



Memorandum of a post-mortem examination held at

Dispensary Hospital

on the dead body of Pawan Village Saoner  
Anandras of \_\_\_\_\_  
Penare City \_\_\_\_\_

Taluka Saoner, District Nagpur, by Dr Basettye

I. General Particulars—

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

Police

(b) Name of place from which sent.

Police Station, Keshod

(c) Distance of place from which sent.

2. By whom was the corpse brought ?

3. By whom identified ?

१) प्रतिफ सुमेश्वर कोराडे (साफाचा मागोमाड) प्राईक  
२) अशिलेहा इंकणल पनोरे (सावकाड) उपखिलेश.

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

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

21/11/12, 10:30 Am

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

21/11/12, 11:30 Am

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

Inquest of cause of death

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.

22 years, male, Hindu

Description of clothes and of ornaments on the body.

Clothes

Blue Jeans

Blue Underwear

White Bandys

Blue shirt

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

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

Black mark on R side of neck

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.

Thin build, Cold

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

Rigor mortis (+)

12. Extent and signs of decom-  
position. 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.

Lividity (+)

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

Eyes - Open, Eyelids - Inset  
mouth partially open, tongue Inset,  
no oozing.

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



15. Injuries to external genitals.  
Indication of purging.

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.

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

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?

In Anatomical Position

Injuries →

Abrasions

multiple small sized

abrasions ⊕ all over  
body.

Fracture

① Cervical spine (C3 to C5)  
Linear # ⊕ &  
distraction

② Humerus.—upper 1/3 shaft  
# ⊕

③ Thorax.—Rt thoracic Rib I  
(9<sup>th</sup> to 11<sup>th</sup>) # ⊕

III. Internal Examination

19. Head—

- (i) Injuries under the scalp, their nature.
- (ii) **Skull**—Vault and base—describe fractures, their sites, dimensions, directions, etc.

Skull - Intact

- (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).

Brain material congested.

20. Thorax—

- (a) Walls, ribs, cartilages
- (b) Pleura
- (c) Larynx, Trachea and Bronchi.

RT thorax ribs 9<sup>m</sup> to 11<sup>m</sup> - # ⊕  
E. torned pleura

Intact, congested

- (d) Right Lung
- (e) Left Lung

Intact, absent congested, pale.

- (f) Pericardium
- (g) Heart with weight

congested, pale, wts ⊕

- (h) Large vessels

(i) Additional remarks

21. Abdomen—

Walls

Peritoneum

Cavity

Intestine congested

Buccal Cavity, teeth, tongue and Pharynx.

Mouth - partially open, tongue moist, teeth - Intact

Desophagus

Stomach and its contents

- Semidigested food material yellowish, amount - 500ml approx. (+)

Small intestine and its contents.

Large intestine and its contents.

- feces & gas (+)

Liver (with weight) and gall bladder.

- Ant - upper lobe hypertrophy (+) & UOT

Pancreas and Suprarenals

Spleen with weight

Kidneys with weight

Intestine, congested

Bladder

- Empty

Organs of generations

- Semen (+), Sperm passed - Intact

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.

central ~~to~~ vertebrae, C3 to C5  
when # & dislocation ⊕  
& tearing cord.

Opinion as to the cause  
probable cause of death.

Sudden cardiorespiratory arrest  
due to severe (cervical) spinal  
injuries.

Dated

21/11/200

*[Handwritten signature]*

(Signature)  
*[Handwritten signature]*

\*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 Officer will  
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*.

साक्षर



No.

Place Dispensary  
Civil Hospital

200

Forwarded to the Police Sub-Inspector  
for information with reference to his No.

of 200

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.

*JNB*  
Civil Surgeon or M.M.S. Officer  
वैद्यकीय अधिकारी  
ग्रामीण आरोग्य प्रशिक्षण केंद्र,  
सावनेर

Copy forwarded with compliments to the Civil Surgeon,

for information.

M. M. S. Officer

Seen and examined by the Civil Surgeon,

200

Remarks of the Civil Surgeon,

(if any)

*PM 21/11/17*  
*Ran*  
*16/4 16-5/17*  
*21/11/17*

*JNB*  
Civil Surgeon  
वैद्यकीय अधिकारी  
ग्रामीण आरोग्य प्रशिक्षण केंद्र,  
सावनेर