



### DEATH REPORT INVOICE

DEATH REPORT AND INVOICE NUMBER: C581/51/2012

MINE: EASTERN PLATINUM Code: 581

INDUSTRY Number : Z7379487		DATE OF REPORT: 2012/08/17	
<b>DECEASED'S PARTICULARS</b>			
FIRST NAME: BONGINKOSI		DATE OF DEATH: 2012/08/16	
SURNAME: YONA		CAUSE OF DEATH: UNNATURAL CAUSES	
ID/PASSPORT NO: [REDACTED]		PLACE OF DEATH: WONDERKOP	
COY. NO : 20024363		MINE ACCIDENT? N/A	
SERIAL : 1313/0581		REPORTED BY: JONES MARUPING	
OFFICE : LADY FRERE		REPORTED TO: TRACY COETZEE	
<b>DEPENDANT / BENEFICIARY</b>			
NAME : NANDIPHA		ADDRESS : [REDACTED]	
SURNAME : GUNUZA		LADY FRERE	
KINSHIP: WIFE			
NAME OF TRUSTEE:			
<b>NO FUNERAL ADVANCE AUTHORISED</b>			
PAY TO : NO PAYMENT AUTHORISED		Amount : 0.00	
PAYMENT AUTHORISED BY:			
COMMENTS:			
<b>FOR TEBA USE ONLY</b>			
<b>CASH AND BANK PARTICULARS</b>			
THE FOLLOWING TO BE REFLECTED ON CASH AND BANK			
ACCOUNT NO. 77298/0050			
TRANSACTION DESCRIPTION: C581-51-2012			
PAYMENT EXPIRY DATE: 30 DAYS			
SIGNATURE _____ OR		L.T.P	
WITNESS _____			

**NB.: URGENT REPLY BY RURAL OFFICE:**

Please supply the following information by return e-mail / fax within 24 Hours of receipt of this e-mail / fax:

Date reported to Family: ..... Time: .....

To whom reported: ..... To whom reported (Name & Designation): .....





# TEBA Limited

RSA Reg. No 1902/001680/06

## Conditional Agreement of Service

Registration Date: 2011/06/20

000296

Surname:	YONA	Employer:	EASTERN PLATINUM LIMITED	581
Other Names:	BONGINKOSI	Site:	EASTERN PLATINUM LIMITED	581
Gender:	MALE	Industry No:		27379487
Father's Name:	JACKSON YONA	Office:	TOM EASTERN PLATINUM	0581
Mother's Name:	NOBUZWE YONA	Serial Number:	1313	Year: 2011
Spouse's Name:	NANDIPHA GUNUZA	Company No:		20024363
Chief / Headman:	MMELE	Occupation:		ROCK DRILL OPERATOR
Country:	SOUTH AFRICA	Passport No.:		
District:	LADY FRERE	Passport Expiry Date:		
Language:	XHOSA	Identity No: (Did not Pass validation)		
Religion:	AMADLOZI	Date of Birth:		1980/12/06
Home Address:	N/A [REDACTED] [REDACTED] [REDACTED] LADY FRERE 5410	Marital Status:		MARRIED
Living out / Mine Accommodation:	[REDACTED] WONDERKOP WONDERKOP MARIK	Dependents:		1
Emergency Contact:	NANDIPHA GUNUZA [REDACTED]	Education Std Attained:		STD 9/ GRADE 11/N1
Death Beneficiary:	NANDIPHA GUNUZA	Qualification:		ABET Numeracy Qualification
Beneficiary Relation:	WIFE	ABET Literacy Qualification:		-
Beneficiary Address:	N/A [REDACTED] [REDACTED] LADY FRERE LADY FRERE 5410	Agreement Period (Weeks):		52
Beneficiary Contact:	[REDACTED]	Agreement Expiry Date:		2012/06/18
<b>Previous Agreement</b>		Experience:		112 - INDUSTRY EXPERIENCE
Office:	TOM WESTERN PLATINUM	Industry Certificate No:		GEN103475/11
Serial Number:	1959	Type of Employment:		Underground
Year:	2010			
No. of Weeks on last agreement:	52			
Date of last discharge:				
	2011/05/16			
Last Employer:	WESTERN PLATINUM LIMITED			
	582			
Endorsements, Vaccinations etc.				

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

Employee's Signature or Mark

NOT AVAILABLE

580

000287

S80/12  
No = 16

S80/12  
No = 16

Employee number 20024363

Find

Employee : 20024363 - Yona B (Bonginkosi)

Acting Occupation

General Personnel Vehicles Certificates Service history Parades Allowances

Employee 20024363

Surname Yona

Initials B

First name Bonginkosi

Id number

Department SA1S10000D99A0

Occupation RDO

Category Safety Shift

Contractor



Access

Pay history

Post dates

Additional

Mining

Biometrics

Acquire

Print badge

Edit

Close





Surname:	YONA	Employer:	EASTERN PLATINUM LIMITED	581
Other Names:	BONGINKOSI	Site:	EASTERN PLATINUM LIMITED	581
Gender:	MALE	Industry No:		Z7379487
Father's Name:	JACKSON YONA	Office:	TOM EASTERN PLATINUM	0581
Mother's Name:	NOBUZWE YONA	Serial Number:	1313	Year: 2011
Spouse's Name:	NANDIPHA GUNUZA	Company No:		20024363
Chief / Headman:	MMELE	Occupation:		ROCK DRILL OPERATOR
Country:	SOUTH AFRICA	Passport No.		
District:	LADY FRERE	Passport Expiry Date:		
Language:	XHOSA	Identity No: (Did not Pass validation)		
Religion:	AMADLOZI	Date of Birth:		1980/12/06
Home Address:	N/A	Marital Status:		MARRIED
	[REDACTED]	Dependents:		1
Living out / Mine Accommodation:	[REDACTED]	Education Std Attained:		STD 9 / GRADE 11 / N1
	WONDERKOP	Qualification:		
	WONDERKOP	ABET Numeracy Qualification:		
	MARIK	ABET Literacy Qualification:		
Emergency Contact:	NANDIPHA GUNUZA	Agreement Period (Weeks):		52
	[REDACTED]	Agreement Expiry Date:		2012/06/18
Death Beneficiary:	NANDIPHA GUNUZA	Experience:		112 - INDUSTRY EXPERIENCE
Beneficiary Relation:	WIFE	Industry Certificate No:		GEN103475/11
Beneficiary Address:	N/A	Type of Employment:		Underground
	[REDACTED]	Employee's Signature or Mark:		
	LADY FRERE			
	LADY FRERE			
	5410			
Beneficiary Contact:	[REDACTED]			
<b>Previous Agreement</b>				
Office:	TOM WESTERN PLATINUM			0582
Serial Number:	Year: 1959	No. of Weeks on last agreement:		52
Date of last discharge:				2011/05/16
Last Employer:	WESTERN PLATINUM LIMITED			582
Endorsements, Vaccinations etc.				
<p>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.</p> <p>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.</p>		NOT AVAILABLE		
Capturer:	Rosetta Bogatsu	580		
Date Printed:	2012/08/17 05:26:59 PM			



000290



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ARCHIVE FOR JUSTICE



# NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act,  
1992 (Act No. 51 of 1992)

Space for Bar Code



9999

• Must be completed in black ink (please tick  where applicable)  
• Please refer to instructions  
FILE No: SR 58012 DATE: 08 2012 SERIAL No: A07501028

### A PARTICULARS OF DECEASED INDIVIDUAL / STILLBORN CHILD

Identity number of deceased: [REDACTED] Date of death: 2012 08 16

Surname: NDINA

Maiden Name (if female): [REDACTED]

Forenames: SONGINKOSI

Date of birth: 1980 12 06

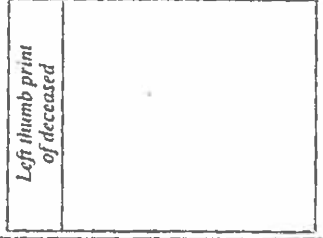
Age at last birthday: [ ] years

Sex: MALE

If death occurred within 24 hours after birth number of hours alive: [ ]

MARITAL STATUS OF DECEASED: Single  Civil Marriage  Living as married  Widowed   
Religious Law Marriage  Divorced  Customary Marriage

PLACE OF BIRTH (Municipal district or country if abroad): BSA  
PLACE OF DEATH (City / Town / Village): WONDERBOOM  
REGISTRATION OF DEATH: Southern African



### B PARTICULARS OF INFORMANT

Identity number: [REDACTED]

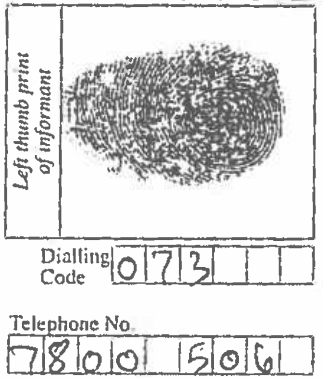
Initials and Surname: ZL XOLU

Relationship to deceased: Parent  Spouse  Child  Other kin  Other (specify)

Postal address: [REDACTED] Postal Code: [REDACTED]

Was the next of kin of the deceased a smoker\* during the past five years? Yes  No  Refuse to answer

Date: 2012 08 20 Signature: [Signature]



### C PARTICULARS OF FUNERAL UNDERTAKER

Initials and Surname: [REDACTED]

Signature No.: [REDACTED] Place of burial / cremation: [REDACTED]

Date: [REDACTED] Signature: [REDACTED]

Office Stamp of Funeral Undertaker

### D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

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: [REDACTED]

Date Signed: [REDACTED] Signature: [REDACTED]

Postal address: [REDACTED]

Postal Code: [REDACTED]

SAMDC / SANC Reg. No.: [REDACTED]

### D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST

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:

Natural (Cause of Death as indicated in Section G)  Unnatural  Under investigation

Initials and Surname: RRR MOORAD

Place of post-mortem: Seponekwa Date: 2012 08 22

Mortuary reference: SR 58012 Date signed: 2012 08 22

Postal address: DR. RRR MOORAD  
P/BAG XT1263  
POTCHEFSTROOM 2520  
SPECIALIST FORENSIC PATHOLOGIST

Postal Code: [REDACTED]

SAMDC Reg. No.: 0449003

Signature: [Signature]

### E FOR OFFICIAL USE ONLY

Registration of Death approved and Burial Order issued:

Initials and Surname or Registrar: [REDACTED]

Postal address: [REDACTED]

Force No./ Designation No.: [REDACTED]

Postal: [REDACTED] Persol No.: [REDACTED]

Office Stamp

# REGISTRATION / 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)  
Please refer to instructions  
FILE No: JK DATE: 2012

SERIAL No

AO 7501028

0000

## A PARTICULARS OF DECEASED INDIVIDUAL / STILLBORN CHILD

Identity number of deceased: [REDACTED] Date of death: [REDACTED]

Surname: [REDACTED]

Maiden Name (If female): [REDACTED]

Forenames: [REDACTED]

Date of birth: [REDACTED]

Age at last birthday: [REDACTED] years

Sex: [REDACTED]

If death occurred within 24 hours after birth number of hours alive: [REDACTED]

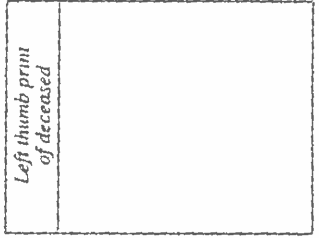
MARITAL STATUS OF DECEASED: Single  Civil Marriage  Living as married  Widowed   
Religious Law Marriage  Divorced  Customary Marriage

PLACE OF BIRTH (Municipal district or country if abroad): [REDACTED]

PLACE OF DEATH (City / Town / Village): [REDACTED]

PLACE REGISTRATION OF DEATH: [REDACTED]

CITY OF DECEASED: [REDACTED]



## B PARTICULARS OF INFORMANT

Identity number: [REDACTED]

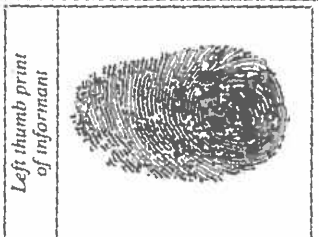
Initials and Surname: [REDACTED]

Relationship to deceased: Parent  Spouse  Child  Other kin  Other (specify)

Postal address: [REDACTED] Postal Code: [REDACTED]

Is the next of kin of the deceased a "looker" during the past five years? Yes  No  Refuse to answer

Signature: [REDACTED]



Dialling Code: 073

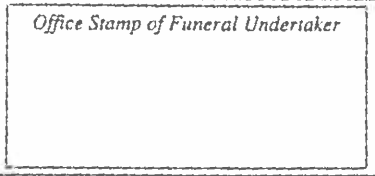
Telephone No.: 7800 1506

## PARTICULARS OF FUNERAL UNDERTAKER

Initials and Surname: [REDACTED]

Registration No.: [REDACTED] Place of burial / cremation: [REDACTED]

Signature: [REDACTED]



## CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

I, 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, undersigned, am not in the position to certify that the deceased died exclusively of natural causes.

Name and Surname: [REDACTED]

Signed: [REDACTED] Signature: [REDACTED]

Postal address: [REDACTED]

Postal Code: [REDACTED]

SAMDC SANC Reg. No: [REDACTED]

## CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST

I, 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 available for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:

(Cause of Death as indicated in Section G)  Unnatural  Under investigation

Name and Surname: [REDACTED]

Date: [REDACTED] Date signed: [REDACTED]

Signature: [REDACTED]

DR. R G B MOORAD

Postal address: P/BAG X 1253 POTCHEFSTROOM 2520

SPECIALIST FORENSIC PATHOLOGIST

Postal Code: [REDACTED]

SAMDC Reg. No.: [REDACTED]

Signature: [REDACTED]

## OFFICIAL USE ONLY

Registration of Death approved and Burial Order issued

Initials and Surname or Registrar: [REDACTED]

Force No./ Designation No.: [REDACTED]

Persal No.: [REDACTED]

Date: [REDACTED] Signature: [REDACTED]



Who smokes tobacco on most days



000023

• Must be completed in black ink (please tick  where applicable)  
• Please refer to instructions  
FILE No: 12 S80/12 DATE: 08/2012 SERIAL No: A07501028

**F DEMOGRAPHIC DETAILS**

Initials and Surname of deceased B DONIA

Identity number [REDACTED]

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) WONDERKOP

USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days)

Street name and number

Name of Plot, Farm, etc.

Suburb / Village MAGASHU VILLAGE

Town / City LADY SMITH

Province / 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 Form 1	Gr9 Form 2	Gr10 Form 3 NTC1	Gr11 Form 4 NTC2	Gr12 Form 5 NTC3	Univ Tech	CODE

USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use "retired") R.D.O

TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.) Refer to instructions. TOM EASTERN PLATINUM

Was the deceased a smoker\* five years ago? (  ) Yes  No  Do not know  Not applicable (minor)

**G MEDICAL CERTIFICATE OF CAUSE OF DEATH**

**PART 1** 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 interval between onset and Death (Days / Months / Years)

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Gunshot Wound of the Chest  
Due to (or a consequence of)

(b) \_\_\_\_\_  
Due to (or a consequence of)

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

If a female, was she pregnant 42 days prior to death? (  ) Yes  No

If stillborn, please write mass in grams     

Do you consider the deceased to be: African  White  Indian  Coloured  Other  (Specify) \_\_\_\_\_

Method of ascertainment of cause of death:

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) \_\_\_\_\_

**FOR OFFICE USE ONLY**

ICD-10


neone who smokes tobacco on most days Government Printing Works Tel (012) 334-4509



000004

Must be completed in black ink (please tick  where applicable) SERIAL No: A07501028  
Please refer to instructions FILE No: L 500/12 DATE: 12/12/12

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased

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)

USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days)

Street name and number  
Name of Plot, Farm, etc.  
Suburb / Village  
Town / City  
Province / Country  
P Code  
Magisterial district  
Census enumerator area

DECEASED'S EDUCATION (Specify  only highest class completed / achieved)

Table with columns: None, Gr1, Gr2, Gr3, Gr4, Gr5, Gr6, Gr7, Gr8 Form 1, Gr9 Form 2, Gr10 Form 3 NTC1, Gr11 Form 4 NTC2, Gr12 Form 5 NTC3, Univ Tech, CODE

USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use "retired".) TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.) Refer to instructions.

Was 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 dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

Approximate interval between onset and Death (Days / Months / Years)

FOR OFFICE USE ONLY

ICD-10

IMMEDIATE CAUSE (Final disease or condition resulting in death)

(a) Gunshot Wound of the Chest

ICD-10 grid

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)

(b) Due to (or a consequence of)

ICD-10 grid

(c) Due to (or a consequence of)

ICD-10 grid

(d) Due to (or a consequence of)

ICD-10 grid

PART 2 Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1

If a female, was she pregnant 42 days prior to death? (  ) Yes  No

If stillborn, please write mass in grams

Do you consider the deceased to be: African  White  Indian  Coloured  Other  (Specify)

Method of ascertainment of cause of death:

- 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

Other (Specify)

Who smokes tobacco on most days

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED: 600225

I, E. MANUPELA 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): TOXICOLOGY

From DR MURRAY

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

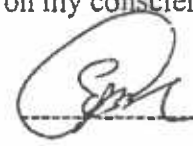
On 2012-08-27 I handed the above exhibit (s) to the LAB officer

REF: TX 2467/12 - TX 2470/12

The TX was sealed with the official seal no TX 000150

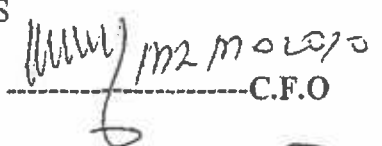
- 1. I know and understand the contents of this declaration.
- 2. I have no objection to taking the prescribed oath.
- 3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

 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  C.F.O.

NAME : MADLOU ZACHARIA MOWOO  
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
 RANK : CHIEF FORENSIC OFFICER







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.

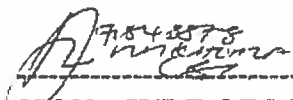
In the performance of the my official duties in connection therewith and on 2012 / 08 / 22 I received the following Bullet(s) from SFO E.M MADUPELA

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.

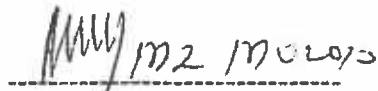
On 2012/08/28 I handed the above bullet(s) to SAPS Photographer

No 7184587-8 Rank CONSTABLE Name M.M. KITHAZA

  
SIGNATURE OF P/OFFICER

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

Place: FPS Ga-Rankuwa

  
Signature of Chief Forensic Officer

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

Place: Ga-Rankuwa FPS  
Date: 2012/08/28

  
(Signature)

NAME : LUCAS MENZELWA MAHLANGU  
 ADDRESS : 6543 KGOTLENG STREET, GARANKUWA  
 RANK : ASSISTANT DIRECTOR





Mortuary Reference (DR, PM or WC)	PHOKENS DR 580/2012	Priority Status:	Urgent	<input checked="" type="checkbox"/>	Routine	<input type="checkbox"/>
Case number	Martiana.	If <b>URGENT</b> , please provide reason				000008
SAPS station	137/8/12					
Date of specimen collection	22/8/12					
Time of specimen collection	10h30					
Date of death	16/8/12.					

Was the deceased hospitalized before his/her death? Yes  No

If **YES**, please indicate the following:  
Length of hospitalization:

Were toxicological analysis performed On blood in hospital? Yes  No  Unsure

If **YES**, please list results:

Were any drugs administered during admission in hospital? Yes  No  Unsure

If **YES**, please list drugs:

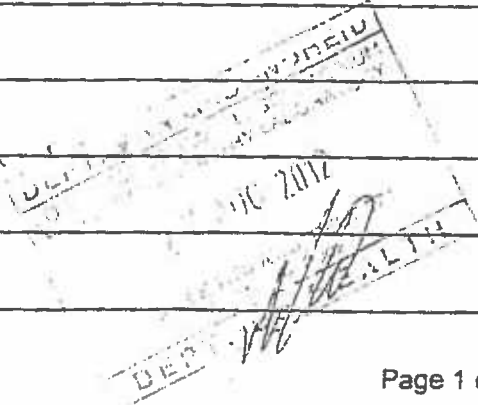
Clinical History	Age	7-30	Race	B	Sex	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
Circumstance of death:	Suicide	Homicide	MVA		Unknown	Other	<input checked="" type="checkbox"/>

Please provide relevant facts in the history

Herbal hallucinogen

Relevant **post mortem observations** by the pathologist (e.g. tablet pieces in stomach, needle puncture marks on arm, where specimens were sampled from, etc)

gunshot wound





**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 MADUPELA

**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 2012 / 08 / 30 I handed the above specimen(s) to the investigating officer

No 90644310 Rank P. [unclear] Name [unclear]

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

Place: FPS Ga-Rankuwa

**Signature of Chief Forensic Officer**

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

Place: Ga-Rankuwa FPS

Date: 2012 / 08 / 30

(Signature)

**NAME : LUCAS MENZELWA MAHLANGU**

**ADDRESS : 6543 KGOTLENG STREET, GARANKUWA**

**RANK : ASSISTANT DIRECTOR**





000'00

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.

*[Signature]*  
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

*[Signature]*  
COMMISSIONER OF OATH

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

ADDRESS: 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

Dated at JOHANNESBURG on this 30<sup>th</sup> day of August 2012

Signature : *[Handwritten Signature]*  
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



008/02

**OBSERVATIONS:**

1. **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:**
  1. 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



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.

19. **Liver and Gallbladder:** The liver is pale with fat change. The biliary 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

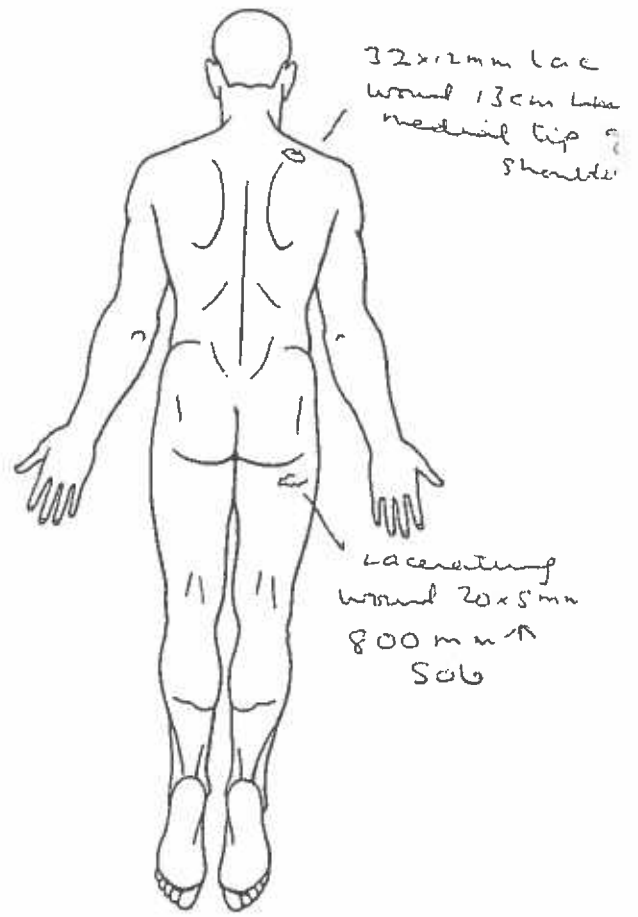
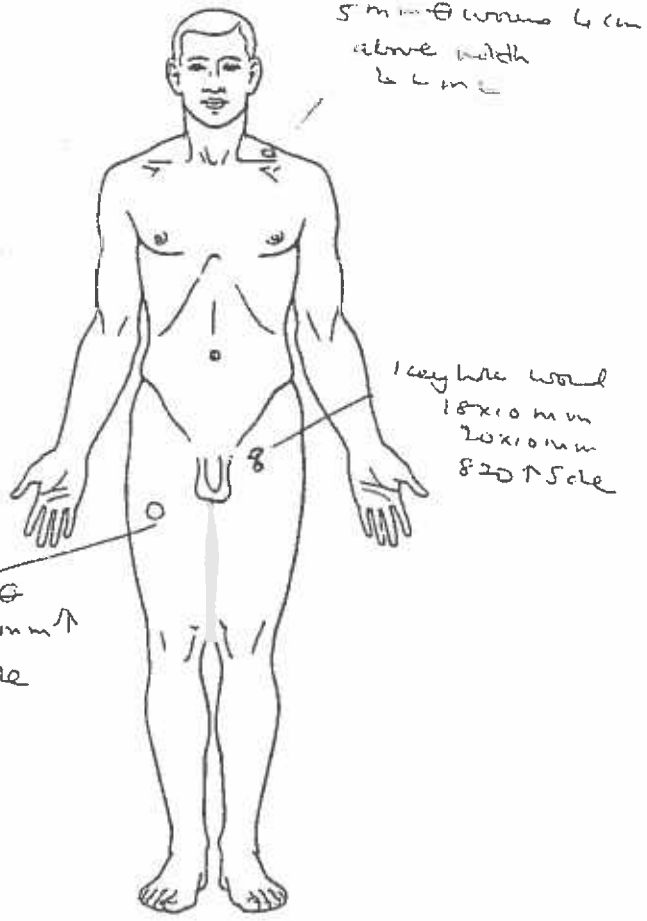
An x-ray of the body revealed an orthopedic pin over the right thigh with shattering of the bone.

SEE ATTACHED ANNEXUTURE

*R*

Adm

R





*Gustaf*

DOODSONTOERSOEKDOSSIER - POST MORTEM DOCKET

1. STAATSLYKHUIS  
GOVERNMENT MORTUARY

*Hodony*

2. TALELKE REEKSNOMMER VAN  
SERIAL NO. OF

Register van sterfgevallen (SAP 133)  
Register of Deaths (SAP 133)

*Dr*

*SS/12*

3. Register van Natuurlike Sterfteliste  
Register of Natural Deaths

3. Stasie verwyding No.  
Station reference No.

*M... ..*

4. Naam van oorkonde  
Name of certificate

5. Opdragings No.  
Reference No.

*108/12*

7. Opdragte betrekkende beskikking oor doek  
Instruction concerning disposal of docket

KANTOOR DATUMSTEMPEL  
OFFICE DATE STAMP

Handtekening van Bevelvoerder van Doek  
Signature of Commander Mortuary

Voltooi kolom van toepassike register / Complete column of applicable register





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

1/2

SAPD 13 Nr SAPS 13 No.....	Lyk Nr Body No.....
<div style="font-size: 2em; font-weight: bold; margin-left: 100px;">58112</div>	
Naam van lid/persoon van wie lyk ontvang word Name of member/person from whom body is received.....	
Nommer, rang en naam van lid wat lyk ontvang Number, rank and name of member receiving body.....	
000408	

Volle naam en adres van oortedene

Full names and address of deceased.....

Merk toepaslike blok met X / Mark applicable square with X

ID Nr :

ID No : .....

Wit White	<del>Swart Black</del>	Bruin Brown	Asiër Asian	<del>Manlik Male</del>	Vroulik Female
--------------	----------------------------	----------------	----------------	----------------------------	-------------------

In lewe bekend as (volle name)

Known as (full names).....

Ouderdom

Age.....

Huwelikstatus

Marital status.....

Land gebore

Land born.....

BESONDERHEDE VAN STERFGEVAL / PARTICULARS OF DEATH

Datum en tyd van dood  
Date and time of death

2022/08/16

Plek van dood  
Place of death

Nordelike

Merk toepaslike blok met X / Mark applicable square with X

Motorbotsing Motor accident	Bestuurder Driver	Passasier Passenger	Voetganger Pedestrian	Fietsryer Cyclist	Motorfietsryer Motorcyclist	
Selfmoord Suicide	Vuurwapen Fire-arm	Opgehang Hanging	Pille Pills	Vergas Gassed	Van gebou afgespring Jumped from building	Ander Other
Ander Other	Van gebou geval Fell from building	Met vuurwapen gedood Killed with fire-arm		Met mes/voorwerp gesteek Stabbed with knife/object		Vergiftig Poisoned
Sterf onder narkose Died under anaesthetic	Skielike dood sonder mediese geskiedenis Sudden death without medical history			Sterf in aanhouding Died in custody		

Volledige geskiedenis  
Full history.....

*Smits*





Surname: NTSENYEHO	Employer: EASTERN PLATINUM LIMITED	581
Other Names: ANDRIES MOTLAPULA	Site: 000789	
Gender: MALE	Industry No: EASTERN PLATINUM LIMITED	581
Father's Name:	Industry No: 20153270	
Mother's Name: AGNES NTSENYEHO	Office: TOM WESTERN PLATINUM	0582
Spouse's Name:	Serial Number: 4143	Year: 2011
Chief / Headman:	Company No:	
Country: SOUTH AFRICA	Occupation: ROCK DRILL OPERATOR	
District: VEREENIGING	Passport No:	
Language: SOUTH SOTHO	Passport Expiry Date:	
Religion: UNKNOWN	Identity No: (Did not Pass validation)	
Home Address: [REDACTED]	Date of Birth: 1970/06/15	
Living out / Mine Accommodation: [REDACTED]	Marital Status: SINGLE	
Emergency Contact: PHASE 1	Dependents: 5	
Emergency Contact: RUSTENBURG	Education Std Attained: STD 6/GRADE 8 PASSED	
Emergency Contact: RUSTE	Qualification	
Death Beneficiary: AGNES NTSENYEHO	ABET Numeracy Qualification	
Beneficiary Relation: MOTHER	1 - 2011/04/11	
Beneficiary Address: [REDACTED]	ABET Literacy Qualification	
Beneficiary Address: [REDACTED]	2 - 2011/04/11	
Beneficiary Address: VEREENIGING	Agreement Period (Weeks): 52	
Beneficiary Address: VEREENIGING	Agreement Expiry Date: 2012/06/22	
Beneficiary Address: 1939	Experience: 112 - INDUSTRY EXPERIENCE	
Beneficiary Contact: [REDACTED]	Industry Certificate No:	
Previous Agreement	Type of Employment: Underground	
Office: TOM IMPALA	Employee's Signature or Mark	
Serial Number: 593		
Year: 2011		
No. of Weeks on last agreement: 52		
Date of last discharge: 2011/03/17		
Last Employer: IMPALA PLATINUM LIMITED		
Endorsements, Vaccinations etc.		
<p>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.</p> <p>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.</p>		
Capturer: Daniel Menong		
Date Printed: 2012/08/17 05:27:01 PM		

NOT AVAILABLE

581

01/00



ARCHIVE FOR JUSTICE

SC

DR 581/12  
11/000  
N/A - 1/1

DR 581/12  
No = 17





000'12



SOUTH AFRICAN POLICE SERVICE

# IDENTIFICATION OF BODY

*Prokery*

*JK 581/12*

\*Station/Government Mortuary..... \*CAS/CR/Serial No.....

In printing

I, .....

Identity number ..... \*an/a \*adult/minor \*White/Black/Asian/Coloured

\*male/female residing at .....

On *10/08/2012* at the Government Mortuary, *Prokery*

I identified the body of a \*White/Black/Asian/Coloured \*male/female to \*medico legal assistant.....

being that of *ANDRIES MORALUCA NISENYEHO*

**Particulars of deceased:**

1. Identity number ..... 2. Date of birth *1970/06/15*

3. Residential address ..... *VALEENING*

4. Employed at *WESTERN NATIUM*

5. Relationship to deponent ..... 6. Marital 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 and belief.

I am aware that should it be submitted as evidence and I know that something appears therein which I know to be false or believe not to be true, I could be liable to prosecution."

- 1. I know and understand the contents of this declaration.
- 2. I have objection/no objection to taking the prescribed oath.
- 3. I consider the prescribed oath to be binding/not binding on my conscience.

Signature/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/affirmed before me and that the deponent's signature/thumb print/mark was placed thereon in my presence, at *Prokery* (place) on *20/08/2012* (date) at..... (time).

*[Signature]*  
(Signature) Commissioner of Oaths

Full first names and surname .....  
Business address (Street address of Police Station) *Prokery* *Alena* *Serwa*

Designation (rank) *Manneker* South African Police Service

\*Delete and initial words not applicable.








# NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act,  
1992 (Act No. 51 of 1992)

Space for Bar Code



9 9 9 9

\* Must be completed in black ink (please tick  where applicable) SERIAL No. A07501027  
 \* Please refer to instructions  
 FILE No. DL 58/12 DATE: 20/08/12

**A PARTICULARS OF DECEASED INDIVIDUAL**  / **STILLBORN CHILD**

Identity number of deceased: [REDACTED] Date of death: 2012 08 16 Date of birth: 1970 06  
 Surname: NTSINYENHO Age at last birthday: [ ] years  
 Maiden Name (If female): [ ] Sex: MALE  
 Forenames: ANDRIES MOTTAPULA If death occurred within 24 hours after birth number of hours alive: [ ]

**MARITAL STATUS OF DECEASED** Single  Civil Marriage  Living as married  Widowed   
 Religious Law Marriage  Divorced  Customary Marriage

PLACE OF BIRTH (Municipal district or country if abroad): [ ]  
 PLACE OF DEATH (City / Town / Village): KONDERKOP  
 PLACE REGISTRATION OF DEATH: [ ]  
 CITIZENSHIP OF DECEASED: [ ]

**B PARTICULARS OF INFORMANT**

Identity number: [ ]  
 Initials and Surname: [ ]  
 Relationship to deceased: Parent  Spouse  Child  Other kin  Other (specify)

Postal address: [ ] Postal Code: [ ]  
 Was the next of kin of the deceased a smoker\* during the past five years? Yes  No  Refuse to answer   
 Date: [ ] Signature: [ ]  
 Telephone No.: [ ]

**C PARTICULARS OF FUNERAL UNDERTAKER**

Initials and Surname: [ ]  
 Designation No.: [ ] Place of burial / cremation: [ ]  
 Date: [ ] Signature: [ ]  
 Office Stamp of Funeral Undertaker: [ ]

**D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE**

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 address: [ ]  
 Date Signed: [ ] Signature: [ ]  
 SAMDC / SANC Reg. No.: [ ]

**D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST**

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:

Natural Cause of Death as indicated in Section G)  Unnatural  Under investigation

Initials and Surname: R.G. Mende Postal address: 257 Hospital Street, Grahamstown, J. O. H. M. S. BURG  
 Date of post-mortem: 2012 08 22 Date signed: 2012 08 22 Signature: [Signature]  
 SAMDC Reg. No.: M 1042133

**FOR OFFICIAL USE ONLY**

Registration of Death approved and Burial Order issued: [ ]  
 Force No. / Designation No.: [ ]  
 Office Stamp: [ ]



# 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)  
• Please refer to instructions  
FILE No: 112 DATE: 2012 SERIAL No: A07501027

**A PARTICULARS OF DECEASED INDIVIDUAL**  / **STILLBORN CHILD**

Identity number of deceased: [REDACTED] Date of death: 2012-03-11

Surname: REYNOLDS Date of birth: 1977-01-01

Maiden Name (if female): [REDACTED] Age at last birthday: [REDACTED] years

Forenames: ANTHONY Sex: M

If death occurred within 24 hours after birth, number of hours alive: [REDACTED]

**MARITAL STATUS OF DECEASED** Single  Civil Marriage  Living as married  Widowed   
Religious Law Marriage  Divorced  Customary Marriage

PLACE OF BIRTH (Municipal district or country if abroad): [REDACTED]

PLACE OF DEATH (City / Town / Village): 810

PLACE REGISTRATION OF DEATH: [REDACTED]

CITIZENSHIP OF DECEASED: [REDACTED]

**B PARTICULARS OF INFORMANT**

Identity number: [REDACTED]

Initials and Surname: [REDACTED]

Relationship to deceased: Parent  Spouse  Child  Other kin  Other (specify)

Postal address: [REDACTED] Postal Code: [REDACTED]

Was the next of kin of the deceased a smoker\* during the past five years? Yes  No  Refuse to answer

Date: [REDACTED] Signature: [REDACTED]

**C PARTICULARS OF FUNERAL UNDERTAKER**

Initials and Surname: [REDACTED]

Designation No.: [REDACTED] Place of burial / cremation: [REDACTED]

Date: [REDACTED] Signature: [REDACTED]

Office Stamp of Funeral Undertaker: [REDACTED]

**1.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE**

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: [REDACTED]

Date Signed: [REDACTED] Signature: [REDACTED]

Postal address: [REDACTED] Postal Code: [REDACTED]

SAMDC / SANC Reg. No.: [REDACTED]

**2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST**

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:

Natural (Cause of Death as indicated in Section G)  Unnatural  Under investigation

Initials and Surname: R.G. Mch...

Date of post-mortem: 2012-03-27

Date signed: 2012-03-27

Signature: [Signature]

Postal address: 257A HOS... STREET  
BRITAIN...  
10...

Postal Code: [REDACTED]

SAMDC Reg. No.: [REDACTED]

**FOR OFFICIAL USE ONLY**

Initials and Surname of Registrar: [REDACTED]

Registration of Death approved and Burial Order issued: [REDACTED]

Force No./ Designation No.: [REDACTED]

Office Stamp: [REDACTED]

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After completion seal to ensure confidentiality)

Space for Bar Code

00045

Must be completed in black ink (please tick  where applicable) SERIAL No.

Please refer to instructions

FILE No. 58112 DATE: 08/2012 A07501027

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased

A M INTSEINUEHO

Identity number

[Redacted]

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) SANDER COP

USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days)

Street name and number

Name of Plot, Farm, etc.

Suburb / Village

Town / City

Province / Country

Postal Code

Magisterial district

Census enumerator area

DECEASED'S EDUCATION (Specify  only highest class completed / achieved)

Table with columns: None, Gr1, Gr2, Gr3, Gr4, Gr5, Gr6, Gr7, Gr8 Form 1, Gr9 Form 2, Gr10 Form 3 NTC1, Gr11 Form 4 NTC2, Gr12 Form 5 NTC3, Univ Tech, CODE

USUAL OCCUPATION OF DECEASED

(give type of work done during most of working life. Do not use "retired".)

R.D.O

TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.)

Refer to instructions.

WESTERN PLATINUM

Was the deceased a smoker\* five years ago? (  ) Yes [ ] No [ ] Do not know [ ] Not applicable (minor) [ ]

G MEDICAL CERTIFICATE OF CAUSE OF DEATH

PART 1 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 interval between onset and Death (Days / Months / Years)

FOR OFFICE USE ONLY ICD-10

IMMEDIATE CAUSE (Final disease or condition resulting in death)

(a) Perforating Gunshot wound

Wounds

Sequentially list conditions, if any, leading to immediate cause.

(b) neck

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 I

If a female, was she pregnant 42 days prior to death? (  ) Yes [ ] No [ ]

If stillborn, please write mass in grams [ ] [ ] [ ] [ ]

Do you consider the deceased to be: African  White [ ] Indian [ ] Coloured [ ] Other [ ] (Specify)

Method of ascertainment of cause of death:

- 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)

Someone who smokes tobacco on most days



AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED: 000017

I, E. MANDIPELA 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): ALL

Q From ~~HR~~ CFD MOLDITO

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 LAB officer

REF: PM 3840/12

The ALL was sealed with the official seal no. PK 070531

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

Place: FPS Ga-Rankuwa

[Signature] 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:

[Signature]  
~~CFD~~

NAME : L. D. MATHLANGU  
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
 RANK : A.D.







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

I, E. M. M. M. M. 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 2012-02-22 I received the following exhibit (s): 1 pc

From DR CFO M. M. M.

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

On 2012-02-22 I handed the above exhibit (s) to the REFI officer

REFI REFI

The 1 pc was sealed with the official seal no 12-02-22

- 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

E. M. M. M. 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: 2012-02-22  
E. M. M. M. C.F.O.

NAME : E. M. M. M.  
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
 RANK : 2nd Lt.



AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED 000420

I, E. MADLIPHO 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): TOXICOLOGY

From DR. MOTOLO

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 LAB officer

REF: TX2474/12 - TX2477/12

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

[Signature] 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: 12/09/2012

[Signature] L.M. MATHANU  
A.D.

NAME : L.M. MATHANU  
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
 RANK : A.D.







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

- 2012/08/28
1. Fragment  
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 2012/08/28 I handed the above bullet(s) to SAPS Photographer

No 0546296.7 Rank SCIT Name RAKUPSE TINA

SIGNATURE OF P/OFFICER

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

Place: FPS Ga-Rankuwa

2012/08/28

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

(Signature)

NAME : LUCAS MENZELWA MAHLANGU  
 ADDRESS : 6543 KGOTLENG STREET, GARANKUWA  
 RANK : ASSISTANT DIRECTOR



Mortuary Reference (DR, PM or WC)	PHOLENG DR 581/12	Priority Status:	Urgent	<input checked="" type="checkbox"/>	Routine	<input type="checkbox"/>
Case number	137/08/2012	If URGENT, please provide reason			000423	
SAPS station	MARIKANA					
Date of specimen collection	2012-08-22					
Time of specimen collection	13 H00					
Date of death	2012-08-16					

Was the deceased hospitalized before his/her death? Yes  No

If YES, please indicate the following:  
Length of hospitalization:

Were toxicological analysis performed On blood in hospital? Yes  No  Unsure

If YES, please list results:

Were any drugs administered during admission in hospital? Yes  No  Unsure

If YES, please list drugs.

Clinical History	Age	47	Race	African	Sex	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
Circumstance of death:	Suicide	<input type="checkbox"/>	Homicide	<input checked="" type="checkbox"/>	MVA	<input type="checkbox"/>	Unknown <input type="checkbox"/>
							Other <input type="checkbox"/>

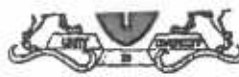
Please provide relevant facts in the history  
MARIKANA mine killing

Relevant post mortem observations by the pathologist (e.g. tablet pieces in stomach, needle puncture marks on arm, where specimens were sampled from, etc)

NO PATHOLOGY NOTED  
CUTS STAB INJURIES  
ANATOMICAL CHANGES

RECEIVED  
21 AUG 2012  
HEALTH





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 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 2012/08/30 I handed the above specimen(s) to the investigating officer

No 90644310 Rank P/Investigator Name Ereence Motaung

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

MZ Molofo  
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: 2012/08/30

(Signature)

NAME : LUCAS MENZELWA MAHLANGU  
 ADDRESS : 6543 KGOTLENG STREET, GARANKUWA  
 RANK : ASSISTANT DIRECTOR





000425

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.

[Signature] 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

[Signature] COMMISSIONER OF OATH

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

ADDRESS: 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 August 2012

Signature :   
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:**

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.

**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.

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 B! 1663 with serial no: A0 was issued.

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

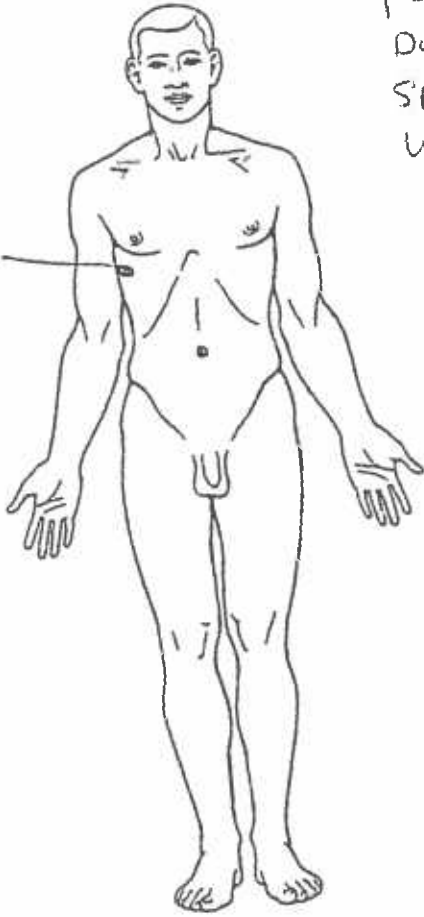
A bullet was found lodged posterior aspect of the chest wall.

SEE ATTACHED ANNEXUTURE

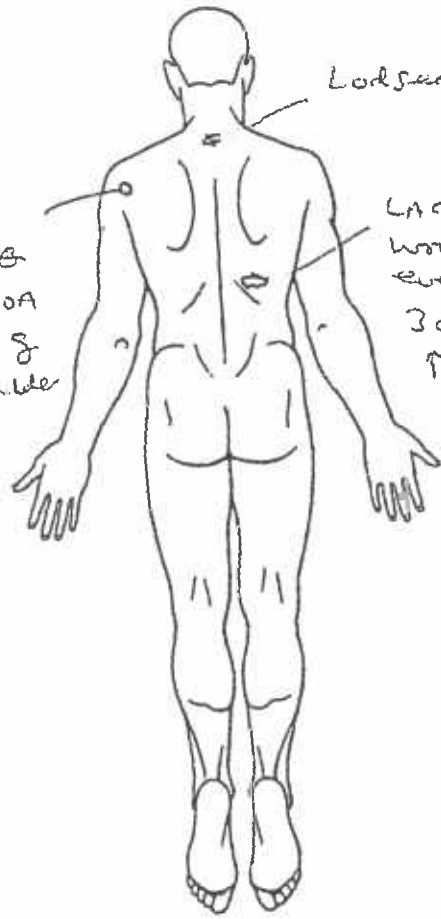
/dm

000430

Bleating  
Punjab  
Discromalini  
Skin Slippage  
Wandering



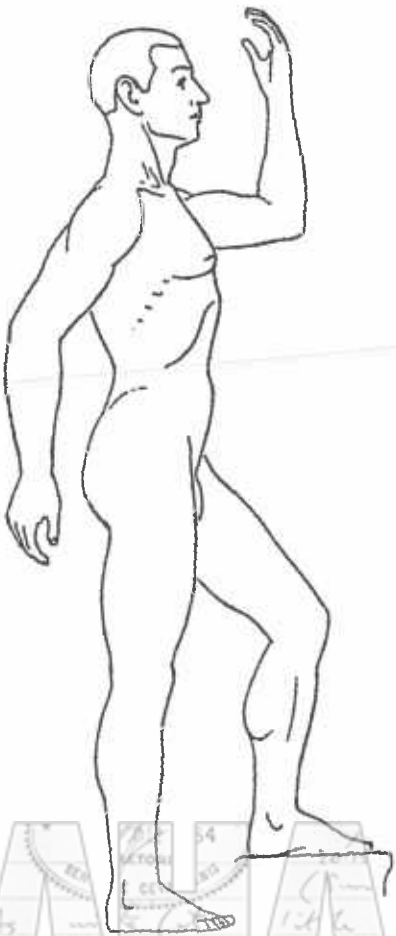
2mm @  
2 COA  
below  
axilla



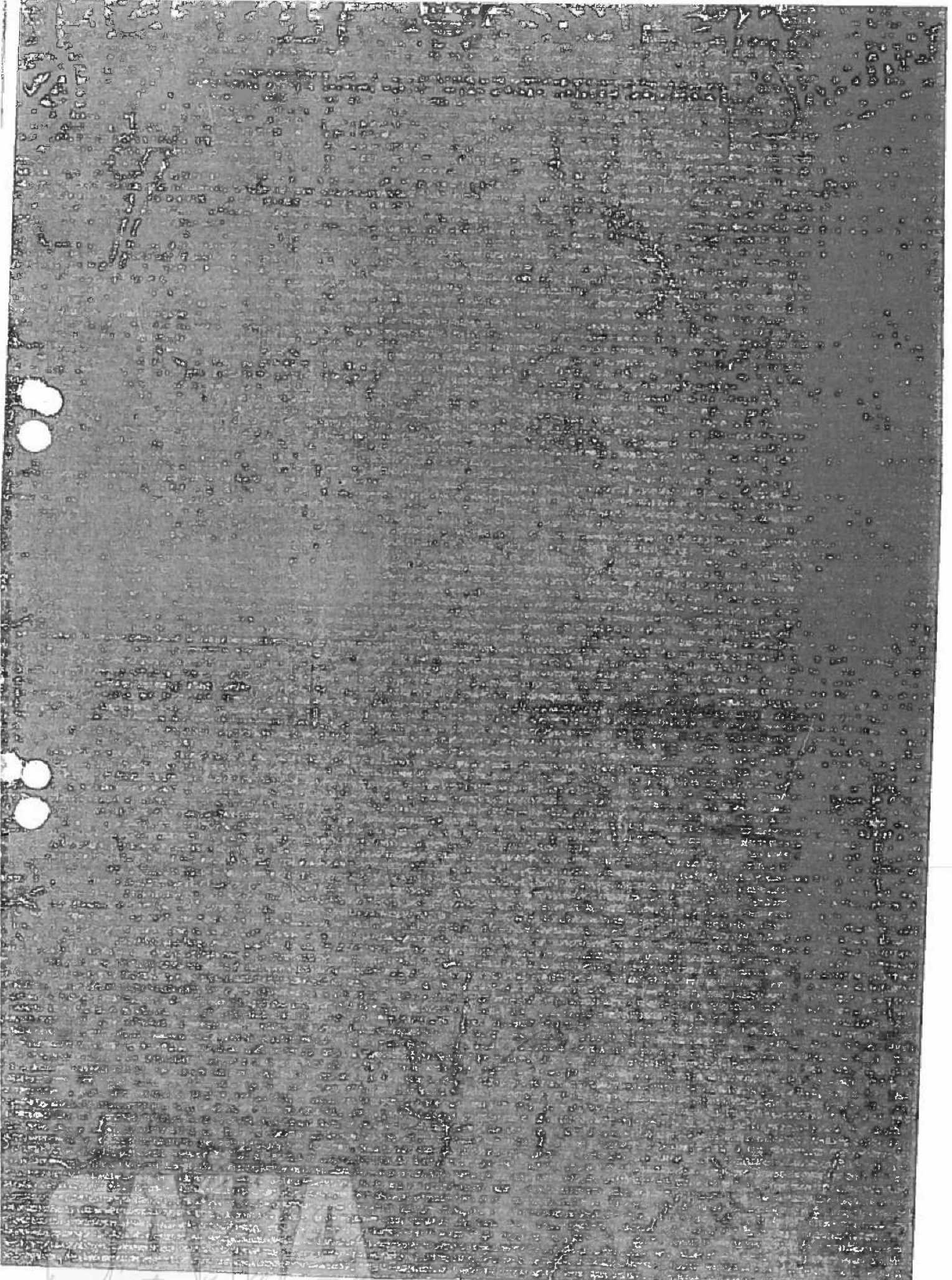
Lodged bullet

9mm @  
Wood 2 COA  
1cm tip of  
the shoulder

LACERATION:  
WOOD 2 COA  
EVIDENT WOUND  
30x12mm  
↑ 1.27m  
above  
SITE  
10cm LME



ARCHIVE FOR JUSTICE





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

1/2

SAPD 13 Nr SAPS 13 No	Lyk Nr Body No. <b>AS82/12</b>
Naam van lid/persoon van wie lyk ontvang word Name of member/person from whom body is received	
<b>000432</b>	
Nommer, rang en naam van lid wat lyk ontvang Number, rank and name of member receiving body	

Volle naam en adres van oorledene  
Full names and address of deceased

Merk toepaslike blok met X / Mark applicable square with X

ID Nr :  
ID No :

Wit White	<input checked="" type="checkbox"/> Swart Black	Bruin Brown	Asiër Asian	<input checked="" type="checkbox"/> Manlik Male	Vroulik Female
--------------	--	----------------	----------------	--	-------------------

In lewe bekend as (volle name)  
Known as (full names)

Ouderdom  
Age

Huwelikstatus  
Marital status

Land gebore  
Land born

BESONDERHEDE VAN STERFGEVAL / PARTICULARS OF DEATH

Datum en tyd van dood  
Date and time of death

**2012/08/16**

Plek van dood  
Place of death

**Wondkroep**

Merk toepaslike blok met X / Mark applicable square with X

Motorbotsing Motor accident	Bestuurder Driver	Passasier Passenger	Voetganger Pedestrian	Fietsryer Cyclist	Motorfietsryer Motorcyclist
--------------------------------	----------------------	------------------------	--------------------------	----------------------	--------------------------------

Selfmoord Suicide	Vuurwapen Fire-arm	Opgehang Hanging	Pille Pills	Vergas Gassed	Van gebou afgespring Jumped from building	Ander Other
----------------------	-----------------------	---------------------	----------------	------------------	--	----------------

Ander Other	Van gebou geval Fell from building	Met vuurwapen gedood Killed with fire-arm	Met mes/voorwerp gesteek Stabbed with knife/object	Vergiftig Poisoned
----------------	---------------------------------------	--	---	-----------------------

Sterf onder narkose Died under anaesthetic
---

Skielike dood sonder mediese geskiedenis Sudden death without medical history
--

Sterf in aanhouding Died in custody
--

Volledige geskiedenis  
Full history

*[Handwritten signature]*







SOUTH AFRICAN POLICE SERVICE

IDENTIFICATION OF BODY

\*Station/Government Mortuary Prokery \*CAS/CR/Serial No AA 582/12

In printing

I, .....  
Identity number ..... \*an/a \*adult/minor \*White/Black/Asian/Coloured

\*male/female residing at .....

On 08/2012 at the Government Mortuary, Prokery

I identified the body of a White/Black/Asian/Coloured \*male/female to \*medico legal assistant.....

as being that of Mzekisi Sompete

Particulars of deceased:

- 1. Identity number [REDACTED]
- 2. Date of birth 1926/01/03
- 3. Residential address [REDACTED]
- 4. Employed at Kobee Mine
- 5. Relationship to deponent .....
- 6. Marital 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 and belief.

I am aware that should it be submitted as evidence and I know that something appears therein which I know to be false or believe not to be true, I could be liable to prosecution."

- 1. I know and understand the contents of this declaration.
- 2. I have objection/no objection to taking the prescribed oath.
- 3. I consider the prescribed oath to be binding/not binding on my conscience.

Signature/thumb print/mark

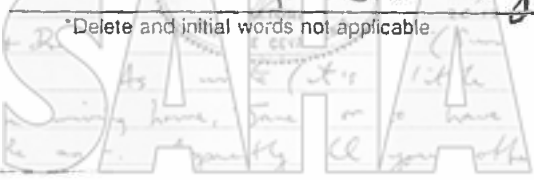
I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature/thumb print/mark was placed thereon in my presence, at Prokery (place) on 08/2012 (date) at... : .....(time).

Signature) Commissioner of Oaths

Full first names and surname Isabelo Esthete  
Business address (Street address of Police Station) Prokery

Designation (rank) Manager South African Police Service

\*Delete and initial words not applicable






# NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act,  
1992 (Act No. 51 of 1992)

Space for Bar Code



9999

• Must be completed in black ink (please tick  where applicable) SERIAL No: **A07501031**  
 • Please refer to instructions  
 FILE No: **DL 582/12** DATE: **08/12**

**A PARTICULARS OF DECEASED INDIVIDUAL**  / **STILLBORN CHILD**

Identity number of deceased: [REDACTED] Date of death: **2012 08 16** Date of birth: **1976 01 03**  
 Surname: **SOMPETA** Age at last birthday: [ ] years  
 Maiden Name (If female): [ ] Sex: **MALE**  
 Forenames: **MZUKISI** If death occurred within 24 hours after birth number of hours alive: [ ]

MARITAL STATUS OF DECEASED: Single  Civil Marriage  Living as married  Widowed   
 Religious Law Marriage  Divorced  Customary Marriage

PLACE OF BIRTH (Municipal district or country, if abroad): [ ]  
 PLACE OF DEATH (City / Town / Village): **WINDSOR**  
 PLACE OF REGISTRATION OF DEATH: [ ]  
 CITIZENSHIP OF DECEASED: **SOUTH-AFRICAN**

**B PARTICULARS OF INFORMANT**

Identity number: [ ]  
 Initials and Surname: [ ]  
 Relationship to deceased: Parent  Spouse  Child  Other kin  Other (specify) [ ]  
 Postal address: [ ] Postal Code: [ ]  
 Was the next of kin of the deceased a smoker\* during the past five years? Yes  No  Refuse to answer   
 Date: [ ] Signature: [ ]

**C PARTICULARS OF FUNERAL UNDERTAKER**

Initials and Surname: [ ]  
 Phone No: [ ] Place of burial / cremation: [ ]  
 Date: [ ] Signature: [ ]

Office Stamp of Funeral Undertaker: [ ]

**D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE**

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: [ ]  
 Date Signed: [ ] Signature: [ ]  
 Postal address: [ ]  
 Postal Code: [ ] SAMDC / SANC Reg. No. [ ]

**D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST**

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:  
 Natural (Cause of Death as indicated in Section G)  Unnatural  Under investigation   
 Initials and Surname: **R.G. NEMPE**  
 Date: **2012 08 22**  
 Date signed: **2012 08 22**  
 Signature: [ ]  
 Postal address: **25 A Hospital Street, Braamfontein, Johannesburg**  
 Postal Code: **2017** SAMDC Reg. No. **MA025100**

**FOR OFFICIAL USE ONLY**

Registration of Death approved and Burial Order issued:   
 Initials and Surname of Registrar: [ ]  
 Force No./ Designation No.: [ ]  
 Peral No.: [ ]  
 Office Stamp: [ ]

REPUBLIC OF SOUTH AFRICA  
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)  
• Please refer to instructions  
FILE No: \_\_\_\_\_ DATE: \_\_\_\_\_ SERIAL No: **A07501031**

**A PARTICULARS OF DECEASED INDIVIDUAL**  / **STILLBORN CHILD**   
Identity number of deceased: [Redacted] Date of death: [Redacted]  
Surname: [Redacted] Maiden Name (If female): [Redacted] Forenames: [Redacted]  
Date of birth: [Redacted] Age at last birthday: [Redacted] years  
Sex: [Redacted] If death occurred within 24 hours after birth number of hours alive: [Redacted]

**MARITAL STATUS OF DECEASED** Single  Civil Marriage  Living as married  Widowed   
Religious Law Marriage  Divorced  Customary Marriage   
PLACE OF BIRTH (Municipal district or country if abroad): \_\_\_\_\_  
PLACE OF DEATH (City / Town / Village): \_\_\_\_\_  
PLACE REGISTRATION OF DEATH: \_\_\_\_\_  
CITIZENSHIP OF DECEASED: \_\_\_\_\_

**B PARTICULARS OF INFORMANT**  
Identity number: [Redacted] Initials and Surname: [Redacted]  
Relationship to deceased: Parent  Spouse  Child  Other kin  Other (specify)   
Postal address: [Redacted] Postal Code: [Redacted]  
Was the next of kin of the deceased a smoker\* during the past five years? Yes  No  Refuse to answer   
Date: [Redacted] Signature: [Redacted]

**C PARTICULARS OF FUNERAL UNDERTAKER**  
Initials and Surname: [Redacted] Registration No.: [Redacted] Place of burial / cremation: \_\_\_\_\_  
Date: [Redacted] Signature: \_\_\_\_\_  
Office Stamp of Funeral Undertaker: [Redacted]

**1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE**  
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.   
I, the undersigned, am not in the position to certify that the deceased died exclusively due to natural causes.   
Initials and Surname: [Redacted] Signature: [Redacted]  
Postal address: [Redacted] Postal Code: [Redacted] SAMDC / SANC Reg. No.: [Redacted]

**CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST**  
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 retained for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:  
Natural (Cause of Death as indicated in Section G)  Unnatural  Under investigation   
Initials and Surname: [Redacted] Date: [Redacted] Date signed: [Redacted]  
Signature: [Redacted] SAMDC Reg. No.: [Redacted]

**FOR OFFICIAL USE ONLY** Initials and Surname of Registrar: \_\_\_\_\_  
Registration of Death approved and Burial Order issued: \_\_\_\_\_  
Office Stamp: \_\_\_\_\_

REGISTRATION / REGISTER OF DEATH / STILLBIRTH  
INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After completion seal to ensure confidentiality)

Space for Bar Code

Must be completed in black ink (please tick  where applicable)  
Please refer to instructions  
FILE No: JK 582/12 DATE: 08/2012 SERIAL No: A07501031

DEMOGRAPHIC DETAILS

Initials and Surname of deceased M SOMPESTA

Identity number [REDACTED]

PLACE OF DEATH 1. Hospital (Inpatient  ER / Outpatient  DOA  ) 2. Nursing Home  3. Home   
4. Other (Specify)

FACILITY NAME: WONDERKOP  
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.  
Sub Village [REDACTED] VILLAGES  
Town / City LUSIKENI  
Province / Country EASTERN CAPE  
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 Form 1	Gr9 Form 2	Gr10 Form 3 NTC1	Gr11 Form 4 NTC2	Gr12 Form 5 NTC3	Univ Tech	CODE
------	-----	-----	-----	-----	-----	-----	-----	------------	------------	------------------	------------------	------------------	-----------	------

USUAL OCCUPATION OF DECEASED  
The type of work done during most of working life. Do not use "retired".  
Roll Dice Operator

TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.)  
Refer to instructions.  
Large Mine

Was 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 dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.  
IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) PENETRATING GUNSHOT WOUND  
Due to (or a consequence of)  
Sequentially list conditions, if any, leading to immediate cause. (b) OF THE CHEST  
Due to (or a consequence of)  
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)

Approximate interval between onset and Death (Days / Months / Years)

FOR OFFICE USE ONLY  
ICD-10  
[ ] [ ] [ ]  
[ ] [ ] [ ]  
[ ] [ ] [ ]  
[ ] [ ] [ ]  
[ ] [ ] [ ]  
[ ] [ ] [ ]

Part 2 Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1

Was she pregnant 42 days prior to death? (  ) Yes  No

Weight at birth, please write mass in grams [ ] [ ] [ ] [ ]

Consider the deceased to be: African  White  Indian  Coloured  Other  (Specify)

Method of ascertainment of cause of death:  
1.  2. Opinion of attending medical practitioner   
3.  4. Opinion of registered professional nurse   
5.  5. Interview of family member

000437

• Must be completed in black ink (please tick  where applicable) SERIAL No: A07501031

• Please refer to instructions  
FILE No: DATE:

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased

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)

USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days)

Street name and number, Name of Plot, Farm, etc., Suburb / Village, Town / City, Province / Country, Postal Code, Magisterial district, Census enumerator area

DECEASED'S EDUCATION (Specify only highest class completed / achieved)

Table with columns: None, Gr1, Gr2, Gr3, Gr4, Gr5, Gr6, Gr7, Gr8 Form 1, Gr9 Form 2, Gr10 Form 3 NTC1, Gr11 Form 4 NTC2, Gr12 Form 5 NTC3, Univ Tech, CODE

USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use "retired") TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.)

Was the deceased a smoker\* five years ago? ( ) Yes No Do not know Not applicable (minor)

G MEDICAL CERTIFICATE OF CAUSE OF DEATH

PART 1 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 interval between onset and Death (Days / Months / Years)

FOR OFFICE USE ONLY

ICD-10

IMMEDIATE CAUSE (Final disease or condition resulting in death)

(a) PENETRATING GUNSHOT WOUND OF THE CHEST (b) OF THE CHEST (c) (d)

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 to death but not resulting in the underlying cause given in Part 1

If a female, was she pregnant 42 days prior to death? ( ) Yes No

If stillborn, please write mass in grams

Do you consider the deceased to be: African White Indian Coloured Other (Specify)

Method of ascertainment of cause of death:

- 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)

someone who smokes tobacco on most days





### 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	
<b>DECEASED'S PARTICULARS</b>			
FIRST NAME: MZUKISI		DATE OF DEATH : 2012/08/16	
SURNAME : SOMPETA		CAUSE OF DEATH: UNNATURAL CAUSES	
ID/PASSPORT NO: [REDACTED]		PLACE OF DEATH: WONDERKOP	
COY. NO : 20014962		MINE ACCIDENT? N/A	
SERIAL : 1852/0596		REPORTED BY: JONES MARUPING	
OFFICE : LUSIKISIKI		REPORTED TO: TRACY COETZEE	
<b>DEPENDANT / BENEFICIARY</b>			
NAME : MXOLISI		ADDRESS : [REDACTED] [REDACTED] [REDACTED] LUSIKISIKI	
SURNAME : SOMPETA			
KINSHIP: FATHER			
NAME OF TRUSTEE:			
NO FUNERAL ADVANCE AUTHORISED			
PAY TO : NO PAYMENT AUTHORISED		Amount : 0.00	
PAYMENT AUTHORISED BY:			
COMMENTS:			
FOR TEBA USE ONLY			
CASH AND BANK PARTICULARS			
THE FOLLOWING TO BE REFLECTED ON CASH AND BANK			
ACCOUNT NO. 77162/0050			
TRANSACTION DESCRIPTION: C596-56-2012			
PAYMENT EXPIRY DATE: 30 DAYS			
SIGNATURE _____ OR		L.T.P	
WITNESS _____			

**NB.: URGENT REPLY BY RURAL OFFICE:**

Please supply the following information by return e-mail / fax within 24 Hours of receipt of this e -mail / fax:

Date reported to Family: ..... Time: .....

To whom reported: ..... To whom reported (Name & Designation): .....

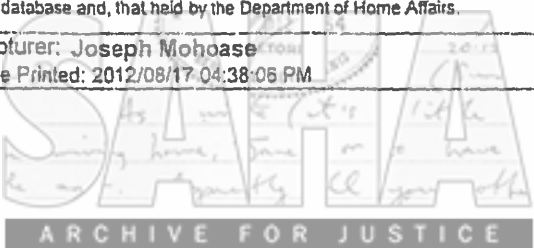




Conditional Agreement of Service

Registration Date: 2011/07/21

Sumame:	SOMPETA	Employer:	KAREE MINE	596
Other Names:	MZUKISI	Site:	KAREE MINE	596
Gender:	MALE	Industry No:	Z4501210	
Father's Name:	MXOLISI SOMPETA	Office:	TOM KAREE	0596
Mother's Name:	MBHENGU SOMPETA	Serial Number:	1852	Year: 2011
Spouse's Name:		Company No:	20014962	
Chief / Headman:	VUYUOKAZI	Occupation:	ROCK DRILL OPERATOR	
Country:	SOUTH AFRICA	Passport No.		
District:	LUSIKISIKI	Passport Expiry Date:		
Language:	XHOSA	Identity No: (Did not Pass validation)		
Religion:	UNKNOWN	Date of Birth:	1976/01/03	
Home Address:	[REDACTED]	Marital Status:	SINGLE	
Living out / Mine Accommodation:	[REDACTED]	Dependents:	0	
Emergency Contact:	MXOLISI SOMPETA	Education Std Attained:		
Death Beneficiary:	MXOLISI SOMPETA	Qualification:	ABET Numeracy Qualification	
Beneficiary Relation:	FATHER		ABET Literacy Qualification	
Beneficiary Address:	[REDACTED]			
Beneficiary Contact:	[REDACTED]			
Previous Agreement				
Centre:	TOM UNION		9206	
Serial Number:	Year	No. of Weeks on last agreement:	Agreement Period (Weeks) :	
3157	2008	52	52	
Date of last discharge:	2009/04/17		Agreement Expiry Date:	
Last Employer:	GRINAKE MINING & CONSTRUCTION	ZAV	2012/07/19	
Endorsements, Vaccinations etc.			Experience: 112 - INDUSTRY EXPERIENCE	
			Industry Certificate No:	
			Type of Employment: Underground	
			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 ID number with its own database and, that held by the Department of Home Affairs.			582.	
Capturer: Joseph Mokoase				
Date Printed: 2012/08/17 04:38:06 PM				





Employee number 20014962

Find

Employee : 20014962 - Sompeta M (Mzukisi)

Acting Occupation

- General
- Personnel
- Vehicles
- Certificates
- Service history
- Parades
- Allowances

Employee 20014962

Surname Sompeta

Initials M

First name Mzukisi

Id number

Department K31310801D10C0

Occupation Operator Rock Drill

Category K3 Shaft

Contractor



Access

Pay history

Post dates

Additional

Mining

Biometrics

Acquire

Print badge

Edit

Close



Surname: <b>SOMPETA</b>	Employer: <b>KAREE MINE</b>	<b>000441</b>	<b>596</b>
Other Names: <b>MZUKISI</b>	Site: <b>KAREE MINE</b>		<b>596</b>
Gender: <b>MALE</b>	Industry No: <b>Z4501210</b>		
Father's Name: <b>MXOLISI SOMPETA</b>	Office: <b>TOM KAREE</b>		<b>0596</b>
Mother's Name: <b>MBHENGU SOMPETA</b>	Serial Number: <b>1852</b>	Year: <b>2011</b>	
Spouse's Name:	Company No: <b>20014962</b>		
Chief / Headman: <b>VUYUOKAZI</b>	Occupation: <b>ROCK DRILL OPERATOR</b>		
Country: <b>SOUTH AFRICA</b>	Passport No:		
District: <b>LUSIKISIKI</b>	Passport Expiry Date:		
Language: <b>XHOSA</b>	Identity No: (Did not Pass verification)		
Religion: <b>UNKNOWN</b>	Date of Birth: <b>1976/01/03</b>		
Home Address: [REDACTED]	Marital Status: <b>SINGLE</b>		
Living out / Mine Accommodation: [REDACTED]	Dependents: <b>0</b>		
Emergency Contact: <b>SPITS</b>	Education Std Attained:		
Death Beneficiary: <b>MXOLISI SOMPETA</b>	Qualification:		
Beneficiary Relation: <b>FATHER</b>	ABET Numeracy Qualification:		
Beneficiary Address: [REDACTED]	ABET Literacy Qualification:		
Beneficiary Contact: [REDACTED]	Agreement Period (Weeks): <b>52</b>		
Previous Agreement	Agreement Expiry Date: <b>2012/07/19</b>		
Company: <b>TOM UNION</b>	Experience: <b>112 - INDUSTRY EXPERIENCE</b>		
Serial Number: <b>3157</b>	Industry Certificate No:		
Year: <b>2008</b>	Type of Employment: <b>Underground</b>		
No. of Weeks on last agreement: <b>52</b>	Employee's Signature or Mark:		
Date of last discharge: <b>2009/04/17</b>			
Last Employer: <b>GRINAKER MINING &amp; CONSTRUCTION ZAV</b>			
Endorsements, Vaccinations etc.			
<p>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.</p> <p>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.</p>			
<p>Capturer: <b>Joseph Mohoase</b></p> <p>Date Printed: <b>2012/08/17 04:38:06 PM</b></p>			
<p>NOT AVAILABLE</p> <p><b>582.</b></p>			

000442

8/21/85  
1185  
502

000443



AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED 000444

I, E. MADUPERA 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): ALC

From ~~BR~~ CPO MULO TO

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 LAB officer

REF: Pm 3841/12

The ALC was sealed with the official seal no Pmk 070095

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

Place: FPS Ga-Rankuwa

[Signature] 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:

[Signature]  
C.F.O.

NAME : L. M. MATHANOU  
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
 RANK : A.D.







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

I, E. MIDLIPELA 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): TOXICOLOGY

From CFD BR MOTOLO

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 LAR officer

REF: TX 2478/12 = TX 2481/12

The TX was sealed with the official seal no. TX 603022

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

Place: FPS Ga-Rankuwa

[Signature] 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:

[Signature] L.M. MAHRANGU  
A.D.

NAME : L.M. MAHRANGU  
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
 RANK : A.D.





AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED. 000447

I, E. MADLWELE 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 2012-08-27 I received the following exhibit (s): TOXICOLOGY

CFD  
From DR MOLAIP

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 LAB officer

REF: Ix2435/12 - Ix27/12

The TEX was sealed with the official seal no Ix 053022

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

Place: FPS Ga-Rankuwa

[Signature] 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: [Signature] C.F.O.

NAME : [Signature]  
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
 RANK : [Signature]



Mortuary Reference (DR, PM or WC)	PHOKONG DR582/12	Priority Status:	Urgent	<input checked="" type="checkbox"/>	Routine	<input type="checkbox"/>	000448
Case number	137/08/2012	If <b>URGENT</b> , please provide reason					
SAPS station	MARIKANA						
Date of specimen collection	2012-08-22						
Time of specimen collection	12H00						
Date of death	2012-08-16						

Was the deceased hospitalized before his/her death? Yes  No

If **YES**, please indicate the following:  
Length of hospitalization:

Were toxicological analysis performed On blood in hospital? Yes  No  Unsure

If **YES**, please list results:

Were any drugs administered during admission in hospital? Yes  No  Unsure

If **YES**, please list drugs.

Clinical History	Age	Ad	Race	Att	Sex	Male	<input checked="" type="checkbox"/> Female
Circumstance of death:	Suicide	Homicide	<input checked="" type="checkbox"/> MVA	Unknown	Other		

Please provide relevant facts in the history  
 → MARIKANA SHOOTING  
 →

Relevant post mortem observations by the pathologist (e.g. tablet pieces in stomach, needle puncture marks on arm, where specimens were sampled from, etc)

NO PATHOLOGICAL FINDS  
 Some AUTOLYTIC CHANGES

27 AUG 2012

