



## DEATH REPORT INVOICE

DEATH REPORT AND INVOICE NUMBER: C581/51/2012

DATE OF REPORT: 2012/08/17
D'S PARTICULARS
DATE OF DEATH: 2012/08/16
CAUSE OF DEATH: UNNATURAL CAUSES
PLACE OF DEATH: WONDERKOP
MINE ACCIDENT? N/A
REPORTED BY: JONES MARUPING
REPORTED TO: TRACY COETZEE
IT / BENEFICIARY
ADDRESS:
LADY FRERE
~
ADVANCE AUTHORISED
Amount : 0.00
TEBA USE ONLY
BANK PARTICULARS
L.T.P



#### TEBA Limited

RSA Reg. No 1902/001680/06

Conditional Agreement of Service

Registration Date: 2011/06/20

581

581

Z7379487

0581

2011

20024363

1980/12/06

MARRIED

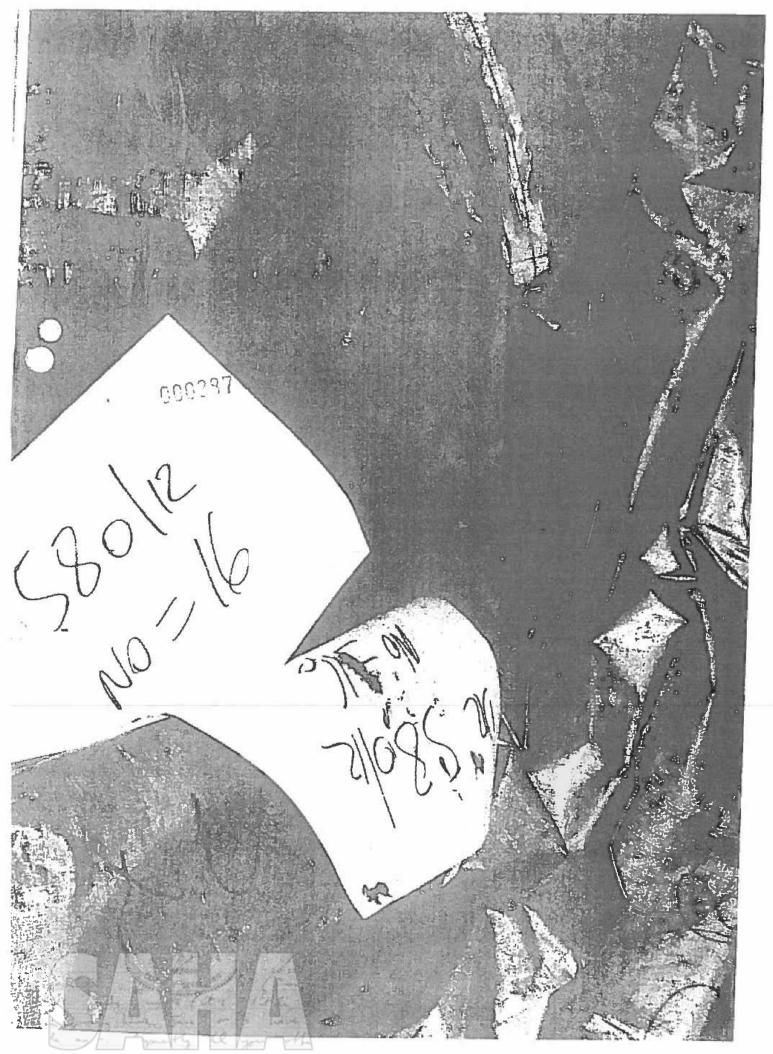
52

2012/06/18

Underground

YONA Employer: Surname: Other Names: BONGINKOSI EASTERN PLATINUM LIMITED MALE Gender: Father's Name: JACKSON YONA EASTERN PLATINUM LIMITED **NOBUZWE YONA** Mother's Name: Spouse's Name: NANDIPHA GUNUZA Industry No: MMFIF Chief / Headman: SOUTH AFRICA Country: LADY FRERE District: TOM EASTERN PLATINUM Office: Language: **XHOSA** Religion: **AMADLOZI** Serial Number: 1313 Year: Home Address: Company No: **ROCK DRILL OPERATOR** Occupation: Passport No. LADY FRERE Paxsport Expin 5410 Living out / Mine Identity No: (Did not Pass Accommodation: WONDERKOP WONDERKOP Date of Birth: **MARIK** Marital Slatus: NANDIPHA GUNUZA **Emergency Contact:** Decendents: NANDIPHA GUNUZA Education Std Attained: Death Beneficiary: WIFE Beneficiary Relation: STOISIGRADE 11/N1 Beneficiary Address: Qualification LADY FRERE LADY FRERE **MBET Numeracy Qualification** 5410 Beneficiary Contact: **ABET Literacy Qualification** Previous Agreemen Office: TOM WESTERNEDATINUM 0582 Serial Number: Year No. of Weeks on ast agreement: Agreement Period (Weeks) : 1959 2010 Agreement Expiry Date: Experience: 112 - INDUSTRY EXPERIENCE Date of last discharge: 2011/05/16 Last Employer. WESTERN PLATINUM LIMITE 582 GEN103475/11 Industry Certificate No: Type of Employment: Endorsements, Vaccinations etc. Employee's Signature or Mark t 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 NOT AVAILABLE 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 veilly his/her fingerprints and ID number with its own database and, that held by the Department of Home Affairs

Capturer: Rosetta Bogatsu Date Printed. 2012/08/17 05:26:59 PM



ARCHIVE FOR IUSTICE

- 1-1 S-S-Employee Detail 👵 🙀 🥞 🤼 Employee number - 20024363 **Eind** Employee: 20024363 - Yona B (Bonginkosi) Acting Occupation General Personnel Vehicles Certificates Service history Paradas Allowances Access 20024363 Employee Pay history Yona Post dates Surname B Additional Initials Bonginkosi Mining First name **Biometrics** ld number SA1S10000D99A0 Department • RDO Occupation Saffy Shaft Category Contractor

Acquire

Fint badge

 $\underline{\mathsf{E}}\mathrm{d} t$ 

Close





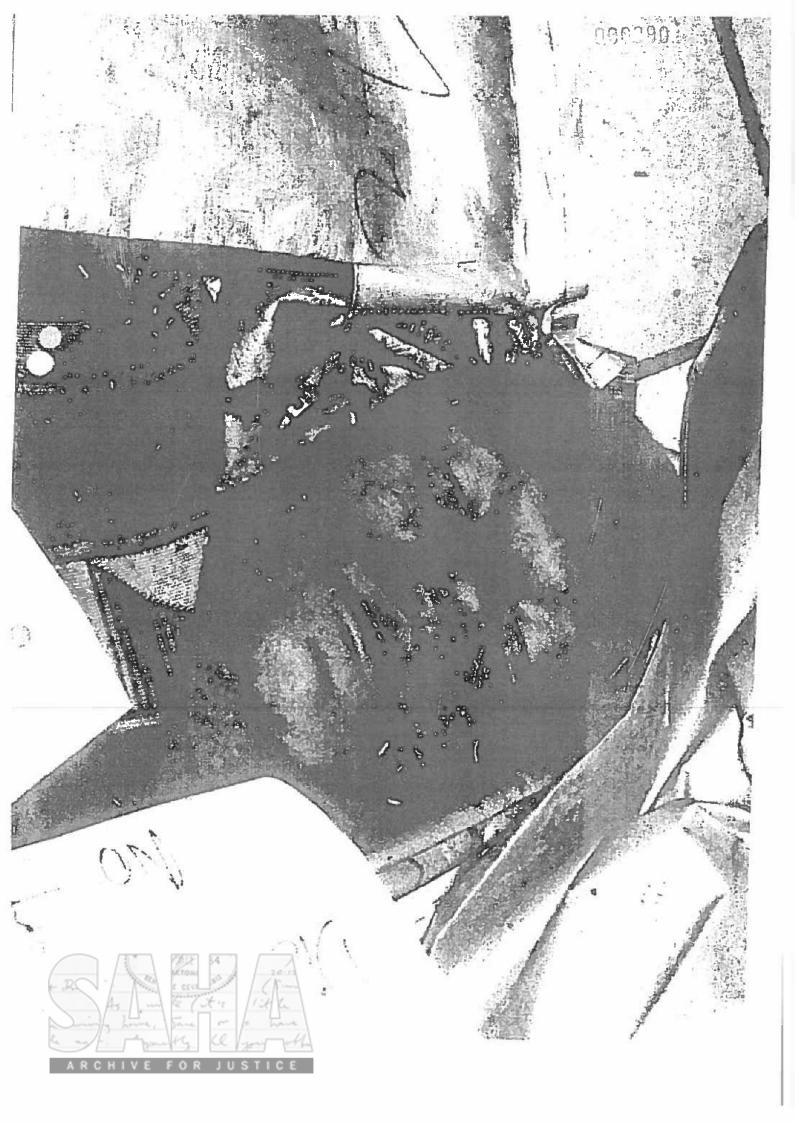
### Conditional Agreement of Service

Registration Date: 2011/06/20

YONA Surname: Employer: Other Names: BONGINKOSI EASTERN PLATINUM LIMITED 581 MALE Gender: JACKSON YONA 581 Father's Name: EASTERN PLATINUM LIMITED Mother's Name: **NOBUZWE YONA** Spouse's Name: NANDIPHA GUNUZA Industry No: 27379487 Chief / Headman: MMELE SOUTH AFRICA Country: LADY FRERE District: Office: TOM EASTERN PLATINUM 0581 Language: **XHOSA** Religion: AMADLOZ! Serial Number: 1313 Year: 2011 Home Address: N/A 20024363 Company No: ROCK DRILL OPERATOR Occupation: LADY FRERE Passport No. LADY FRERE 5410 iving out / Mine Identity No: (Did not Pass Accommodation: WONDERKOP WONDERKOP Date of Birth: 1980/12/06 MARIK Marita@Status: MARRIED NANDIPHA GUNUZA Emergency Contact: Dependents: dication Std Attained: NANDIPHA GUNUZA Death Beneficiary: WIFE Beneficiary Relation: 0.9/GRADE 11/N1 Beneficiary Address: ualification LADY FRERE LADY FRERE BET Numeracy Qualification 5410 Beneficiary Contact: ABET Literacy Qualification **Previous Agreement** ice: TOM WESTERN RUATINUM 0582 Serial Number: Year No. of Weeks Agreement Period (Weeks): 52 st agreement: 2010 Agreement Expiry Date: 2012/06/18 Experience: 112 - INDUSTRY EXPERIENCE Date of last discharge: 2011/05/16 Last Employer: WESTERN PLATINUM LIMITE GEN103475/11 582 Industry Certificate No: Type of Employment: Underground Endorsements, Vaccinations etc. Employee's Signature or Mark 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. **NOT AVAILABLE** The employment of the employee is subject to the employee being declared lit 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 lingerprints and ID number with its own database and, that held by the Department of Home Affairs.

Capturer: Rosetta Bogatsu Date Printed: 2012/08/17 05:26:59 PM



# DEPARTMENT OF HOME AFFAIRS

# NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992)	Space for Bar Code
• Must be completed in black ink (please tick / where applicable) SERIAL No: • Please rejay to instructions	9 9 9 9
FILE NOTE DESIGNATE. TOUSING THE THE PROPERTY OF THE PROPERTY	
A PARTICULARS OF DECEASED INDIVIDUAL / STILLBORN CHILD	Date of birth
Identity number of deceased Date of death Doll 2 O	Age at last
Surname VDNA	birthday years
Maiden Name (If female)	Sex VIII death occurred within
Forenames SOLUCOS	24 hours after birth number of hours alive
	Widowed
Religious Law Marriage Divorced Customary	Marriage und
PLACE OF BIRTH (Municipal district or country if abroad) PL OF DEATH (City / Town / Village)	Martiage of deceased
TE REGISTRATION OF DEATH	7
CHIZENSHIP OF DECEASED SOURCE ASHLOW	CONTRACTOR
B PARTICULARS OF INFORMANT Identity number	
Initials and Sumame 74 L XQ \Q	(specify) (specify)
	(specify) (specify)
Postal address Postal address	30
Postal Code	Dialling 072
Was the next of kin of the deceased a Vas No Refuse to	Code (01(15) 1 1
smoker during the past rive years?	Telephone No. 7800 1506
C PARTICULARS OF FUNERAL UNDERTAKER	
	Office Stamp of Funeral Undertaker
Initials and Surname	
signation No. Place of burial / cremation	100000000000000000000000000000000000000
Data Signature	trans-rough
DERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NUR	RSE Postal address
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 Postal	Code
Date Signed Signature Signature	SAMDC / SANC Reg No.
D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST	UR. R.G.R.MOORAD
I, the undersigned, hereby certify that a medicolegal post-mortem examination has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:	POTCHEFSTROOM 4520 PEGIALIST FORENSIC PATHOLOGOT
Natural (Cause of Death as indicated in Section G) Unnatural Under investigation	TEMALIST FUHENSIC PATHOLOGIST
Initials and Surname RGR MODRIAN Postal (	Code
Place of post-mortem CHALLUNDAYE PLOIR DE DE	SAMDC Reg. No
Mortuary A 580 2 Date signed LOIR DE DO Signature	
E FOR OFFICIAL USE ONLY Initials and Surname or Registrar	Office Stamp
Registration of Death approved and Burial Order issued	
Postal address Porce No./ Designation No.	
Persol No.	
Postal	

Identity number

of deceased

Maiden Name

(If female)

Surname

Page I in terms of the Births and Deaths Registration Act, Space for Bur Code 1992 (Act No. 51 of 1992) 600000 Must be completed in black ink (please tick , where applicable) SERIAL No Please refer to instructions
FILE No: | C DATE: A07501028 17.012 A PARTICULARS OF DECEASED INDIVIDUAL Date of birth / STILLBORN CHILD 7) XX Date of 2 1 death Age at last years birthday 1 6 Sex If death occurred within 24 hours after birth

Forenames	number of hours alive
MARITAL STATUS OF DECEASED Single Civil Marriage Living as married Widowed  Religious Law Marriage Divorced Customary Marriage	d d
PLACE OF BIRTH (Municipal district or country if abroad).  PLACE OF DEATH (City / Town / Village)	of deceased
PLACE REGISTRATION OF DEATH	3
CITI SHIP OF DECEASED ON TO THE LICEN	
B PARTICULARS OF INFORMANT	
lder, aumber	E manny
Initials and Surname Z L Y O \ O	Left thumb primal of informani
Relationship to deceased Parent Spouse Child Other kin Other (specify)	1 of 11
'ostal address	
'as the next of kin of the deceased a value of the deceased a value of kin of kin of the deceased a value of kin	Dialling 73
noker* during the past five years?	Telephone No.
PARTICULARS OF FUNERAL UNDERTAKER	
Language of the state of the st	Office Stamp of Funeral Undertaker
ials and Surname	
ignation No. Place of burial / cremation	
Signature	
TRTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE	Postal address
windersigned, hereby certify that the deceased named in Section A, to the best / km/ lge and belief, died solely and exclusively due to NATURAL CAUSES, section G.	
undersigned, arm not in the position to certify that the deceased died exclusively natural causes.	
s and Surname Postal Code	
igned Signature	SAMPS SAMS N
'ERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST DR.	SAMDC SANC Reg. No R G.H. AMOSORAD
dersigned, hereby certify that a medicolegal post-mortem examination has been conducted on	PI/BAG X 1253
y of the person whose particulars are given in Section A and that the body is no longer for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:	SHEETSTRIPGM 12500
(Cause of Death as indicated in Section G) Unnatural Under investigation	IST FURENSIC PATHOLOGIA
nd Surname RER WERAD Postal Code	III ELLEMBI
tem Control Date	SAMDC Reg. No.
Date signed Signature Signature	200,00
OFFICIAL USE ONLY Initials and Surname or Registrar	Office Stamp
Registration of Death approved and Burial Order issued	
Force No./ Designation No.	
Persal No.	
Date 11	1
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Must be completed in black ink (please tick be Please refer to instructions FILE No. 12 DATE: 0		SERIAL No. 501028		5014 42	
F DEMOGRAPHIC DETAILS	1	7.0			
Initials and Sumame of deceased	NOWATI				
Identity number					
PLACE OF DEATH 1. Hospital: (Inpatient	ER / Outpatie	nt DOA	) 2. Nu	rsing Home	3. Home
4. Other (Specify)			hereseevenskinnsking "Adminstra		
FACILITY NAME: (If not an institution, give street name and number)	NO POELKS	3/			1992dap-19131-bj://db-e-P64mb-e-13
USUAL RESIDENTIAL ADDRESS OF DECEASED Street name and number	(Where someone lived on	most days)			
Name of Plot, Farm, etc.					++++
Suburb/Village MASASH	1 VICCA	98			
Town/City LAPIN 7	LERE				
Pl Se / Country					
· Code					
Magisterial district					
Census enumerator area					<del></del>
DECEASED'S EDUCATION (Specify 🕢 or	ily highest class comple	eted / achieved)			
None GrI Gr2 Gr3 Gr4	Gr5 Gr6	Gr7 Gr8 Form	Gr9 Gr10 Form Form 2 3	4 5	Univ CODE Tech
USUAL OCCUPATION OF DECEASED		TYPE OF BU	SINESS / INDUST	RY (e.g. Mining, Farm	ning etc.)
(give type of work done during most of working	lifc. Do not use "retire	d". Refer to instru	ctions	- 1 2 ==	
K-10-0		NOM	FAST	CAN TUST	16Nhi
Was the deceased a smoker* five years ago? (	) Yes	No	Do not know	Not applicable (1	minor)
G MEDICAL CERTIFICATE OF CAUSE OF	OF DEATH				FOR OFFICE
G MEDICAL CERTIFICATE OF CAUSE O	OF DEATH ons that caused the death. I	Do not enter the mode	of dying,	Approximate interval	FOR OFFICE USE ONLY
G MEDICAL CERTIFICATE OF CAUSE OF PART 1 Enter the disease, injuries or complication such as cardiac or respiratory arrest, sho	OF DEATH ons that caused the death. I	Do not enter the mode	e of dying,	Approximate interval between onset and De (Days / Months / Year	FOR OFFICE USE ONLY
G MEDICAL CERTIFICATE OF CAUSE OF PART 1 Enter the disease, injuries or complication such as cardiac or respiratory arrest, show IMMEDIATE CAUSE (Final disease	DF DEATH  ons that caused the death. I ck or heart failure. List on  (a) GuinGuA	Do not enter the mode ally one cause on each	of dying,	Approximate interval between onset and De (Days / Months / Year	FOR OFFICE USE ONLY ICD-10
G MEDICAL CERTIFICATE OF CAUSE OF PART 1 Enter the disease, injuries or complication such as cardiac or respiratory arrest, show IMMEDIATE CAUSE (Final disease or condition resulting in death)	OF DEATH ons that caused the death. I ck or heart failure. List on	Oo not enter the mode aly one cause on each	of dying, a line.	Approximate interval between onset and De (Days / Months / Year	FOR OFFICE USE ONLY ICD-10
G MEDICAL CERTIFICATE OF CAUSE OF PART 1 Enter the disease, injuries or complication such as cardiac or respiratory arrest, show IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause.	OF DEATH  Ons that caused the death. I ck or heart failure. List on  (a)  Due to (or a consequence)  Due to (or a consequence)	Do not enter the mode aly one cause on each te of)	of dying, a line.	Approximate interval between onset and De (Days / Months / Year	FOR OFFICE USE ONLY ICD-10
G MEDICAL CERTIFICATE OF CAUSE OF PART 1 Enter the disease, injuries or complication such as cardiac or respiratory arrest, shows a scardiac or respiratory arrest, shows a scardiac or respiratory arrest, shows a scardiac cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated)	DF DEATH ons that caused the death. I ck or heart failure. List on  (a)  Due to (or a consequence)	Do not enter the mode aly one cause on each the color of	of dying, a line.	Approximate interval between onset and De (Days / Months / Year	FOR OFFICE USE ONLY ICD-10
G MEDICAL CERTIFICATE OF CAUSE OF PART 1 Enter the disease, injuries or complication such as cardiac or respiratory arrest, show IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last	OF DEATH  Ons that caused the death. I ck or heart failure. List on  (a)  Due to (or a consequence)  (b)  Due to (or a consequence)  (c)	Do not enter the mode aly one cause on each coff	of dying, aline.	Approximate interval between onset and De (Days / Months / Year	FOR OFFICE USE ONLY ICD-10
G MEDICAL CERTIFICATE OF CAUSE OF PART 1 Enter the disease, injuries or complication such as cardiac or respiratory arrest, shows a scardiac or respiratory arrest, shows a scardiac or respiratory arrest, shows a scardiac cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated)	DE DEATH  Ons that caused the death. I ck or heart failure. List on  (a)  Due to (or a consequence (b)  Due to (or a consequence (c)  Due to (or a consequence (c)	Do not enter the mode aly one cause on each ce of)	of dying, aline.	Approximate interval between onset and De (Days / Months / Year	FOR OFFICE USE ONLY ICD-10
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G MEDICAL CERTIFICATE OF CAUSE OF PART 1 Enter the disease, injuries or complication such as cardiac or respiratory arrest, shows a cardiac or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)  PART 2 Other significant conditions contributing not resulting in the underlying cause given	DF DEATH  Ons that caused the death. I ck or heart failure. List on  (a) Consequence  (b) Due to (or a consequence)  (c) Due to (or a consequence)  (d) Due to (or a consequence)  (d) Due to (or a consequence)  (d) One to (or a consequence)	Do not enter the mode aly one cause on each ce of)	of dying, a line.	Approximate interval between onset and De (Days / Months / Year	FOR OFFICE USE ONLY ICD-10
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G MEDICAL CERTIFICATE OF CAUSE OF PART 1 Enter the disease, injuries or complication such as cardiac or respiratory arrest, shows a scardiac or respiratory arrest, shows a scardiac or respiratory arrest, shows a such as cardiac or respiratory arrest, shows a such as cardiac or respiratory arrest, shows a such as conditions resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)  PART 2 Other significant conditions contributing not resulting in the underlying cause given if a fentiale, was she pregnant 42 days prior to death if stillborn, please write mass in grams	DE DEATH  Ons that caused the death. I ck or heart failure. List on  (a) Consequence  (b) Due to (or a consequence)  (c) Due to (or a consequence)  (d) Due to (or a consequence)  (d) Yes  (th? ( ) Yes	Do not enter the mode aly one cause on each which can be considered to the considere	of dying, a line.	Approximate interval between onset and De (Days / Months / Year	FOR OFFICE USE ONLY ICD-10
G MEDICAL CERTIFICATE OF CAUSE OF PART 1 Enter the disease, injuries or complication such as cardiac or respiratory arrest, shows a scardiac or respiratory arrest, shows a such as cardiac or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)  PART 2 Other significant conditions contributing not resulting in the underlying cause gives If a female, was she pregnant 42 days prior to death of stillborn, please write mass in grams.  Do you consider the deceased to be: African Method of ascertainment of cause of death:	DE DEATH  Ons that caused the death. I ck or heart failure. List on  (a) Consequence  (b) Due to (or a consequence)  (c) Due to (or a consequence)  (d) Due to (or a consequence)  (d) Yes  (th? ( ) Yes	Do not enter the mode ally one cause on each se of)  The off of th	of dying, a line.  She Co	Approximate interval between onset and De (Days / Months / Year	ath ath ICD-10
G MEDICAL CERTIFICATE OF CAUSE OF PART 1 Enter the disease, injuries or complication such as cardiac or respiratory arrest, shows a cardiac or resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)  PART 2 Other significant conditions contributing not resulting in the underlying cause given in the significant of the significant death.  If a fentale, was she pregnant 42 days prior to death of the deceased to be:  African Method of ascertainment of cause of death:  1. Autopsy  2. Opinion of attered.	OF DEATH  Ons that caused the death. It is to on heart failure. List on Due to (or a consequence (b)	Do not enter the mode ally one cause on each se of)  The off of the off of the coloured of the	of dying, a line.  She Co	Approximate interval between onset and Des (Days / Months / Year (Days / Months / Months / Year (Days / Months / Months / Year (Days / Months / Mont	ath ath ICD-10
G MEDICAL CERTIFICATE OF CAUSE OF PART 1 Enter the disease, injuries or complication such as cardiac or respiratory arrest, shows a cardiac cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)  PART 2 Other significant conditions contributing not resulting in the underlying cause gives If a female, was she pregnant 42 days prior to death of stillborn, please write mass in grams.  Do you consider the deceased to be: African Method of ascertainment of cause of death:  1. Autopsy 2. Opinion of atternal cardiac arrest and several cause of death:	DE DEATH  Ons that caused the death. I ck or heart failure. List on Due to (or a consequence (b)	Do not enter the mode ally one cause on each ce of)  The	Other (Specialism of attending men	Approximate interval between onset and Des (Days / Months / Year (Days / Months / Months / Year (Days / Months / Months / Year (Days / Months / Mont	FOR OFFICE USE ONLY ICD-10

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2. Completion seat to ensure confidentiality	)			
	Space for Bur Code			
F-3	000004			
Must be completed in black ink (please tick where applicable) SERIAL No:  Please refer to instructions  FILE No:  L > 0   2 DATE:   C   2   C   C   C   C   C   C   C   C				
F DEMOGRAPHIC DETAILS				
Initials and Surname of deceased				
Identity number	Lesson			
PLACE OF DEATH 1. Hospital: (Inpatient ER / Outpatient DOA 4. Other (Specify)	) 2. Nursing Home 3. Home			
FACILITY NAME: (If not an institution, give street name and number				
USUAL RESIDENTIAL ADDRESS OF DECEASED (Where sameone lived on most days)	<del></del>			
Street name and number Name of Plot, Farm, etc.				
Suburb / Village				
Town (City				
Pro Je / Country				
P Code				
Magisterial district				
Census enumerator area				
DECEASED'S EDUCATION (Specify / only highest class completed / achieved)				
None   Gr1   Gr2   Gr3   Gr4   Gr5   Gr6   Gr7   Gr8   Form   1	Gr9   Gr10   Gr11   Gr12   Univ   CODE   Form   Form   Form   5   NTC1   NTC2   NTC3			
USUAL OCCUPATION OF DECEASED TYPE OF BUS	INESS / INDUSTRY (e.g. Mining, Farming etc.)			
(give type of work done during most of working life. Do not use "retired". Refer to instruc	stions.			
The same of the sa	to an analysis of the second s			
Vas the deceased a smoker* five years ago? ( ) Yes No	Do not know Not applicable (minor)			
MEDICAL CERTIFICATE OF CAUSE OF DEATH  PART 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each I	Approximate interval between onset and Death line.  Approximate interval between onset and Death line.  (Days / Months / Years)  FOR OFFICE USE ONLY			
IMMEDIATE CAUSE (Final disease (a) Sunskot Would or condition resulting in death)  Due to (or a consequence of)				
Sequentially list conditions, if any, (b)  leading to immediate cause. Due to (or a consequence of)				
Enter UNDERLYING CAUSE last (Disease or injury that initiated  Outputs resulting in death)  Due to (or a consequence of)				
(d)				
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				
f a female, was she pregnant 42 days prior to death? ( 🗸 ) Yes No				
stillborn, please write mass in grams				
o you consider the deceased to be: African White Indian Coloured	Other (Specify)			
ethod of ascertainment of cause of death:				
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	nion of attending medical practitioner on duty			
	rview of family member			
ne who smokes tobacco on most days	Government Printing Works Tel: (012) The Jann			
k -/ 1 1 10 10 10 11				

LEM NO SYCO KO 1/2

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED: 이미미미미미미미미미미미미미미미미미미미미미미미미미미미미미미미미미미미미
I, E - MADUPELAdeclare under oath:-
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 $\frac{2012 - 08 - 22}{100}$ received the following exhibit (s): $\frac{70\times10069}{100}$
From DR Mukeau
While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.
On 2012 - 08 - 27 I handed the above exhibit (s) to the LOB officer
REF. TX 246 1/12 - TX2420/12
for a second
The TEX was sealed with the official seal no TX UOUISO
<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 SF.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: 70/2-109/10 MWW) m2 mo 2010 C.F.O
NAME: MATLO - ZACHARIA MOZOTO ADRESS: 6543 KGOTLENG STREET, GA-RANKUWA
The second secon

CHIEF FOREMIC OFFICER RANK

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED: I. Le nile declare under oath: 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 Zora - - - - - I received the following exhibit (s): To creaters From DR William While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with. On 2012 - 25 - 27 I handed the above exhibit (s) to the \_\_\_\_\_\_ officer REFITX 2467/12 - TX24 1/15 The //x was sealed with the official seal no //x 1:// 1/5 1. I know and understand the contents of this declaration. I have no objection to taking the prescribed oath. 2. 3. I consider the prescribed oath to be binding on my conscience. Place: FPS Ga-Rankuwa S-F.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] M2 MOLO/3
C.F.O MATLO - PARTIFRIA MOLOTO NAME **ADRESS** CHIEF FORENCE Officer RANK



)



# Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 580/12

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

I, MATLOU ZACHARIA MOLOTO declare 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 Bullet(s) from SFO E.M MADUPELA

#### 1. Two pellets with Official seal no (FSB1050950)

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

On 2012/08/28

I handed the above bullet(s) to SAPS Photographer

No 7184587-8 Rank (SASTARSILE Name MY. KITONZA

SIGNATURE OF P/OFFICER

- I know and understand the contents of this declaration. 1.
- I have no objection to taking the prescribed oath. 2.
- I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

Wm2 moras

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: 2017/ 58/ >

NAME

LUCAS MENZELWA MAHLANGU

ADRESS

6543 KGOTLENG STREET, GARANKUWA

**RANK** 

ASSISTANT DIRECTOR



Mortuary PHOKENS Reference (DR, PM or DR 580 2012 Case number Martiana-	<b>Priority Stat</b>	us:	Urgent		Routine	
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collection 2.7 Y   11						
Time of specimen collection						
Date of death 16 8 12 .						
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If YES, please indicate the following:					,	
ngth of hospitalization:						
Were toxicological analysis performed	Yes		No		Unsure	
On blood in hospital?				1/		
If <u>YES</u> , please list results:						
Were any drugs administered during admission	in Yes		No	X	Unsure	
hospital?						
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Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 580/12

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

I, MATLOU ZACHARIA MOLOTO declare 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 SFO MADUPELIN

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.

On  $20^{1/2}/0\%$  / 30 I handed the above specimen(s) to the investigating officer

No 9061 110 Rank 1 Inchistration Name Lance Management

SIGNATURE OF I/O

The Dna was sealed with the official seal no (PA 5000486908)

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

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: 207 / 08/30.

all land 11.

NAME

LUCAS MENZELWA MAHLANGU

ADRESS

6543 KGOTLENG STREET, GARANKUWA

ASSISTANT DIRECTOR



#### REPUBLIC OF SOUTH AFRICA

# GAUTENG PROVINCIAL GOVERNMENT: HEALTH DIVISION; FORENSIC PATHOLOGY SERVICES REPORT ON A MEDICO-LEGAL POST-MORTEM EXAMINATION

#### JOHANNESBURG MEDICO-LEGAL LABORATORY

#### AFFIDAVIT IN TERMS OF SECTION 212(4 &8) OF 1977

I Dr. ROBERT G NGUDE, [Qualifications: MD (DAR ES SALAAM), DIP FOR MED (SA), FC FOR PATH (SA). Attached to section: Medico-legal Specialist Services (Johannesburg), Private Bag X9, BRAAMFONTEIN, 2017, declare under oath in English as follows:

I am in the employ of the Gauteng Provincial Government as a principal specialist in Forensic Pathology in Johannesburg.

On 22/08/2012 a body, bearing the number 581/2012, was pointed out and identified to me by F.O. Sekhute of Pokweng Mortuary.

On 22/08/2012 I conducted a post-mortem examination on the said body and recorded my findings on attached form (GW7/15), 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 know and understand the contents of this affidavit.

I have no objection to taking the prescribed oath.

I consider the prescribed oath as binding on my conscience.

DR RG NGUDE PRINCIPAL SPECIALIST

I certify that the deponent has acknowledged that she is fully cognizant with this affidavit and that she knows and understands the contents of this affidavit, signed and sworn before me at Johannesburg on the under mentioned date.

DATE 30/08/12

COMMISSIONER OF OATH

FULL NAMES AND SURNAME: ELIZABETH ALIDA UYS DESIGNATION (RANK): SENIOR FORENSIC OFFICER (PERSAL NO: 08077835

ADRESS: Johannesburg Medico-legal Laboratory
Forensic Pathology Division: Johannesburg.



#### REPUBLIC OF SOUTH AFRICA

#### GAUTENG PROVINCIAL GOVERNMENT: HEALTH

#### MEDICO-LEGAL AUTOPSY REPORT

Death register No:

581/2012

#### To the MAGISTRATE of: GA-RANKWA

- I, DR ROBERT GABRIEL NGUDE, hereby certify:
- (i) That I examined the body of a ADULT MALE OF AFRICAN DESCENT on the 22<sup>nd</sup> day of August, 2012 at the MEDICO-LEGAL LABORATORY,GA-RANKWA, beginning at 12H00;
- (ii) that the body was identified to me -
  - (a) by FO Mr. Sekhute as that of DR No: 581/2012
  - (b) with stated age: Unknown years.
- (iii) that the death occurred on -16th August, 2012
  - (a) as informed, on 22nd August, 2012
- (iv) That the chief post mortem findings in this case were:

Body of an adult male of African descent with traditional marks over the body and gunshot wounds to the neck, anterior thigh, posterior thigh and also on the posterior aspect of the trunk. These wounds are associated with laceration of the upper trachea with surrounding area of haematoma. Also noted are injuries to the blood vessels of the neck. The x-ray of the body shows the following skeletal injuries shattering of the right femur with snow storm appearance. Also noted is an Orthopedic pin.

(b) that the cause of death was determined to be:

#### PERFORATING GUNSHOT WOUND TO THE NECK

Signature

Mile

Qualification:

MD (Dar-Es-Salaam) DipForMed (SA) FCForPath (SA)

Designation:

PRINCIPAL SPECIALIST

DIVISION FORENSIC SERVICES: JOHANNESBURG

Postal address: PRIVATE BAG X9, BRAAMFONTEIN, 2017. Tel: 011-4891645



#### **OBSERVATIONS:**

000102

 Length: 1.71m Mass: 66Kg Build: Moderate.

Nutritional State: Good.

- 2. Special identifying marks: Traditional tattoo marks are noted over the different aspects of the body.
- 3. Post mortem changes: The body is cold and in has been refrigerated.

### 4. External appearance of body:

- There is a circular wound measuring 5mm in diameter the wound has an eccentric rim of abrasion. This wound is situated over the left anterior aspect of the neck 4cm above the jugular notch.
- 2. There is a lacerating wound situated over the right shoulder line it measures 32 x 12mm it is situated 13cm medial to the tip of the shoulder.
- 3. There is a circular wound measuring 8mm in diameter. This wound is situated on the right thigh anteriorly, 70cm above the right sole.
- 4. There is a key hole type of a wound that is situated over the left thigh anteriorly, it measures 18 x 10mm and 20 x 10mm. This wound is situated 82cm above the left sole.
- 5. There is a lacerating wound measuring 20 x 5mm that is situated over the right lateral aspect of the thigh posteriorly, 80cm above the sole.

Track of the wounds:

#### Track of wound 1 and 2:

Wounds 1 and 2 are joined by a track that passes from left to right, front to back, it lacerates the trachea, severs the right common carotid artery and the jugular vein before exiting through wound number two.

#### Track of wounds 3 and 5:

Wounds 3 and 5 are joined by a track that passes from front to back right to left and slightly upwards. In its path it lacerated the soft tissue, fractures the femur, lacerates the blood vessels before exiting through wound number 5.

Clothes comprise of a beige leather belt, navy blue socks, green trouser, brown leather belt, black jersey with a checkered pattern in front, red underpants with a spent copper jacket on it.

#### **HEAD AND NECK**

- 5. Skull & Scalp: There is no deep scalp bruising. There are no fractures involving either the base or vault of the skull.
- 6. Intracranial contents: The dura is intact. The superior sagittal sinus is patent. There is no extradural, subdural or subarachnoid haemorrhage. There is no flattening of the gyri



Ph

DR NO 581/2012

or narrowing of the sulci. No intracranial herniations or other signs of raised intracranial pressure are noted. Blood vessels of the Circle of Willis are intact and show no macroscopic pathology. Brainstem and cerebellum are intact. Serial coronal sections of the brain reveal no macroscopic pathology or injury. Brain mass: 1360g

- 7. Eyes, nose and ears: There are no scleral or subconjunctival haemorrhages. There is no blood or other fluid draining from the nostrils or the ears.
- 8. Mouth, Tongue and Pharynx: There are no petechial haemorrhages involving the buccal mucosa. There are no contusions or lacerations of the tongue. Mandible and maxilla are intact. No blood or foreign material is present in the pharynx.
- 9. Neck Structures: There is a penetrating wound to the upper trachea with surrounding area of haematoma. Also noted is a laceration of the right common carotid artery.

#### CHEST

- 10. Chest and diaphragm: There is fracture of the right clavicle with a fracture of the right rib number one.
- 11. Mediastinum and oesophagus: There is contusion and regurgitated food material.
- 12. Trachea and bronchi: The trachea has blood mixed with mucous material, there is a perforating wound involving the upper trachea.
- 13. Pleurae and lungs: Right lung: severe adhesions are noted of the lungs to the chest cavity. There are fibrinous exudates on the surface of the lungs. The cut surface of the lungs is unremarkable. Left lung; severe adhesions are noted of the lungs to the chest cavity. There are fibrinous exudates on the surface of the lungs. The cut surface of the lungs is unremarkable.
- 14. Heart and pericardium: The pericardial sac is intact with no pericardial effusion. The major coronary arteries are 100% patent and intact. The myocardium and valves are unremarkable.
- 15. Large Blood vessels: No abnormalities are noted.

#### **ABDOMEN**

- 16. Abdominal cavity: No abnormalities are noted.
- 17. Stomach: The stomach contains partial digested food material.
- 18. Intestine and Mesentery: No abnormalities are noted.



DR No. 581/2012

- **19.** Liver and Gallbladder: The liver is pale with fat change. The billiary tracts are patent. The gallbladder is intact and unremarkable.
- 20. Pancreas: Intact and unremarkable.
- 21. Spleen: The spleen has got a wrinkled capsule.
- 22. Adrenal Glands: No abnormalities noted.
- 23. Kidneys and ureters: The kidneys are pale.
- 24. Bladder and urethra: The urinary bladder is empty.
- 25. Pelvis: No abnormalities are noted.
- 26. Genitalia: Internal and external genitalia are normal.

#### SPINE

- 27. Spinal column: No abnormalities are noted.
- 28. Spinal cord: Not examined.

#### SPECIMENS RETAINED:

SPECIMEN	EXAMINATION	DETAIL
Femoral Blood	Alcohol	Seal no. PMK070531/2
Femoral blood	Toxicology screen	Seal no. TX014384
Femoral blood	DNA	Seal no. PA5000486932
		Handed to: Mr. Moloto

ADDITIONAL OBSERVATIONS: Death certificate BI 1663 with serial no. A0 was issued.

At attendance was investigating officer Rakgwase with service number 05462967; phone number 0828561092

An x-ray of the body revealed an orthopedic pin over the right thigh with shattering of the bone.

### SEE ATTACHED ANNEXUTURE





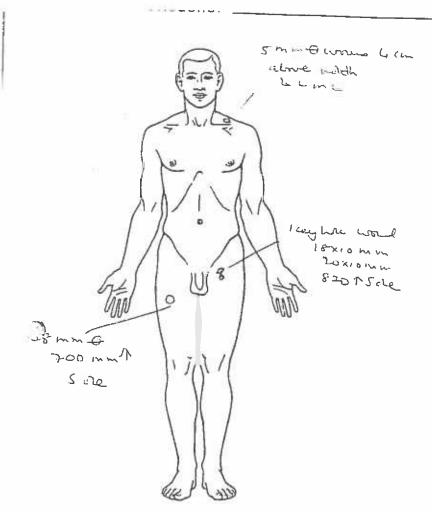
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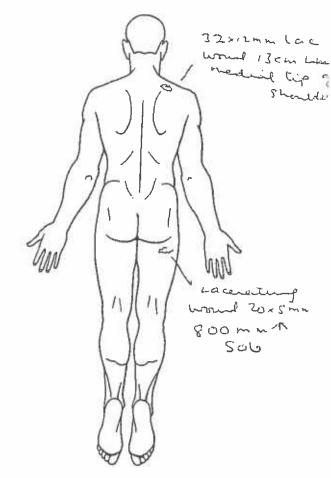
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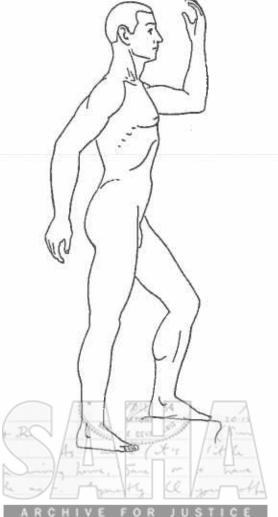
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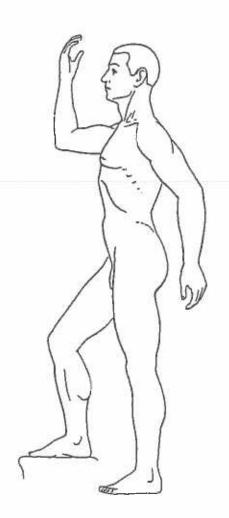
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Register van Sammilike Biorge valle il Register of Walting Deaths (1998) ANTOOR CATLUSTERE DEFICE DATE STAMP



# POLISIERAPPORT WAT LYK NA LYKHUIS VERGESEL POLICE REPORT ACCOMPANYING BODY TO MORTUARY

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Conditional Agreement of Service Registration Date: 2011/06/24 **NTSENYEHO** Employer: Surname: Other Names: ANDRIES MOTLAPULA 581 EASTERN PLATINUM LIMITED 000749 MALE Gender: 581 Father's Name: EASTERN PLATINUM LIMITED AGNES NTSENYEHO Mother's Name: Spouse's Name: Industry No: Z0153270 Chief / Headman: Country: **SOUTH AFRICA** VEREENIGING District: Office: TOM WESTERN PLATINUM 0582 Language: SOUTH SOTHO Religion: UNKNOWN 2011 Serial Number: Year: Home Address: Company No: ROCK DRILL OPERATOR Occupation: VEREENIGING Passport No. VEREENIGING Passport Expury Date 1939 Living out / Mine Identity No: (Did not Pass Accommodation: PHASE 1 Date of Birth: RUSTENBURG 1970/06/15 RUSTE Marital Status: SINGLE **Emergency Contact: AGNES NTSENYEHO** Decembents: 5 **AGNES NTSENYEHO** Edication Std Attained: Death Beneficiary. MOTHER Beneficiary Relation: 0 6/GRADE 8 PASSED Beneficiary Address: Qualification VEREENIGING VEREENIGING **ABET Numeracy Qualification** 1 - 2011/04/11 aneficiary Contact: **ABET Literacy Qualification** rvious Agreemen 2 - 2011/04/11 Office: TOM IMPALA 0580 Serial Number: No. of Weeks Year st agreement: Agreement Period (Weeks): 52 593 2011 Agreement Expiry Date: 2012/06/22 Date of last discharge: 2011/03/17 Experience: 112 - INDUSTRY EXPERIENCE Last Employer: IMPALA PLATINUM IMITED 580 Industry Certificate No: Type of Employment: Underground Endorsements, Vaccinations etc. Employee's Signature or Mark 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 ID number with its own database and, that held by the Department of Home Affairs.

Capturer: Daniel Menong Date Printed: 2012/08/17 05:27:01 PM NOT AVAILABLE



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# SOUTH AFRICAN POLICE SERVICE

DIDENTIFICATION OF BODY	
MolCeny	CAS/CR/Serial NO A S8
Station/Government Mortuary	CAS/CR/Serial No7.1
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Identity number *an/a *adult/mino	r ·White/Black/Asian/Coloured
*male/female residing at  'State under oath/confirm	· A
On 58 2012 at the Government Mortuary,	rnokery
I identified the body of a : White/Black/Asian/Coloured *male/female to *medical	iegal assistant
is being that of AMBRUES MORAPUCA N	TE E-NYRHO
Particulars of deceased:	100-6-6-
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3. Residential address	releeng, ry
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5. Relationship to deponent	status
7. Name and address of *residence/employment of deceased's *husband/wife/	father/mother/brother/sister/other
relative	{  \$7\$\$\$\$u\$\$\$\$##\$\$200#\$\$200#\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
"The content of this declaration is true to the best of my knowledge and b	elief.
I am aware that should it be submitted as evidence and I know that sometito be false or believe not to be true, I could be liable to prosecution."	ning appears therein which I know
<ol> <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 conscient.</li> </ol>	ance.
Signate	ure/thumb print/mark
I certify that the deponent has acknowledged that he/she knows and	understands the contents of this
declaration which was sworn to/attirrhed before me and that the deponent's	signature/thumb print/mark was
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The state of the s	Commissioner of Oaths
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#### REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

83/BI - 1663 Page 1

# NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act, Space for Bur Code 1992 (Act No. 51 of 1992) Must be completed in black ink (please tick) where applicable SERIAL No. · Please fer to instructions FILE No Date of birth PARTICULARS OF DECEASED INDIVIDUAL 1016 Identity number Date of of deceased Age at last birthday Surname Sex Maiden Name (If female) If death occurred within 24 hours after birth Forenames number of hours alive MARITAL STATUS OF DECEASED Civil Marriage Widowed Living as married Left thumb print of deceased Religious Law Marriage Divorced Customary Marriage OF BIRTH (Municipal district or country if abroad). 'E OF DEATH (City / Town / Village) .... K PLACE REGISTRATION OF DEATH CITIZENSHIP OF DECEASED. **B PARTICULARS OF INFORMANT** Identity number thumb print Imformant Initials and Surname Relationship to deceased Parent Spouse Child Other kin Other (specify) Left Postal address Dialling Postal Code Was the next of kin of the deceased a Refuse to Yes No smoker\* during the past five years? Telephone No Date Signature C PARTICULARS OF FUNERAL UNDERTAKER Office Stamp of Funeral Undertaker 14s and Surname Designation No. Date Signature. D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE Postal address 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, is specified in Section G. , the undersigned, am not in the position to certify that the deceased died exclusively ue to natural causes. aitials and Surname Postal Code late Signed SAMDC / SANC Reg. No Signature. .2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST Postal address the undersigned, hereby certify that a medicolegal post-mortent examination has been conducted on PARCE e body of the person whose particulars are given in Section A and that the body is no longer quired for the purpose of the inquest Act. 1959 (Act No. 58 of 1959) and that the cause of death is: itural (Cause of Death as indicated in Section G) Unnatural Under investigation Postal Code tials and Surname ice of Date SAMDC Reg. No. it-morted irtuary Date signed Signature rrence FOR OFFICIAL USE ONLY Initials and Surname or Registrar Office Stamp Registration of Death approved and Burial Order issued tal Force No./ 1055 Designation No.

## REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

83/BI - 1663 Page 1

150 14

# NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

	in terms of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992)	Space for Bar Code
Must be compl	eted in black ink (please tick where applicable). SERIAL No:	
Please refer to	instructions AO 7501027	
A PARTICUL	ARS OF DECEASED INDIVIDUAL / STILLBORN CHILD	Date of birth
Identity number of deceased	Date of 2 1 1 2 1 1.	
Sumame		Age at last years
Maiden Name		Sex Sex
(If female)	<del></del>	If death occurred within 24 hours after birth
Forenames	DV JOINT BUILD OF CONTRACTOR	number of hours alive
MARITAL STA	ATUS OF DECEASED Single Civil Marriage Living as married Widowed	
~	Religious Law Marriage Divorced Customary Marriage	of deceased
PLA DF BIRT	H (Municipal district or country if abroad).	ecea
PI OF DEAT	TH (City / Town / Village)	of d
PLACE REGISTI	RATION OF DEATH	
	F DECEASED	
	ARS OF INFORMANT	
Identity number		in i
Initials and Surnar	me	man man
Relationship to de	ceased Parent Spouse Child Other kin Other (specify)	Left thumb print of informant
Postal address		25
	Postal Code	Dialling Code
	n of the deceased a Yes No Refuse to	
smoker* during th Date	e past five years? answer	Telephone No.
	Signature	
		Office Stamp of Funeral Undertaker
nit and Surnar	ne	
Designation No.	Place of burial / cremation	
)ate	Signature	
1.1 CERTIFIC	TIME BY LONG BUILDING A CONTROL OF THE CONTROL OF T	ostal address
the undersigned	, hereby certify that the deceased named in Section A, to the best	
i my knowledge a specified in Sec	and belief, died solely and exclusively due to NATURAL CAUSES, tion G.	
the undersigned, ie to natural caus	am not in the position to certify that the deceased died exclusively	
itials and Surnar		
ite Signed	Signature	SAMDC / SANC Reg. No.
2 CERTIFIC	LIED HI DYCODIOT CUD ODGI! (EGDENICA DI ENGLE CONCE	ostal address
he undersigned, h	ereby certify that a medicolegal post-mortem examination has been conducted on	1-12 J SPROL-1
uired for the pur	rson whose particulars are given in Section A and that the body is no longer pose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:	
tural (Cause of Dea	th as indicated in Section G) Unnatural Under investigation	1 931 20
ials and Surnan	ne R.G. Meh De Postal Code Cen	M Jolinia J
ce of	Date 2 - 1 2 - 1 7	SAMDC Reg. No.
tuary	Date signed 1 1 1 1 7 Signature	
rence	Signature Signature	<b>X</b>
Registrat	AL USE ONLY Initials and Surname or Registrar	Office Stamp
and Buri	al Order issued	
25S	Designation No.	11

M CRITICALIUN FUI	CMEDICAL.	AND HEALTH	LUSE ONLY

(After completion seal to ensure confidentiality)						
Space for Bar						
000/15						
Must be completed in black ink (please tick where applicable) SERIAL No.						
Please reer to instructions FILE NO. DE SEL 12 DATE: 08 2512 AQ 7501027						
F DEMOGRAPHIC DETAILS						
Initials and Surname of deceased A M NTS ENGERO						
Identity number						
PLACE OF DEATH 1. Hospital: (Inpatient ER / Outpatient DOA ) 2. Nursing Home	3. Home					
4. Other (Specify)						
FACILITY NAME: (If not an institution, give street name and number	\$48 - \$486   464-46 July ben-pythic benepythic					
(If not an institution, give street name and number	redock washingtransverphischloppiridabannet.					
USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days)						
Street name and number						
Name of Plot, Farm, etc.						
St Village						
T 'n / City						
· vince / Country						
Postal Code						
Magisterial district						
Census enumerator area						
DECEASED'S EDUCATION (Specify only highest class completed / achieved)						
None Gr1 Gr2 Gr3 Gr4 Gr5 Gr6 Gr7 Gr8 Gr9 Gr10 Gr11 Gr						
Form Form Form Form Form 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5						
USUAL OCCUPATION OF DECEASED TYPE OF BUSINESS / INDUSTRY (e.v. Mining	<del></del>					
USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use "retired". Refer to instructions.	rarming etc.)					
R. D. O WESTERN PLATTER	in					
Was the deceased a smoker* five years ago? ( ) Yes No Do not know Not applicate	ble (minor)					
G MEDICAL CERTIFICATE OF CAUSE OF DEATH	, FOR OFFICE					
ART I Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.  Approximate it between onset an order to the cause of the cau	d Death					
	Years) ICD-10					
IMMEDIATE CAUSE (Final disease (a) Corporatione Cun SHOT Wome						
or condition resulting in death)  Due to (or a consequence of)  Conversion of the conditions of the co						
Sequentially list conditions, if any, (b)						
Enter UNDERLYING CAUSE last						
(Disease or injury that initiated events resulting in death)  (c)  Due to (or a consequence of)						
(d)						
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						
responsible to the second of t						
If stillborn, please write mass in grams						
If stillborn, please write mass in grams						
If stillborn, please write mass in grams  Do you consider the deceased to be: African White Indian Coloured Other (Specify)						
If stillborn, please write mass in grams  Do you consider the deceased to be: African White Indian Coloured Other (Specify)						
If stillborn, please write mass in grams  Do you consider the deceased to be: African White Indian Coloured Other (Specify)						
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:  1. Autopsy  2. Opinion of attending medical practitioner  2. Opinion of attending medical practitioner on						

# NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

## INFORMATION FOR MEDICAL AND HEALTH USE ONLY

	(After	comple	tion se	eal to	ensur	e confi	dentialit	iy)		····				
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						000116								
• Must be completed in black ink (please tick / where applicable) SERIAL No:							;							
Please refer to instructed FILE No: K	ons DATE:	1 20 100	: 3	$\in A$	07	501	927							
F DEMOGRAPHIC DI			i											
Initials and Surname of dece	ased J.	14	1	15	N (4)	1/1 1				i		1		
ldentity number									· · · · · · · · · · · · · · · · · · ·	<del></del>				
PLACE OF DEATH	1. Hospital: (In	patient		ER / C	Outpatien		DOA	٦)	2. Nursi	ing Home	7	3. Ho	me	]
	4. Other (Specif	5v) [	7		•		_	_		_				3
FACILITY NAME: (If not an institution, give street name and number														
USUAL RESIDENTIAL AD	DRESS OF DECE	ASED (N	here son	neone l	lived on	most day	s)		<del> </del>		1 1 1	-		
Stre: Tyme and number				-									_ _	_ _
No of Plot, Farm, etc.			-											
Su. 5 / Village														
Town / City Province / Country														
Postal Code					1 1					1 1				
Magisterial district					T			T T T				Ti		
Census enumerator area												++	++	
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DECEASED'S EDUCAT	1					ed / ach		T C.A	1 6 10	- C-11	C 10	1 11.5	- 1	CODE
None Grl Gr2	2 Gr3	Gr4	Grá		Gr6	Gr7	Gr8 Form	Gr9 Form 2	Form	Gr11 Form	Gr12 Form 5	Tec		CODE
USUAL OCCUPATION (	OF DECEASED			1	<u> </u>	TY	PE OF BU	SINESS	/ INDUSTR	NTC2 Y (e.g. Mi	NTC3	J ning et	(c.)	
(give type of work done d	uring most of wo	rking lif	e. Do n	ot use	"retired	l". Refe	er to instri	ictions.			_	-	,	
+	1.1							2 - 1.	154		٠٠,١ ٧٠			
V" "he deceased a smoker"	five years ago? (	<b>/</b> )		Yes [		No [		Do not kn			pplicable (			
G 'EDICAL CERTIFI	ICATE OF CAU	JSE OF	DEATI	1									FOR C	OFFICE
RT1 Enter the disease	se, injuries or comp or respiratory arre	olications	that caus	sed the	death. D	o not ent	er the mode	e of dying,		between or	nate interv	ath	USE	ONLY
Such as calmac	or respiratory are						_		-	, ,	onths / Yea	irs)	ICI	D-10
	CAUSE (Final disc	_					· C	34-25	ובס:	wo.	<b>∽</b> ⊃	** . *** *		
	sulting in death)				sequence		10-01	۷						
leading to imme		D			sequence						12 101   10000100000	******	h	
Enter UNDERLYING CAUSE last (C)														
events resulting in death)  Due to (or a consequence of)														
					equence			********	***************************************	**************************************	Chidhliopresses	********		
PART 2 Other significar not resulting in	nt conditions contri the underlying cau				6889 l= 14014		9		7007 <b>318</b> (860	VI abidig i Indionecana	000 De			
If a female, was she preg	mant 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:														
1. Autopsy 2. Opinion of attending medical practitioner 2. Opinion of attending medical practitioner on duty														
4. Opinion of registered professional nurse 5. Interview of family member							5. Int	erview of f	family membe	er				

TECHTON THOUTHOUTEN NOTICE TO

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:
I, E MASIRETAdeclare under oath:-
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 2012-08-22 I received the following exhibit (s): ALC
From ER CFO MOLOTO
While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.
On $2012 - 08 - 27$ I handed the above exhibit (s) to the LIAB officer  REF! Prof 3840/12
Ker
The Acc was sealed with the official seal no Bok 070531
<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
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:
NAME : L. W. MAHLANGU ADRESS : 6543 KGOTLENG STREET, GA-RANKUWA

RANK :

As I was or a home



ARCHIVE FOR JUSTICE

AFFIDAV	VIT IN TERMS OF	SECTION 212(8) A	CT 51 OF 1977 AS	AMENDED:
I,	La sa da la	2declare unde	r oath:-	
	orensic Officer in the ( a-Rankuwa.	Gauteng Department	of Health, stationed a	at Forensic Pathology
	ormance of the officiant of the following exhibit (s		n therewith and on _	812 - 6' = 2 - I
From DF	Cre nines	<u> </u>		
not interfer	red with.		•	custody, seal kept intact and
	-60 3 3 3		exhibit (s) to the	officer officer
REF!		· · · · · · · · · · · · · · · · · · ·		a = a
				. 15
The	was sealed with the	official seal no	<u> </u>	
2. I ha 3. I co	now and understand the live no objection to take insider the prescribed Ga-Rankuwa	ting the prescribed o	ath.	SF.O.
	-	-		stands the contents of this s placed thereon in my
presence.	f	I		
Place: Ga-R Date:	Rankuwa FPS	CHC.		
NAME ADRESS		OTLENG STREET		
RANK		<i>y</i> :		
			GA-RANKUWA	

<b>AFFIDAVIT IN TERMS OF SECTION 212</b>	8) ACT 51 OF 1	977 AS AMENDEI 0042(
--	----------------	----------------------

I, E MIDLIPEUD ... declare under oath:-

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 2012 - 08 - 22 I received the following exhibit (s):  $Tox_1 Co Loss$ 

a From CFO, MOLOTO

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

On 2012 - 08 - 27 I handed the above exhibit (s) to the 1098 officer REF: 1x-474/12 - 1x24/12/12

The Tox was sealed with the official seal no TX 0143821

- 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

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-Rankywa FPS

Date: 12092012

NAME

2001 OlAHRANGU

ADRESS :

6543 KGOTLENG STREET, GA-RANKUWA

RANK

1 \( \rightarrow \)



	AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:
	I, £ 1100 and declare under oath:-
	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
d	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 2 I handed the above exhibit (s) to the officer
	REFI TY-26-1/12 - IX24 37/16
	The was 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-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
	Place: Ga-Rankuwa FPS  Date: 1 S C D S G' 2. 111 / 110 C C.F.O
	NAME : ADRESS : 6543 KGOTLENG STREET, GA-RANKUWA
	RANK :
PC	10 10 10 10 10 10 10 10 10 10 10 10 10 1

Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 581/12

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

I, MATLOU ZACHARIA MOLOTO declare 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 Bullet(s) from DR NGUDE

One bullet with Official seal no (FSG1050953)

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

On 2012/08/08 I handed the above bullet(s) to SAPS Photographer

No 0546296.7 Rank SCIT Name LAKCIASE TIVA

IGNATURE 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
2012/08/28

( COLO) 2 MOLO) 0

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: 2012/08/28.

**NAME** 

LUCAS MENZELWA MAHLANGU

ADRESS

6543 KGOTLENG STREET, GARANKUWA

RANK

ASSISTANT DIRECTOR



				ivi ij		
Mortuary PHOLENG Reference (DR, PM or DR 581 12	Priority Sta	tus:	Urgent		Routine	
Keference (DR PM or NR SR1 12			***	√,		
(WC)				<b>\</b>	000/	13
Case 127 /00/200	If URGENT,				Udd'i	ĖÜ
number 15 108 3012	provide rea	son				
station MARIKANA						
Date of specimen						
collection 2012-08-22 Time of specimen 12						
collection 13 Hoo	1					
Date of death 2012 - 08 - 16						
Was the deceased hospitalized before his/h	er death?	Yes	1	No		V
If YES, please indicate the following:	ier deatil f	1169		1 140		<del>-</del>
ength of hospitalization:						
Were toxicological analysis performed	l Yes	1	l No	Ϊ\	Unsure	1
On blood in hospital?	162		140	X	Unsule	
If YES, please list results:					<del></del>	
Were any drugs administered during admission	n in   Yes	1	No	1	Unsure	TX
hospital?		1				1/1
If <u>YES</u> , please list drugs.						
	0					
	Race /	nce	Sex   Ma		Female	
Circumstance of Suicide Homic death:	side X N	IVA	Uni	known	Other	
Please provide relevant facts in the history  MARIEANA			1			
MARIZANA	/N 1	~ C	101	L(17	en	
						S4
				4		
Relevant post mortem observations by the p	oathologist (e	.g. tablet	pieces in s	stomach, n	eedle pun	cture marks
on arm, where specimens were sampled from	m, etc)					
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ARCHIVE FOR JUSTICE

Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 581/12

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

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 sample(s) from DR NGUDE

#### 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.

On 20/2/08 / 30 I handed the above specimen(s) to the investigating officer

No 90644310 Rank P/Investigator Name Erence Matering

SIGNATURE OF I/O

The Dna was sealed with the official seal no (PA 5000486932)

- 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 2012/08/30

(MULL) / 12 1 1 2 10 70

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: 2012/03/30

NAME

LUCAS MENZELWA MAHLANGU

ADRESS

6543 KGOTLENG STREET, GARANKUWA

RANK

ASSISTANT DIRECTOR



#### REPUBLIC OF SOUTH AFRICA

# GAUTENG PROVINCIAL GOVERNMENT: HEALTH DIVISION; FORENSIC PATHOLOGY SERVICES REPORT ON A MEDICO-LEGAL POST-MORTEM EXAMINATION

#### JOHANNESBURG MEDICO-LEGAL LABORATORY

AFFIDAVIT IN TERMS OF SECTION 212(4 &8) OF 1977

I Dr. ROBERT G NGUDE, [Qualifications: MD (DAR ES SALAAM), DIP FOR MED (SA), FC FOR PATH (SA). Attached to section: Medico-legal Specialist Services (Johannesburg), Private Bag X9, BRAAMFONTEIN, 2017, declare under oath in English as follows:

I am in the employ of the Gauteng Provincial Government as a principal specialist in Forensic Pathology in Johannesburg.

On 22/08/2012 a body, bearing the number 582/2012, was pointed out and identified to me by F.O. Sekhute of Pokweng Government Mortuary.

On 22/08/2012 I conducted a post-mortem examination on the said body and recorded my findings on attached form (GW7/15), 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 know and understand the contents of this affidavit.

I have no objection to taking the prescribed oath.

I consider the prescribed oath as binding on my conscience.

DR RG NGUDE
PRINCIPAL SPECIALIST

I certify that the deponent has acknowledged that she is fully cognizant with this affidavit and that she knows and understands the contents of this affidavit, signed and sworn before me at Johannesburg on the under mentioned date.

DATE 30/08/12

COMMISSIONER OF OATH

FULL NAMES AND SURNAME: ELIZABETH ALIDA UYS

DESIGNATION (RANK): SENIOR FORENSIC OFFICER (PERSAL NO: 08077835

ADRESS: Johannesburg Medico-legal Laboratory
Forensic Pathology Division: Johannesburg.



#### REPUBLIC OF SOUTH AFRICA

GAUTENG PROVINCIAL GOVERNMENT: HEALTH

#### MEDICO-LEGAL AUTOPSY REPORT

Death register No: 582/2012

To the MAGISTRATE of: GA-RANKWA

I, DR ROBERT GABRIEL NGUDE, hereby certify:

- (i) That I examined the body of a ADULT MALE OF AFRICAN DESCENT on the 22<sup>nd</sup> day of August, 2012 at the MEDICO-LEGAL LABORATORY,GA-RANKWA, beginning at 12H00;
- (ii) that the body was identified to me -
  - (a) by FO Mr. Sekhute as that of DR No: 582/2012
  - (b) with stated age Unknown years.
- (iii) that the death occurred on -16th August, 2012
  - (a) as informed, on 22 nd August, 2012
- (iv) That the chief post mortem findings in this case were:

Body of an adult male of African descent with decomposition changes characterized by blotting, purging, discoloration and skin slippage. Also noted are traditional tattoo marks. There are gunshot wounds over the trunk posteriorly and laterally and also a spent bullet is found lodged in the posterior aspect of the trunk wall. All organs show decomposition changes and there were injuries noted over the lungs and fracture of the spinal column with penetration through the spinal cord. Also noted is gunshot wound through the kidneys.

(b) that the cause of death was determined to be:

#### PENETRATING GUNSHOT WOUND TO THE TRUNK

Dated at JOHANNESBURG on this 30 day of 2012

Signature

100 C

Qualification:

MD (Dar-Es-Salaam) DipForMed (SA) FCForPath (SA)

Designation:

PRINCIPAL SPECIALIST

DIVISION FORENSIC SERVICES: JOHANNESBURG

Postal address: PRIVATE BAG X9, BRAAMFONTEIN, 2017.

Tel: 011-4891645

B As I was a server of the ser

2

DR No. 582/2012

#### **OBSERVATIONS:**

1. Length: 1. 69m Mass: 59 Kg

Build: Not applicable.

Nutritional State: Not applicable.

- 2. Special identifying marks: Traditional marks are noted on the body.
- 3. Post mortem changes: The body is at an advanced decomposition stage characterized by blotting, purging discoloration, skin slippage and marbling.

#### 4. External appearance of body:

- 1. There is a circular wound with a collar of abrasion which measured 9mm in diameter. This wound is situated 4cm below the tip of the left shoulder (entrance).
- 2. There is a lacerating wound with eccentric inverted margin it measures 30 x 12mm and is situated 170cm above the sole and 10cm lateral to the midline.
- 3. There is a 2mm circular wound with a collar of abrasion. This wound is situated xx below the axilla and on the lateral chest wall. A spent bullet is found subcutaneously 20cm below the distal prominence vertebra.

#### Tracts of the wounds:

#### Track of wound 1:

Wound one is joined by a track that passes from left to right slightly upwards before lodging subcutaneously posterior aspect of the trunk.

#### Track of wounds 2 and 3:

The two wounds are joined by a track that passes from right to left, front to back And downwards. In its path it lacerates the lateral rib cage,

Clothes comprise of a blue underpants, folded blue jeans, blue tackies, yellowish black t/shirt and a black jacket.

#### **HEAD AND NECK**

- 5. Skull & Scalp: There are no fractures involving either the base or vault of the skull.
- 6. Intracranial contents: The brain is soft, mushy and dusky. The dura is intact. The superior sagittal sinus is patent. There is no extradural, subdural or subarachnoid haemorrhage. There is no flattening of the gyri or narrowing of the sulci. No intracranial herniations or other signs of raised intracranial pressure are noted. Blood vessels of the Circle of Willis are intact and show no macroscopic pathology. Brainstem and cerebellum are intact. Serial coronal sections of the brain reveal no macroscopic pathology or injury.
- 7. Eyes nose and ears: Decomposition changes characterized by blotting and purging.
- 8. Mouth, Tongue and Pharynx: Decomposition changes are noted.
- 9. Neck Structures: No abnormalities noted.



DR No. 582/2012 - 000428

#### CHEST

- 10. Chest and diaphragm: There is a defect right lateral chest wall and a defect posterior aspect of the trunk.
- 11. Mediastinum and oesophagus: Regurgitated food material is noted.
- 12. Trachea and bronchi: No abnormalities are noted.
- 13. Pleurae and lungs: Both lungs are undergoing decomposition changes with increased air ration and subplueral blebs.
- **14. Heart and pericardium:** The heart shows decomposition changes with discoloration.
- 15. Large Blood vessels: Discoloration is noted, no vascular injuries are seen.

#### **ABDOMEN**

- 16. Abdominal cavity: No abnormalities are noted
- 17. Stomach: The stomach is distended with partial digested food material.
- 18. Intestine and Mesentery: No abnormalities are noted.
- **19. Liver and Gallbladder:** Decomposition changes are noted. The gallbladder is intact and unremarkable. The billiary tracts are patent.
- 20. Pancreas: No abnormalities are noted.
- 21. Spleen: Decomposition changes are noted.
- 22. Adrenal Glands: No abnormalities noted.
- 23. Kidneys and ureters: Decomposition changes. There is laceration of the right kidney with surrounding area of haematoma.
- 24. Bladder and urethra: No abnormalities are noted.
- 25. Pelvis: No abnormalities are noted.
- 26. Genitalia: Internal and external genitalia are normal.

#### SPINE

27. Spinal column: There is fracture with shuttering of the 1<sup>st</sup> lumbar vertebra and corresponding spinal cord.

4

Kin

DR No. 582/2012 000429

28. Spinal cord: Not examined.

#### SPECIMENS RETAINED:

SPECIMEN	EXAMINATION	DETAIL
Femoral Blood	Alcohol	Seal no. PMK070095/6
Femoral blood	Toxicology	Seal no. TX003022
1 x spent bullet		FSB1050952
Femoral blood	DNA	Seal no. PA5000486935
		Handed to: Mr. Moloto

ADDITIONAL OBSERVATIONS: Death certificate BI 1663 with serial no: A0 was issued.

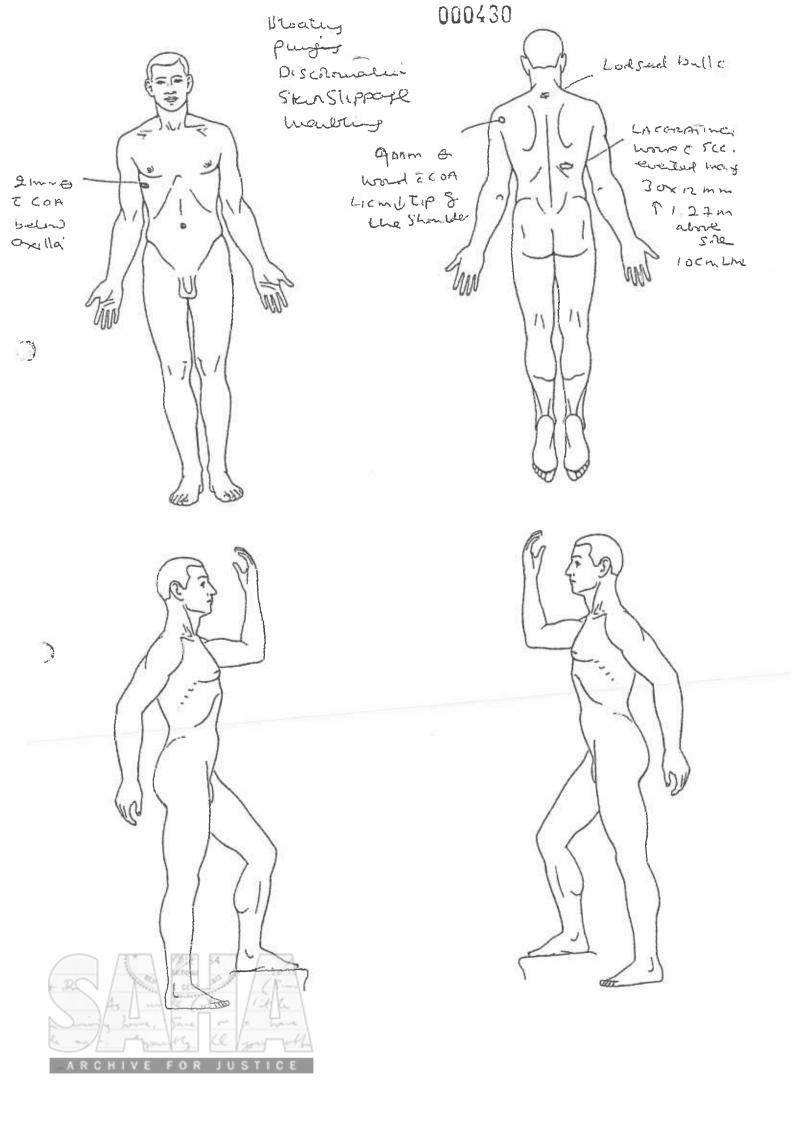
At attendance was investigating officer Rakgwase with service number 05462967; phone number 0828561092

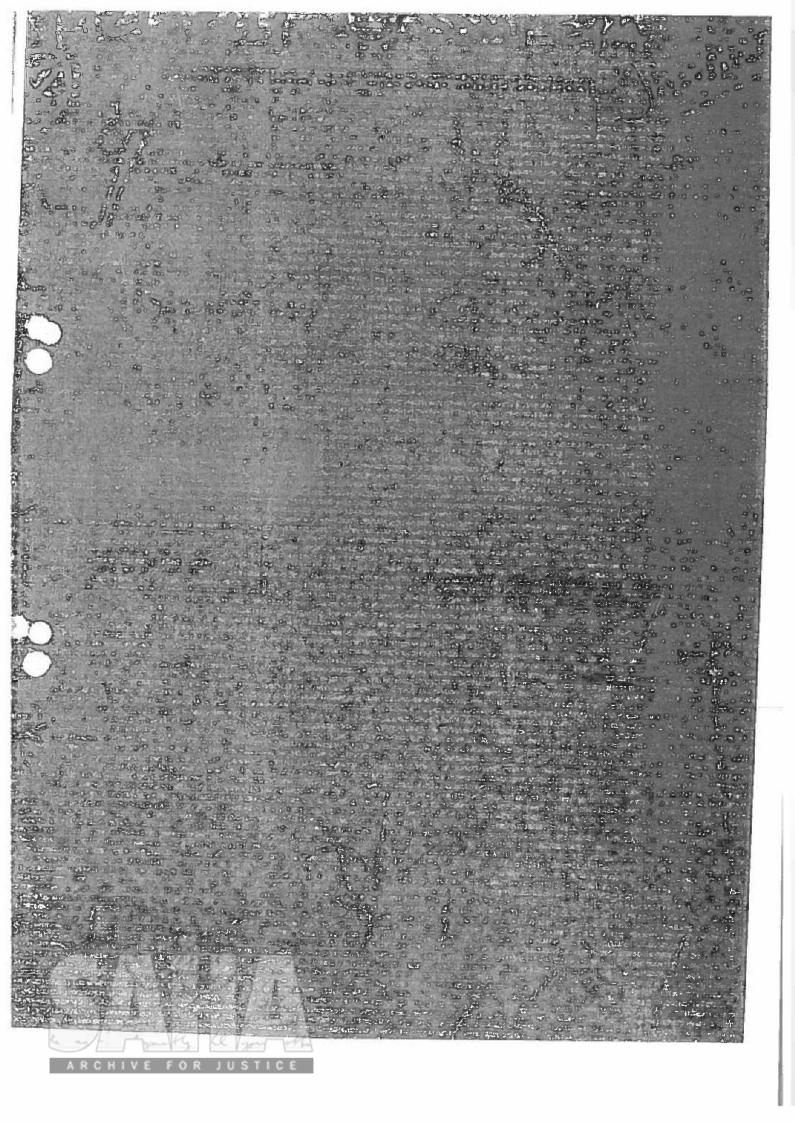
A bullet was found lodged posterior aspect of the chest wall.

SEE ATTACHED ANNEXUTURE

/dm









# POLISIERAPPORT WAT LYK NA LYKHUIS VERGESEL POLICE REPORT ACCOMPANYING BODY TO MORTUARY

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SOUTH AFRICAN POLICE SERVICE

DENTIFICATION OF BOD	Y Y
·Station/Government Mortuary 1108CCC	CAS/CR/Serial No. 10 S8
in printing	CAS/On/Selial No. V
1,	
Identity number *an/a *adult/n	ninor ·White/Black/Asian/Coloured
*male/female residing at *State under oath/confirm	ρ
On	ry MOCERY
I identified the body of a White/Black/Asian/Coloured male/female to m	edico legal assistant
as being that of M24 Kell SomfETA	
Particulars of deceased:	100/1-1-
1. Identity number	te of birth 1976/01/03
3. Residential address	uski sici
4. Employed at Physics Wing	
5. Relationship to deponent	rital status
7. Name and address of *residence/employment of deceased's *husband/	wife/father/mother/brother/sister/other
relative	
"The content of this declaration is true to the best of my knowledge a	nd belief.
I am aware that should it be submitted as evidence and I know that so to be false or believe not to be true, I could be liable to prosecution."	mething appears therein which I know
<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 contents.</li> </ol>	nscience.
ACCUPATION OF THE PROPERTY OF	nature/thumb print/mark
I certify that the deponent has acknowledged that he/she knows a declaration which was sworn to/affirmed before me and that the depone	and understands the contents of this ent's signafure/thunic print/mark was
placed thereon in my presence, at	08 2012 (date)
at : (time).	
	Te
Signat	ure) Commissioner of Oaths
Full first names and surname	hunc
Business address (Street address of Police Station)	lend section
INO UM	
MA MARAGAL	
Designation (rank) South African F	Police Service
TOTAL MANAGEMENT OF THE PROPERTY OF THE PROPER	
En my home, me for o have	er <sup>2</sup>

REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS 83/BI - 1663 Page 1

## NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act, Space for Bar Code 1992 (Act No. 51 of 1992) Must be completed in black ink (please tick) where applicable) SERIAL No: · Please Per 10 instructions FILE No: PARTICULARS OF DECEASED INDIVIDUAL Date of birth 7601/ Identity number of deceased death Age at last years Surname Maiden Name (If female) If death occurred within 24 hours after birth Forenames number of hours alive Single Civil Marriage MARITAL STATUS OF DECEASED Living as married Widowed Left thumb print of deceased Religious Law Marriage Divorced Customary Marriage PT VEE OF BIRTH (Municipal district or country if abroad). Luca OF DEATH (City / Town / Village) LE REGISTRATION OF DEATH CITIZENSHIP OF DECEASED **B PARTICULARS OF INFORMANT** ldentity number Left thumb prim of informant Initials and Surname Parent Relationship to deceased Spouse Child Other kin Other (specify) Postal address Dialling Postal Code Code Was the next of kin of the deceased a Refuse to Yes No smoker\* during the past five years? Telephone No Date Signature C PARTICULARS OF FUNERAL UNDERTAKER Office Stamp of Funeral Undertaker Initials and Surname ion No. Place of burial / cremation .... Dat Signature. D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE Postal address 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. It the undersigned, am not in the position to certify that the deceased died exclusively Sue to natural causes Postal Code nitials and Surname **Date Signed** Signature SAMDC / SANC Reg. No. ).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 quired for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is: atural (Cause of Death as indicated in Section G) Unnatural 👆 Under investigation Postal Code itials and Surname 25 st-morte Date SAMDC Reg. No. ortuary Date signed erence Signature FOR OFFICIAL USE ONLY Initials and Surname or Registrar Office Stamp Registration of Death approved and Burial Order issued tal Force No./

Designation No. Persal No.

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## REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

83/BI - 1663 Page 1

## NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992)	Space for Bar Code
Must be completed in black ink (please tick / where applicable) SERIAL No: Please refer to instructions ILE No: L DATE: A0 7501 31	
A PARTICULARS OF DECEASED INDIVIDUAL / STILLBORN CHILD	Date of birth
Identity number of deceased  Surname  Maiden Name  If female)  Forenames	Age at last years birthday  Sex J J J J J J J J J J J J J J J J J J J
	number of hours alive
	Widowed paring of deceased of deceased for the following paring for the
E OF BIRTH (Municipal district or country if abroad).	thum
PLACE OF DEATH (City / Town / Village)	of the
PLACE REGISTRATION OF DEATH  CITIZENSHIP OF DECEASED	
B PARTICULARS OF INFORMANT	
dentity number	in the second se
initials and Surname	ther (specify)
	ther (specify)
Postal address	150
Osiat address	
Postal Code	Dialling Code
Was the next of kin of the deceased a Yes No Refuse to answer answer	
Date	Telephone No
* TICULARS OF FUNERAL UNDERTAKER	0/5 5 11 12 12
	Office Stamp of Funeral Undertaker
nitiuls and Surname	
csi <sub>b</sub> on No. Place of burial / cremation	politicant (Interest against Annabase 1974)
ate Signature	ALIDOS
1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL I	NURSE Postal address
the undersigned, hereby certify that the deceased named in Section A, to the best my knowledge and belief, died solely and exclusively due to NATURAL CAUSES, specified in Section G.	╀╃┼┼┼┼┼┼┼┼┼┼┼┼┼┼
he undersigned, am not in the position to certify that the deceased died exclusively to natural causes.	
	stal Code
e Signed Signature Signature	SAMDC / SANC Reg. No.
CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST	Postal address
undersigned, hereby certify that a medicolegal post-mortem examination has been conducted on sody of the person whose particulars are given in Section A and that the body is no longer red for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:	S A HOSE PAR STREET
ral (Cause of Death 12 indicated in Section G) Unnatural W Under investigation	Tennamus Sistema
	stal Code 9 1 70
of Date	MAPOLY- TO BZ
nortem ary nce Date signed Signal	SAMDC Reg. No.
PROFFICIAL USE ONLY Initials and Surname or Registrar Registration of Death approved and Burial Order issued	Office Stamp

000436

## \_\_\_\_\_ REGISTER OF DEATH / STILLBIRTH

83/BI - 1663 Page 2

#### INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After comp	pletion seal to ensure confidentia	Space for Bar Code	
Must be completed in black ink (please tick Please Pafer to instructions  LE No: H. 582-12 DATE: 582-12	where applicable in SERIAL No. 242 AQ 750103		
DEMOGRAPHIC DETAILS	The Morror		司
nitials and Surname of deceased	ISOMPEDAH III		
lentity number			
LACE OF DEATH  1. Hospital (Inpatient 4. Other (Specify)	ER / Outpatient DOA	2. Nursing Home 3. Home	
ACILITY NAME: If not an institution, give street name and number	WONDERKOP		
SUAL RESIDENTIAL ADDRESS OF DECEASED  tr- Traine and number  lana	(Where someone lived on most days)		
lagisterial district			
ensus enumerator area			
ECEASED'S EDUCATION (Specify on	nly highest class completed / achieved)		
UAL OCCUPATION OF DECEASED 'e typicof work done during most of working	Gr5 Gr6 Gr7 Gr8 Form 1  Slife. Do not use "retired". TYPE OF 1  Cle World.	m Form Form Form Form Tech 3 4 5 NTC1 NTC2 NTC3 BUSINESS / INDUSTRY (e.g. Mining, Farming etc.)	
"n draceased a smoker* five years ago? (	) Yes No	Do not know Not applicable (minor)	
1ELICAL CERTIFICATE OF CAUSE C	OF DEATH  ons that caused the death. Do not enter the m ck or heart failure. List only one cause on e	Approximate interval between onset and Death (Days / Months / Years)  Approximate interval between onset and Death (ICD-16)	LY
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Due to (or a consequence of)  (b)  OF THE CH		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last	(b) OF THE Due to (or a consequence of)		
(Disease or injury that initiated events resulting in death)	Due to (or a consequence of)		
Ed Od and description of hotographs	Due to (or a consequence of)		
	en in Part 1		_
male, was she pregnant 42 days prior to deal	th? ( ) Yes No		
born, please write mass in grams	<del></del>		
consider the deceased to be: African	White Indian Coloured	d Other (Specify)	
of ascenainment of cause of death: 2. Opinion of atter	nding medical practitioner 2.	Opinion of attending medical practitioner on duty	
Dining home, time or	- to have	Interview of family members	1

000437 where applicable) SERIAL No: Must be completed in black ink (please tick) · Please refer to instructions FILE No: , 🖒 🐫 💆 DATE: F DEMOGRAPHIC DETAILS Initials and Surname of deceased Identity number PLACE OF DEATH 1. Hospital: (Inpatient DOA 2. Nursing Home 3. Home ER / Outpatient 4. Other (Specify) **FACILITY NAME:** (If not an institution, give street name and number ...... USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days) Street name and number Name of Plot, Farm, etc. Suburb / Village T- To / City . e / Country ¹ Code Magisterial district Census enumerator area DECEASED'S EDUCATION (Specify / only highest class completed / achieved) None Gr1 Gr2 Gr3 Gr5 Gr6 Gr8 Gr9 Gr10 Gr11 Gr12 Univ CODE Form Form Form Form Form 2 3 NTCI NTC2 NTC3 USUAL OCCUPATION OF DECEASED TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.) (give type of work done during most of working life. Do not use "retired". Refer to instructions. Was the deceased a smoker\* five years ago? ( Do not know Not applicable (minor) Yes No MEDICAL CERTIFICATE OF CAUSE OF DEATH FOR OFFICE Approximate interval **USE ONLY** PART 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, between onset and Death such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. ICD-10 (Days / Months / Years) IMMEDIATE CAUSE (Final disease or condition resulting in death) OF. Sequentially list conditions, if any, leading to immediate cause. Due to (or a consequence of) Enter UNDERLYING CAUSE last (Disease or injury that initiated Due to (or a consequence of) events resulting in death) (d)..... 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? ( No If stillborn, please write mass in grams White Do you consider the deceased to be: African Indian Coloured Other (Specify) Method of ascertainment of cause of death: 1. Autopsy 2. Opinion of attending medical practitioner 2. Opinion of attending medical practitioner on duty 4. Opinion of registered professional nurse 5. Interview of family member 6. Other (Specify) Government Penting Works Tet (012) 334-4500 omeone who smokes tobacco on most days

Space for Bur Code



## DEATH REPORT INVOICE

DEATH REPORT AND INVOICE NUMBER: C596/56/2012

MINE: KAREE MINE Code: 596		
INDUSTRY Number : Z4501210		DATE OF REPORT: 2012/08/17
	DECEASED'S	PARTICULARS
FIRST NAME: MZUKISI		DATE OF DEATH : 2012/08/16
SURNAME: SOMPETA		CAUSE OF DEATH: UNNATURAL CAUSES
ID/PASSPORT NO:	<b>,</b>	PLACE OF DEATH: WONDERKOP
COY, NO: 20014962		MINE ACCIDENT? N/A
SERIAL: 1852/0596		REPORTED BY: JONES MARUPING
OFFICE : LUSIKISIKI		REPORTED TO: TRACY COETZEE
	DEPENDANT /	BENEFICIARY
NAME: MXOLISI		ADDRESS:
SURNAME: SOMPETA		
KINSHIP: FATHER		
NAME OF TRUSTEE:		LUSIKISIKI
	NO FUNERAL ADVA	ANCE AUTHORISED
PAY TO : NO PAYMENT AUTHORISED		Amount : 0.00
PAYMENT AUTHORISED BY:	<u></u>	
COMMENTS: .		
	FOR TEBA	USE ONLY
		K PARTICULARS
THE FOLLOWING TO BE REFLECTE	ED ON CASH AND I	MANY
THE TOLLOWING TO BE RETLECTED	JU ON CHOM HIND I	DOLAN
ACCOUNT NO. 77162/0050		
RANSACTION DESCRIPTION: C	596-56-2012	
YMENT EXPIRY DATE: 30 DAYS		
		L.T.P
SIGNATUREO	IR .	
WITNESS		
NB.: URGENT REPLY BY RURAL C		fax within 24 Hours of receipt of this e-mail / fax:
Date reported to Family:		Time:
To whom reported:	To who	om reported (Name & Designation):
R cross	J. A	





#### LEBA Limited

000439

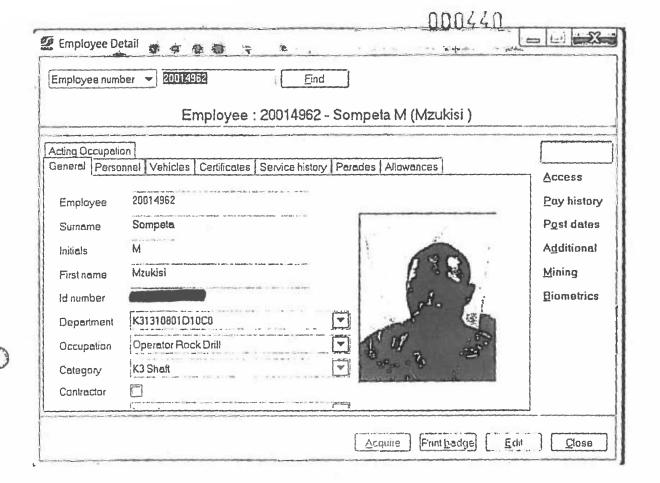
Conditional Agreement of Service

RSA Reg. No 1902/001680/06

Registration Date: 2011/07/21 SOMPETA Employer. Sumame: **MZUKISI** 596 Other Names: KAREE MINE MALE Gender: Site: MXOLISI SOMPETA 596 Father's Name: KAREE MINE MBHENGU SOMPETA Mother's Name: Spouse's Name: VUYUOKAZI Industry No: Z4501210 Chief / Headman: **SOUTH AFRICA** Country: District: LUSIKISIKI TOM KAREE 0596 Office: Language: **XHOSA** UNKNOWN Religion: 2011 Serial Number: 1852 Year: Home Address: 20014962 Company No: ROCK DRILL OPERATOR Occupation: Passport No. LUSIKISIKI Passport Exp 4820 ving out / Mine Identity No: (Did not Pass -ccommodation: 1976/01/03 Date of Bikth Marita Slatus: SINGLE MXOLISI SOMPETA **Emergency Contact:** ndents: MXOLISI SOMPETA Death Beneficiary: cation Std Attained: **FATHER** Beneficiary Relation: Beneficiary Address: ualification LUSIKISIKI **ABET Numeracy Qualification** 4820 Beneficiary Contact: **ABET Literacy Qualification** ious Agreemer e: TOM UNION 9206 Serial Number: Year No. of Weeks on last agreement: Agreement Period (Weeks): 52 Agreement Expiry Date: 2012/07/19 112 - INDUSTRY EXPERIENCE Experience: Date of last discharge: 2009/04/17 Last Employer: GRINAKER MINING CONSTRUCTION ZAV Industry Certificate No: Type of Employment: Underground Endorsements, Vaccinations etc. Employee's Signature or Mark 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. NOT AVAILABLE The employment of the employee is subject to the employee being declared fit by way hat TEBA Limited may at any time verify his/her fingerprints and ID number with its nyn database and, that held by the Department of Home Affairs

of an occupational medical examination, and the employee having a satisfactory prior employment record. The employee further authorises and agrees

Capturer: Joseph Mohoase Date Printed: 2012/08/17 04:38:05 PM



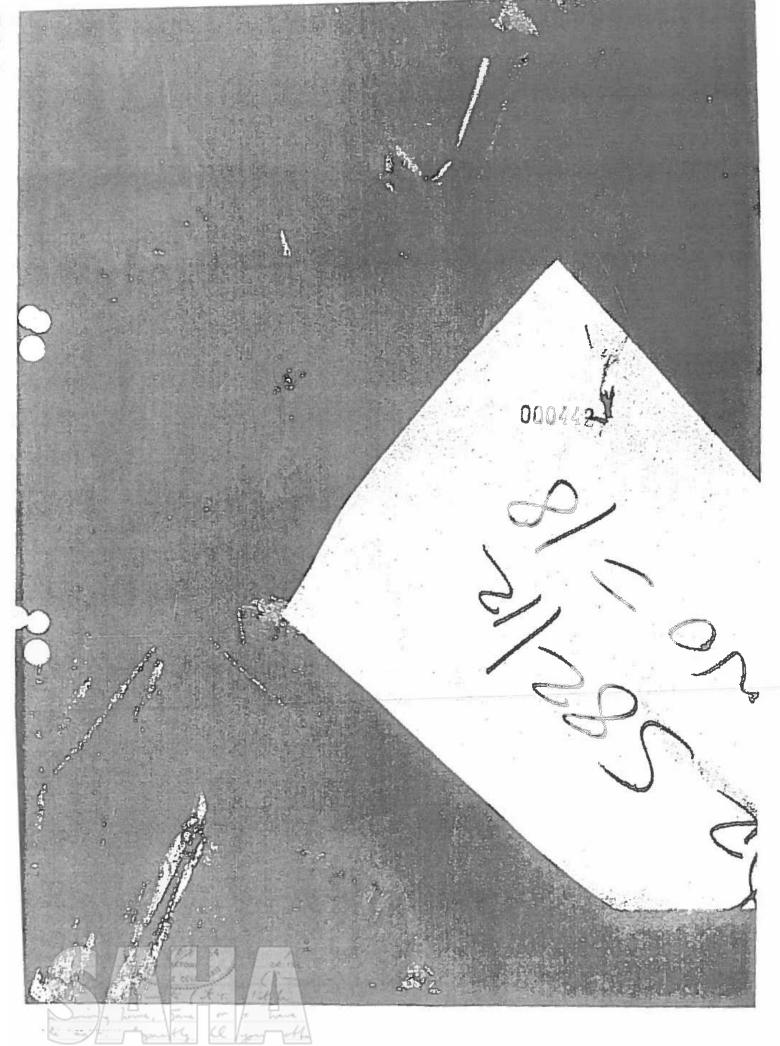


#### Conditional Agreement of Service

Registration Date: 2011/07/21

SOMPETA Employer: Surname: Other Names: 596 **MZUKISI** KAREE MINE 000441 Gender: MALE Site: MXOLISI SOMPETA 596 Father's Name: KAREE MINE MBHENGU SOMPETA Mother's Name: Spouse's Name: Industry No: Z4501210 VUYUOKAZI Chief / Headman: SOUTH AFRICA Country: LUSIKISIKI District: Office: TOM KAREE 0596 Language: XHOSA Religion: UNKNOWN Serial Number: 1852 Year: 2011 Home Address: 20014962 Company No: Occupation: ROCK DRILL OPERATOR Passport No. LUSIKISIKI Passport Explis frat 4820 ving out / Mine Identity No: (Did not Pass vi Accommodation: Date of Bilth: 1976/01/03 Marital Status: SINGLE **MXOLISI SOMPETA Emergency Contact:** centents: ũ MXOLISI SOMPETA Effication Std Attained: Death Beneficiary: **FATHER** Beneficiary Relation: Beneficiary Address: ualification LUSIKISIKI **BET** Numeracy Qualification 4820 Beneficiary Contact: **ABET Literacy Qualification** avious Agreemen ce: TOM UNION 9206 Serial Number: Year No. of Weeks ast agreement: Agreement Period (Weeks) : 52 2008 3157 Agreement Expiry Date: 2012/07/19 Date of last discharge: 2009/04/17 Experience: 112 - INDUSTRY EXPERIENCE Last Employer: GRINAKER MINING & CONSTRUCTION ZAV Industry Certificate No: Type of Employment: Underground Endorsements, Vaccinations etc. Employee's Signature or Mark 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. NOT AVAILABLE 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 D number with its own database and, that held by the Department of Home Affairs.

Capturer: Joseph Mohoase Date Printed: 2012/08/17 04:38:06 PM 587



ARCHIVE FOR JUSTICE



ARCHIVE FOR JUSTICE

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AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED 00 244
I, E MAULIPEUSdeclare under oath:-
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 $\frac{20/2 - 08 - 12}{68 - 12}$ I received the following exhibit (s): $ALC$
From BR CFO MCLOTO
While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.
On 2012 - 88 - 27 I handed the above exhibit (s) to the <u>LAB</u> officer
REF! Pm 3841/12
The ALC was sealed with the official seal no Pok 570095
<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 S-F.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 Officer. Date:
NAME: L'M MAHLANGU

ARCHIVE FOR JUSTICE

RANK

A.D.

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:
I,declare under oath:-
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 $\frac{702 - 68 - 22}{6}$ I received the following exhibit (s):
From BR CTT 12: 7
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
REFL CONTRACTOR
The
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: C.E.O
NAME : ADRESS : 6543 KGOTLENG STREET, GA-RANKUWA
RANK :



## 000448 AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, E- Mignup Elig. declare under oath:

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 2012 - 08 - 22 I received the following exhibit (s): ToxicoLvGY

From DR MOLOTO

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

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

REF: Tx2478/12 - Tx28481/12

The Tex was sealed with the official seal no Tx co3022

- 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

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:

NAME

ADRESS

· M. MAHRANGU

6543 KGOTLENG STREET, GA-RANKUWA

RANK : A



AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED 0447
I, E. MEDLINE Logdeclare under oath:-
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 $\frac{2012 - 08 - 27}{100}$ I received the following exhibit (s): $7000000000000000000000000000000000000$
From DR MOLOTO
While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.
On 2012 - 58 - 27 I handed the above exhibit (s) to the Line officer
REFLIX24 IS/2 - I SAL /12
The Try was sealed with the official seal no Tx roll of 2
<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 S-F.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:

1. 1 1. 111

NAME 6543 KGOTLENG STREET, GA-RANKUWA **ADRESS** 

RANK



Mortuary D	o Ken	G	Pri	iority Si	tatus:	Urger	it	1		Routine		
Reference (DR, PM or 100)	0 KBN	1:							7	0	101	
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Case	Case							/				
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station MA	Rihar	νA										
Date of specimen	•											<del></del>
collection 2001	2-08-	02						<del></del>				
Time of specimen collection	) HB	$\circ$										
Date of death												<del></del>
2012-	التجالب التجانين البرانيين		<u> </u>									
Was the deceased			his/her d	eath?	Yes				No		_>	)
If YES, please indicate Length of hospitalization		owing:									,	
- Length of hospitaliza	16071.											
Were toxicological a	nalysis perfo	ormed		Yes		No		1	$\overline{\wedge}$	Unsure	T	
On blood in hospital												
If YES, please list re	sults:							,				
Were any drugs adm hospital?	ninistered du	ring adm	ission in	Yes		No				Unsure	1	X
If YES, please list dr	ugs.			1						·	1	
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Clinical History Circumstance of	Age Suicide	MA	Rac Iomicide	e m	MVA	Sex	Mak	e nown	-	Femal	e 	
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