the right bronchus.

#### 13. Pleurae and lungs:

- The gunshot wound perforates through-and-through the right lung lower lobe and through-and-through the left lung upper lobe.
- Both lungs show signs of collapse atelectasis.

Lung mass: L: 210g R: 250g.

#### 14. Heart and pericardium:

- · Advance autolysis makes interpretation of subendocardial haemorrhage difficult.
- · No injuries or abnormalities to the heart can be identified.

Heart mass: 360g.

#### 15. Large blood vessels:

- High-velocity perforating gunshot wound injury to the descending arch of the aorta is present.
- Post mortem haemolysis of red blood cells has stained the intima of the large arteries.

#### **ABDOMEN**

#### 16. Peritoneal cavity:

· No abnormalities can be detected.

#### 17. Stomach and contents:

- · The stomach contains approximately 30,0ml of brown fluid.
- · The gastric mucosa is autolytic

#### 18. Intestines and mesentery:

Autolytic.

#### 19. Liver, gall-bladder and biliary passages:

The liver is autolytic.

Liver mass: 1100g.

#### 20. Pancreas:

Autolytic.

Pancreatic mass: 110g

#### 21. Spleen:

The spleen is pale and the capsule is wrinkled.

Page 4 ol 6



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GA TEST 36

Death Register No. DR0576/2013

· Section shows an autolytic spleen parenchyma.

Spleen mass: 40g.

#### 22. Adrenals:

Autolytic.

#### 23. Kidneys and ureters:

· Both kidneys are pale and autolytic.

Kidney mass: L: 100g R: 100g.

#### 24. Urinary bladder and urethra:

- The bladder is empty.
- The bladder mucosa is autolytic.

#### 25. Pelvic walls:

· No abnormalities can be detected.

#### 26. Genital organs:

- The penis appears circumcised.
- · No abnormalities can be detected.

#### SPINE

#### 27. Spinal column:

- The gunshot wound path travels from right-to-left, from back-to-front and at an upward angle of trajectory through-and-through the thoracic vertebral bodies.
- The gunshot wound perforates through-and-through the vertebral bodies of thoracic vertebrae T2/T3.

#### 28. Spinal cord:

 Not visualized; however injury should be predicted at the level of thoracic vertebra injury T2/T3.

#### SPECIMENS RETAINED:

NATURE OF SPECIMENS	NATURE OF INVESTI- GATION REQUIRED	DISPOSAL OF SPECIMENS
Blood - brachial vessels.	Ethanol.	Handed to Z Moloto for sealing with seal no. PMK070527/8.
Stomach contents, bile and liver.	Toxicological examination.	Given to Z Moloto for sealing with seal no. TX032303.
Buccal swabs.	DNA examination.	Given to Z Moloto for sealing with seal no. PA5000486898.
Cardiothoracic organs	Occupational Diseases in Mines and Works Act (Act 78 of 1973)	National Institute for Occupational Health

Page 5 of 6



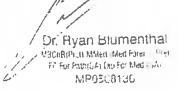
Dr Ryan Blumenthal
Macharpers Made Med Med Note: 11 A
FC For Forn SAI On For Med No
MP0508136

#### ADDITIONAL OBSERVATIONS:

- DHA -1663 A07501055.
- · Please see attached Annexure A.
- Whole body x-rays were performed and no projectiles could be identified. A subtle lead storm' could be identified on the left side of the heart.
- Lt-Col André Botha (Ballistics Service number: 04301722), HP Kruger (Forensics Silverton – Service number 04257758) and Const IJ Sekete (LCRC Brits – Service number: 7184886) attended the post mortem examination and took the necessary photographs.

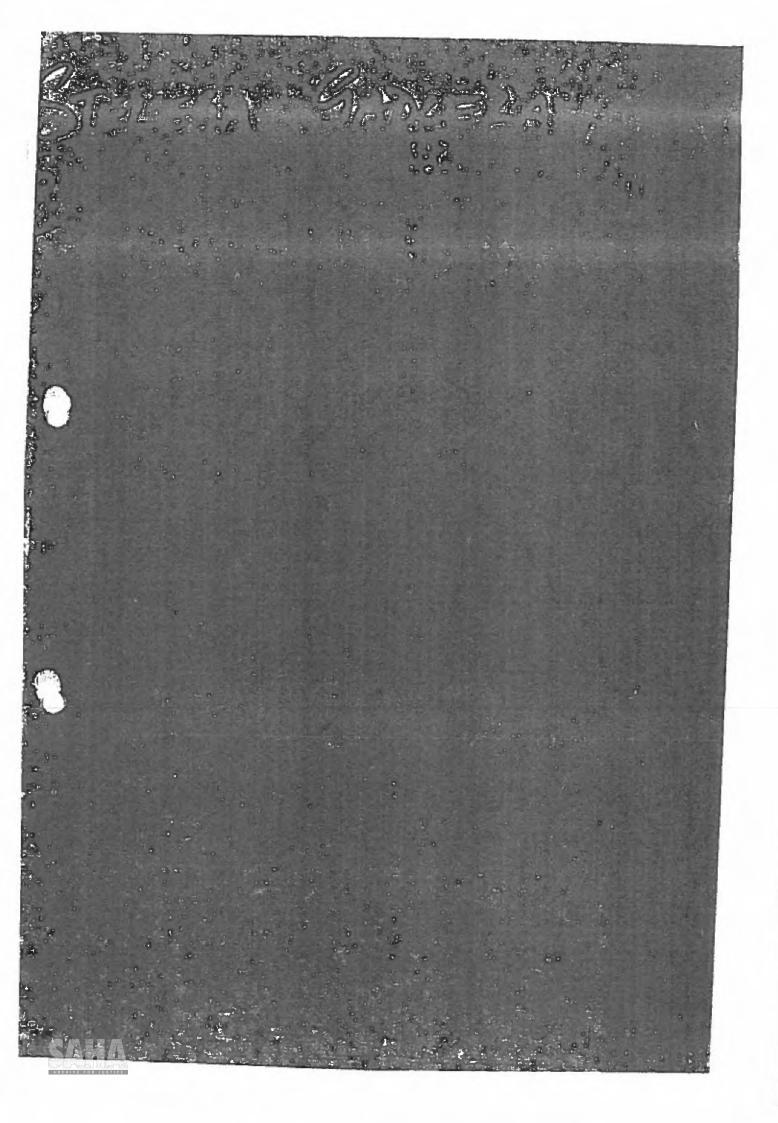
HISTOLOGICAL REPORT: None.

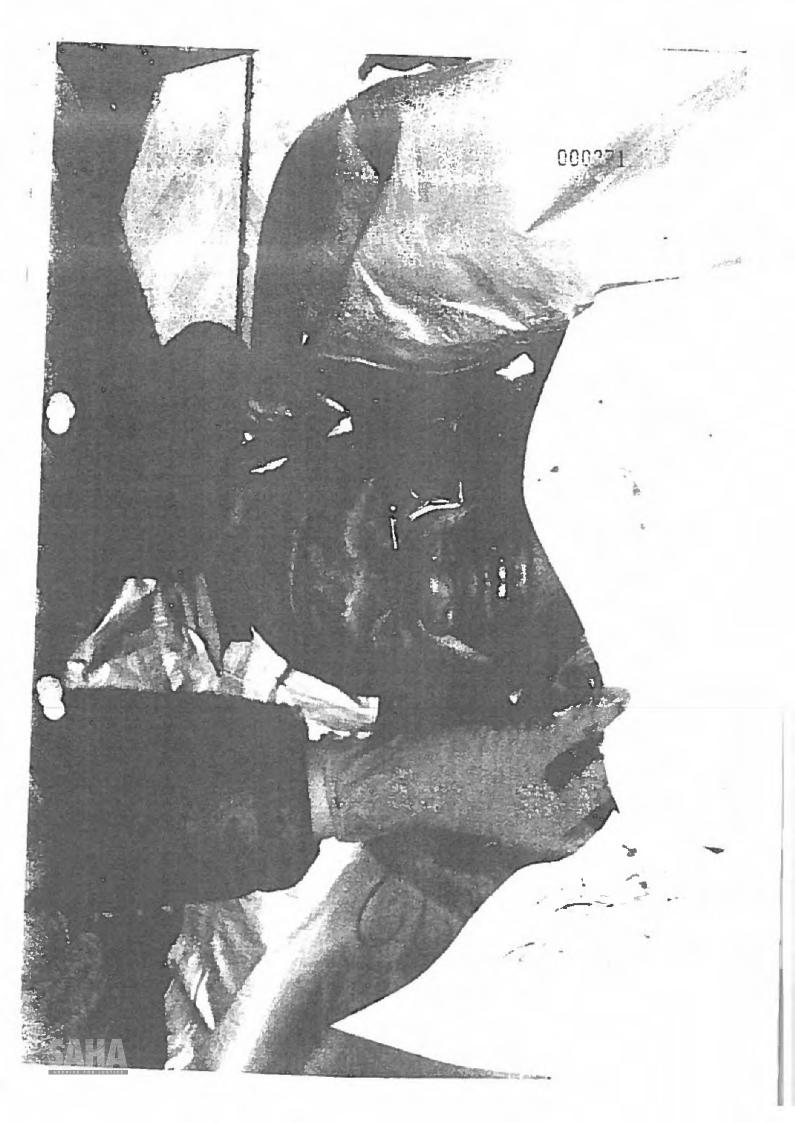
Page 6 of 6





Full body, male, anterior and posterior views (ventral and dorsal) 000758 ANIJEXUOE A Autopory No. DR 576/2012 Dates 2012/08/22 Age Girliot Exit WOUND HEATER WERE GUNHOT LUST TO THE MAN FATTING WOUND 11.0 (3x2) in the warn Fresh TONDITIONAL HEAVEST ( (3) cap (=0). Dr. Ryan Blumenthal MBChB(Prel) MMed (Med Forens) Pret FO For Path SA) Drp For Med (SA) MP0508136







# TEBA Limited RSA Reg. No 1902/001680/06

000172

General Agreement of Service

Registration Date: 2012/04/26

Sumame;	GADLELA		Employer:			
Other Names:	STELEGA		KAREE MINE			596
Gender:	MALE		Site:			
Father's Name:	TITUS GADLELA		KAREE MINE			596
Mother's Name:	MARIA GADLELA BETTY-NGWENYA GADLELA		BI-1733 No:			A0179940
Spouse's Name. Chief / Headman:	NDABAZEZWE		Industry No:			C1164958
Country:	SWAZILAND					
District:	MANZINI		TRP No:	WDH37VJ	Expiry Date:	2013/05/02
Language:	SWAZI		Office:	MANZINI		5305
Religion:			Serial Number:	432	Year:	2012
Home Address:			Company No:			6278 <b>79</b>
			Occupation:			
1						40457002
9			Passport No.			40157882
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	Constant)		Date of Bith:			1962/08/15
	0284		Marita Status:			MARRIED
Émergency Contact:	BETTY-NGWENYA GADLELA		Dependents:			13
Dooth Booksines	BETTY-NGWENYA GADLELA		Edication Std A	Hainod:		
Death Beneficiary: Beneficiary Relation:	WIFE	No.				
Beneficiary Address:	N Comment		STANDARD 5 PA	SSED		
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Office: MANZINI		5305	-			
Serial Number: Yea	No. of Weeks on las	t agreement:	Agreement Peri	od (Weeks):		52
108 2011		-	Agreement Expl			2013/04/25
Date of last discharge		2012/03/23	Experience:			458 - EX LEAVE
ast Employer: KARE	(1) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	596	Industry Certific	ate No:		GEN26410/11
Endorsements Vacci	inations etc.		Type of Employ	ment:		Underground
				Employee's Si	gnature or Mark	error services in the service of the services
					g or mail	

I accept and agree that my medical exit certificate and radiological reports will be retained by TEBA Ltd and attached to my record of service that is held by TEBA Ltd in its database. Furthermore, I authorise TEBA Ltd to disclose the contents thereof to mining industry officials for possible employment.

The employment of the employee is subject to the employee being declared fit by way of an occupational medical examination, and the employee having a satisfactory prior employment record. The employee further authorises and agrees that TEBA Limited may at any time verify his/her fingerprints and industry number with its own database and, that held by the Department of Home Affairs.

Capturer: Phako Melarizi Date Printed: 2012/08/17 05:22:10 PM NOT AVAILABLE

576

Employee num!		iadlela SM (Stelega Mernck )	
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Employee	00627879		Pay histor
Sumama	Gadlela		Post dates
Initials	SM		A <u>d</u> ditional
Firstname	Stelege Meinck		Mining
ld number	40157882		Biometrics
Department	K31380801D10E0		
Occupation	Team Leader Production	- 10-3	
Category	K3 Shaft	•	
Contractor		J	



### Teba Limited

(RSA Reg. No. 1902/001680/06) = TEL: NO. (014) 566 5331 FAX: NO. (014) 566 4656



000074

P O Box 111 RUSTENBURG 0300

### DEATH REPORT INVOICE

DEATH REPORT AND INVOICE NUMBER: C596/50/2012

MINE: Karee Mine Code: 596	
INDUSTRY Number : C1164958	DATE OF REPORT: 2012/08/17
DEC	EASED'S PARTICULARS
FIRST NAME: STELEGA	DATE OF DEATH : 2012/08/16
SURNAME: GADLELA	CAUSE OF DEATH: UNNATURAL CAUSES
ID/PASSPORT NO:	PLACE OF DEATH: WONDERKOP
COY, NO: 627879	MINE ACCIDENT? N/A
SERIAL: 432/5305	REPORTED BY: JONES MARUPING
OFFICE : MASERU	REPORTED TO: TRACY COETZEE
DEPE	NDANT / BENEFICIARY
JAME : BETTY-NGWNYA	ADDRESS : Kennyaman and and and and and and and and and a
SURNAME : GADLELA	G-CASSIMAL STATE OF THE STATE O
KINSHIP: WIFE	
NAME OF TRUSTEE:	(preparation of preparation)
NO FUN	NERAL ADVANCE AUTHORISED
PAY TO: NO PAYMENT AUTHORISED	Amount: 0.00
PAYMENT AUTHORISED BY:	
COMMENTS:	
	FOR TEBA USE ONLY
CAS	H AND BANK PARTICULARS
THE FOLLOWING TO BE REFLECTED ON CA	ASH AND BANK
ACCOUNT NO. 77162/0050	
TRANSACTION DESCRIPTION: C596-50-	2012
NYMENT EXPIRY DATE: 30 DAYS	
	<u>L.T.P</u>
SIGNATUREOR	
WITNESS	
NB.: URGENT REPLY BY RURAL OFFICE:	
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ate reported to Family:	
o whom reported:	To whom reported (Name & Designation):





#### SOUTH AFRICAN POLICE SERVICE

Body number DR 576 12

## AUTHORITY TO HAND OVER BODY AND ACKNOWLEDGEMENT OF RECEIPT

	AUTHORITY TO HARD OVER BOD	TAND ACKNOWLEDGEMENT OF MEDICAL
	he Commander	
	Sovernment Mortuary	
	Propers	
		PART A
		TO HAND OVER BODY
·	You are hereby authorised to hand over the t	body of Badlela Sitelega Meril
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of	***************************************	
	OLAHOLA	AF KHUMAIO
Plac	Proters 2012-08-20	(Signature of next of kin or other authorised person)
Date	2012-08-76	authorised person)
	Ч—	Address
		(Tel, No
		PART B
	ACKNOWLE	EDGEMENT OF RECEIPT
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	1 Certify flaving feedland and body of minimum	
*****	•••••••••••••••••••••••••••••••••••••••	
prop	perly cleaned, sutured and prepared for buria	if from the government mortuary at
*****		
Plac	ce	(Signature of next of kin, other authorised
Date	9	person or representative of undertaker)
		Address
		***************************************
		(Tel. No)



## Suid-Afrikaanse Polisiediens



### South African Police Service

000276

POLISIERAPPORT WAT LYK NA LYKHUIS VERGESEL POLICE PERCET ACCOMPANYING BODY TO MORTUARY

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Volledige geskiedenis Full history



#### SOUTH AFRICAN POLICE SERVICE

Body number DRS76 12

### AUTHORITY TO HAND OVER BODY AND ACKNOWLEDGEMENT OF RECEIPT

	To: The Commander	
	Government Mortuary	
	Proper ~ 3	
	PART A	
	AUTHORITY TO HAND OVER BODY	
	You are hereby authorised to hand over the body of Sadjela Sitelesa Meyi	C
	to	
	of	
	Place Proteins AF LHUMA10	
	(Signature of next of kin or other	
	Date authorised person)	
	Address	
	***************************************	
	(Tel. No.	
**1	PART B	
9	ACKNOWLEDGEMENT OF RECEIPT	
	The state of the s	
	I certify having received the body of	
	properly cleaned cultured and propered for hydel from the assumed to the second to the	
	properly cleaned, sutured and prepared for burial from the government mortuary at	
	Place(Signature of next of kin, other authorised	
	Date	
	Address	
	***************************************	
	(Tel. No)	



32 The holder must complete the particulars below: Le titulaire est prié de completer les détails ci dessous. Bearer's place of permanent residence: Résidence principale du titulaire: Place Lieu Country Pays In case of accident or death notify: En cas d'accident ou de décès prière d'aviser. Name Relationship Adresse précise Ce//

Kingdom of Swaziland

Travel Document/ Document de Voyage



MERIC

P<SWZGADLELA<<SITELEGA<MERIC<<<<<<<<< 2020 SEP /SEPT

/SEPT 2010 Government

BULUNGA

Swaziland

Signatura du titulaira

Signature of bearer

The holder must complete the particulars below: Le titulaire est prié de completer les détails ci-dessous:

> Bearer's place of permanent residence: Résidence principale du titulaire:

Country Pays

In case of accident or death notify: En cas d'accident ou de décès prière d'aviser

Name 177 504150 A titre de Adresse précise

eture of beater Signature du titulaire

Kingdom of Swaziland



ANDREW FANA

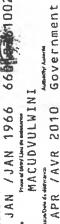
SWAZI

HUMALO

Travel Document/ Document de Voyage









Swaziland





P<SWZKHUMALO<<ANDREW<FANA<<<<<<<<<<



### SOUTH AFRICAN POLICE SERVICE

### **IDENTIFICATION OF BODY**

Station/Government Mortuary Prot 2 2	CAS/CR/Serial No. DRS 76.
1. Andrew fana Knumalo: Identity number an/a adult/	20.000
· · · · · · · · · · · · · · · · · · ·	
male/fermale residing at Mortikoung - "State under oath/confirm"	
On 2011-08-20 State under oath/confirm at the Government Mortug	ary, phokena
I identified the body of a *\text{\text{White}}/\text{Black}/Asian/Coloured *male/female to *r	nedico legal assistant
as being that of Silelega Medic Gad	leia.
Particulars of deceased:	
1. Identity number	
3. Residential address Manikawa -	
4. Employed at Landin Ladee Mine	······
5. Relationship to deponent Carnily Stend. 6. M	arital status MONTINE 21
7. Name and address of *residence/employment of deceased's *husbane	d/wife/father/mother/brother/sister/other
relative Man21vi	
"The content of this declaration is true to the best of my knowledge	and belief.
I am aware that should it be submitted as evidence and I know that s to be false or believe not to be true, I could be liable to prosecution."	comething appears therein which I know
<ul> <li>1. I know and understand the contents of this declaration.</li> <li>2. I have objection/no objection to taking the prescribed oath.</li> <li>3. I consider the prescribed oath to be binding/not binding on my of</li> </ul>	onscience.
	AF. Ethernalo
	ignature/thumb print/mark
I certify that the deponent has acknowledged that he/she knows declaration which was sworn to/affirmed before me and that the depo	nent's signature/thumb print/mark was
placed thereon in my presence, at	on 2012-08-20 (date)
at :	7
•	A
	ature) Commissioner of Oaths
	ulwa-e
Business address (Street address of Police Station). Solema	Sec 130 ~
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Designation (rank)	Police Service
*Delete and initial words not applicable	

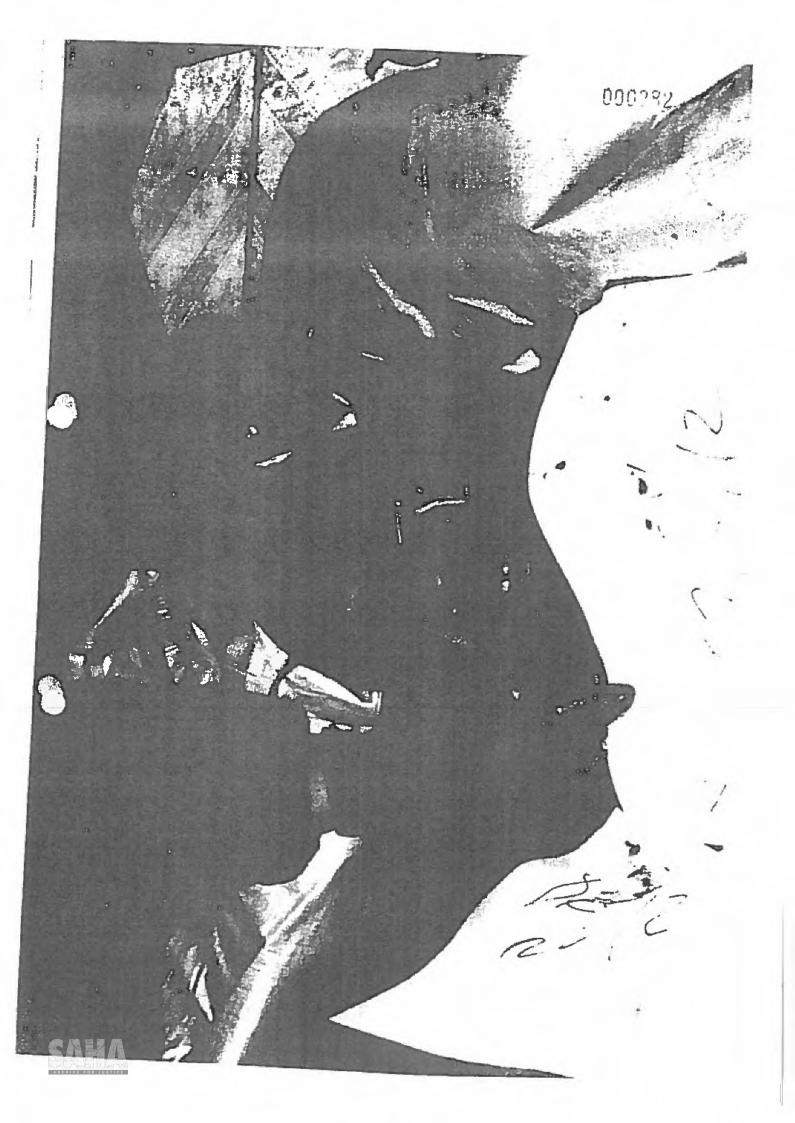


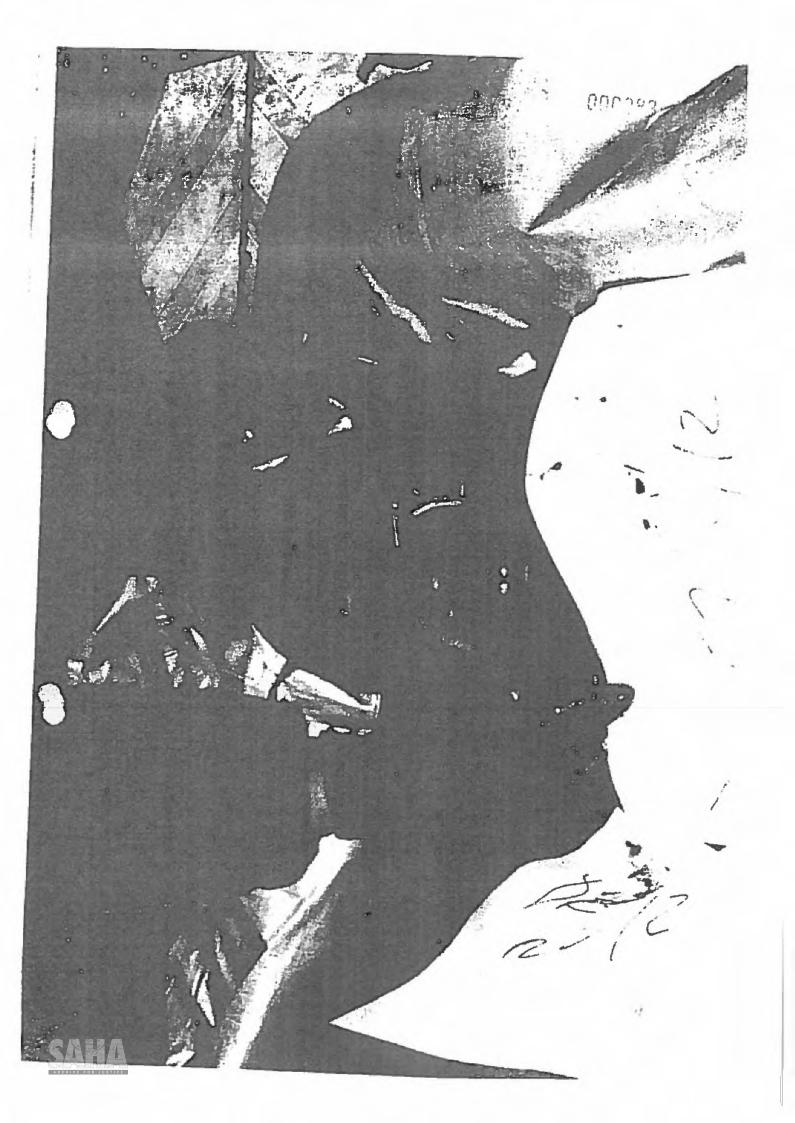
# TEBA Limited RSA Reg. No 1902/001680/06

General Agreement of Service

Registration Date: 2012/04/26

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# REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

## NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

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· Must be completed in black in? Optense tick V where applicable). SERIAL No	
• Please reper to instructions FILE No. DRS 76 112 DATE:   OR   8012 AO 7501055   9999	
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PLACE OF DEATH (City / Town / Village). 20 NEXT COP	
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B PARTICULARS OF INFORMANT	
QP	
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Relationship to deceased Parent Spouse Child Other kin Other (specify)	
Postat addr. ss	
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Was the next of kin of the decemed a New York No. 1 Refuse to 1	
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C PARTICULARS OF FUNERAL UNDERTAKER Office Stump of Funeral Undertaker	-
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D.I. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE Postal address	r 1
the undersigned her by certify that the degrased named in Section A, to the best on knowledge and belief, died solely and exclosively first on NAH RAI CAUSES specified in Section G.	1 1
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# REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS



### NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

	in terms of the Births and Deaths Registration Act, 1992 (Net No. 51 of 1992)	State of the Ran Coste
	Must be completed in black ink (please tick ) where applicable) SERIAL No.	0295
	Pl. ase refer to instructions	· · · ·
1	FILE No. 3 7 715 19 DATE (21 1911) AU (C. 1911)	Date of birth
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1	To name I by ISN. I LY KING F	24 hours after both mumber of hours alive
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i	PLACE OF BIRTH (Miniscipal district or country if abroad)	of deceased
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-	PLACE REGISTRATION OF DEATH	3
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Ì	B PARTICULARS OF INFORMAN'T	
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Ì	C PARTICULARS OF FUNERAL UNDERTAKER	Office Stamp of Funeral U. deruker
	Initials and Surname	
	Designation No. Place of burial cremation	
	Date Signature	ners from the first of the second property and the second
	D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE	Postal address
N	I, the undersigned, hereby certify that the decent ed named in Section A, to the best of my knowledge and belief, died solely and exclusively due to NATURAL CAUSES.	
*	as specified in Section G:	
1	f, the undersigned, am not in the parition to certify that the decreased died exclusively due to natural causes.	
	Initials and Surname Postal Code i	
	Date Signature Signature	SAMDC / SANCREE No
		Postal address
	I, the undersigned, hereby certify that a medicolegal post mortein examination has been examination in the body of the person whose particolars are given to Section A and that the body is no longer	MANING WITH
	required for the purpose of the Impress Act, 1959 (Act No. 58 of 1959) and that the cause of death is  Natural Ca. 55 Pode with a dis Section Gr. Unmatural D. Un	
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	E FOR OFFICIAL USE ONLY Initials and Surname or Registrat Registration of Death approved MPO	508136 office Stamp
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