

PM NO 3/49

C. M. 67 e

Memorandum of a post-mortem examination held at

Rural Hospital Umred

Dispensary
Hospital

on the dead body of

Kambkar Basbal

Village

Tambekar

of
City

Mangulkari peth Umred

Taluka

Umred

District Nagpur by Dr S. D. Lohar

I. General Particulars

1. (a) By whom was the
corpse sent ?

PSI PS Umred

- (b) Name of place from
which sent.

Mangulkari peth Near Vinay T.

- (c) Distance of place
from which sent.

1.5 km.

2. By whom was the corpse
brought ?

PC Wankudeo BNC 2279 P.S. Umred.

3. By whom identified ?

① Vishal Kishor Khote 324 Khote
② Raju Govindrao Tambekar
Ga. रजुतांबेकर

4. The date, hour and minute
of its receipt.

22/09/2020 4.20 PM

- (a) The date, hour and
minute of beginning
post-mortem exami-
nation.

22/09/2020 4.25 PM

- (b) The date, hour and
minute of ending
post-mortem exami-
nation.

22/09/2020 5.30 PM

5. Substance of accompa-
nying Report from Police
Officer or Magistrate,
together with the date of
death if known. Supposed
cause of death or reason,
for examination.

Inquest Panchnama attached

H/O R1A

6. If not examined at Dispensary or Hospital—

(a) Name of place where examined.

(b) Distance from Dispensary or Hospital—

(c) Reason why the body was not sent to the Dispensary or Hospital.

II. External Examination—

7. Sex, apparent age, race or caste.

Male 50 yrs, Hindu (ST)

Description of clothes and of ornaments on the body.

Wearing ^{light grey} Blue colour full shirt.
White Bandana Braiyam & red bangles
& light grey colour full pant
& red choker wear.

8. **Condition of the clothes—**
Whether wet with water, stained with blood or soiled with vomit or foecal matter.

Clothes stained & Blood & soil

9. Special marks on the skin such as scars, tattooing etc., any malformations peculiarities, or other marks of identification. State of the teeth.

Tattoo Marks Rt. forearm
(KAMAL DIGRI)

Teeth Normal

In newly born infants, the length and (if possible), the weight of the body to be recorded together with the state of the hair, nails and umbilical cord, its length, whether placenta is attached or not, if present, its size and condition.

10. **Condition of body**—Whether well-nourished, thin or emaciated, warm or cold.

- well nourished

11. **Rigor Mortis**—Well-marked, slight or absent; whether present in the whole body or part only.

Rigor Mortis slightly marked.

12. Extent and signs of decomposition, presence post-mortem lividity of buttocks, loins, back and thighs or any other part. Whether bullae present and the nature of their contained fluid. Condition of the cuticle.

no s/o decomposition
postmortem lividity slightly marked
over back, loins & buttocks

13. **Features**—Whether natural or swollen, state of eyes, position of tongue: nature of fluid (if any) oozing from mouth, nostrils or ears.

eyes closed, mouth closed.
Bleeding from nose & angle of mouth.
Rt side present.

14. **Condition of skin**—Marks of blood etc. In suspected drowning the presence or absence of cutaneous anserina to be noted.

15. Injuries to external genitals.
Indication of purging.

No injury to external ~~genitals~~

16. **Position of limbs—**

Especially of arms and of fingers in suspected drowning the presence or absence of sand or earth within the nails or on the skin of hands and feet.

Upper limbs flexed at elbow joint
lower limb extended.

17. **Surface wounds and injuries—**Their nature, position, dimensions (measured) and directions to be accurately stated—their probable age and causes to be noted.

- (1) LW over scalp Rt temporocephalic region $6 \times 2 \text{ cm}$
- (2) Abrasion left elbow joint laterally $3 \times 2 \text{ cm}$
- (3) Abrasion Rt elbow joint backside $2 \times 1 \text{ cm}$
- (4) Abrasion Back side Rt scapular area $5 \times 2 \text{ cm}$
- (5) # ribs on Rt side from 2nd up to 5th rib.

If bruises be present what is the condition of the subcutaneous tissues?

(N.B.—(When injuries are numerous and cannot be mentioned within the space available they should be mentioned on a separate paper which should be signed).

18. Other injuries discovered by external examination or palpation as fractures etc.

- (a) Can you say definitely that the injuries shown against serial Nos. 17 and 18 are ante mortem injuries?

Injuries shown against (17) & (18) are ante-mortem injuries

III. Internal Examination—

19. Head—

- (i) Injuries under the scalp, their nature.
- (ii) Skull—Vault and base—describe fractures, their sites, dimensions, directions, etc.
- (iii) Brain—The appearance of its coverings, size, weight and general condition of the organ itself and any abnormality found in its examination to be carefully noted (weight M. 3 grams F. 2.75 grams).

- do -

NO #

subdural hemorrhage seen.

20. Thorax—

- (a) Walls, ribs, cartilages
- (b) Pleura
- (c) Larynx, Trachea and Bronchi.
- (d) Right Lung
- (e) Left Lung
- (f) Pericardium
- (g) Heart with weight
- (h) Large vessels
- (i) Additional remarks.

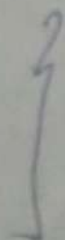
- do -

Intact.

Blood present.

- pale

- pale

 Empty.

21. Abdomen—

Walls

Peritoneum

Cavity

Haemoperitoneum present

Buccal Cavity, teeth, tongue
and Pharynx.

- do -

Oesophagus

Stomach and its contents

Small intestine and its
contents.Large intestine and its
contents.

Normal in size & shape
mucosa normal, pale,
semidigested food about 15ml
present
No abnormal colours & smells
gases & faecal distension

Liver (with weight) and gall
bladder.

- Liver lateral Rt. lobe
upper medial border
10 x 5 cm

Pancreas and Suprarenals

- NAD

Spleen with weight

- pale

Kidneys with weight

- pale

Bladder

- empty

Organs of generations

NAD

Additional remarks with
where possible, medical
officer's deduction from the
state of the contents of the
stomach as to time of death
and last meal.

State which viscera (if any)
have been retained for
chemical examination and
also quote the numbers on
the bottles containing the
same.

viscera not preserved for
chemical analysis

Opinion as to the cause
probable cause of death.

cardiac arrest due to haemorrhagic
shock due to injury to vital organ
(Head Injury & Liver.)

Dated 22/09/ 2020.

8Dutka

(Signature)

MO RHUMSD

*The Spinal Cord need not be examined unless there are any indications of disease, Strychnia poisoning or injury.

Note—The report must be written and signed immediately after the examination. Medical Officers will at once despatch a duplicate copy to the Civil Surgeon of their district for record in his office.

Great care should be taken not to cut the viscera before they have been inspected *in situ*.

No.

200

Dispensary
Place _____
Civil Hospital

RH Umred

2000

Forwarded to the Police Sub-Inspector

PC

PS Umred

for information with reference to his No.

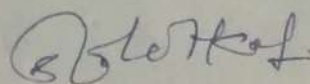
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2. Viscera has been preserved. It may please be stated **Immediately** whether examination by the Chemical Analyser is necessary or it is to be destroyed.

Viscera not preserved for chemical analysis



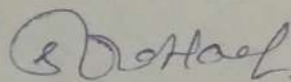
Civil Surgeon or M. M. S. Officer

Medical Officer
Civil Hospital Umred

MS RH Umred

Copy forwarded with compliments to the Civil Surgeon,

for information.



M. M. S. Officer

Medical Officer
Civil Hospital Umred

Seen and examined by the Civil Surgeon,

on

200

Remarks of the Civil Surgeon,

(if any)

Civil Surgeon