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SAMRC Burden of Disease Research Unit | July 2020



# FORENSIC MORTUARY CHECKLIST V4\_7\_SEP

## General information

Team ID

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Interviewer ID

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**Select Health Sub District**

- Buffalo city\_201
- Nelson Mandela bay C\_202
- Port St Johns\_203
- Dihlabeng\_401
- Kopanong\_402
- Maluti a Phofung\_403
- Ekurhuleni east 2\_701
- Ekurhuleni north 2\_702
- Johannesburg F Health Sub-District\_703
- Emnambithi/Ladysmith\_501
- Jozini\_502
- Richmond\_503
- Maruleng\_901
- Mutale\_902
- Thabazimbi\_903
- Emalahleni\_801
- Lekwa\_802
- Msukaligwa\_803
- City of Matlosana\_601
- Moses kotane\_602
- Ratlou\_603
- Joe Morolong\_301
- Kareeberg\_302
- Khara Hais\_303
- Bergrivier\_101
- Bitou\_102
- Kannaland\_103

**Has a Unique Study ID been provided for the decedent, meaning it has been listed and a corresponding NOK has provided consent to be interviewed using the VA instrument?**

*If the forensic record of the decedent is a new record chosen, which is not part of the original listing, choose No*

- Yes
- No

**Listed Decedent Unique Study ID**

*Capture the unique study ID for the decedent as provided by the MRC. This is NOT the Death Register or Folder Number that is on the medical record itself.*

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**Type the name of the Mortuary**

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Confirm that the Unique Study ID is

Random digits of ID is

The USID for this new unlisted decedent is: . Make sure to write this ID on a sticky note and display on each page captured

**Type in the unique USID as displayed in the previous note**

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**Decedent Information****Decedent forensic mortuary Death Register (DR) number**

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**First name of the decedent**

*Type "NONE" if there is none indicated*

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**Middle name of the decedent**

*Type "NONE" if there is none indicated*

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**Surname of the decedent**

*Type "NONE" if there is none indicated*

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**What was her/his MAIN PLACE of usual residence? (The Main Place address as indicated on the medical record documents). Type "NONE" if there is none indicated**

*Type in the MAIN PLACE, which can be the closest main town or city to the village, small town, informal settlement or farm area indicated as the decedent's address in the medical records*

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**What was her/his SUB PLACE of usual residence? (The Sub Place address as indicated on the medical record documents). Type "NONE" if there is none indicated**

Type in the SUB PLACE, which is the smallest place name relevant to where the decedent lived, such as village, small town, farm or informal settlement name as indicated in the medical records

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**Is the date of birth available**

Yes

No

**Date of Birth from medical records**

yyyy-mm-dd

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**Date of Death from medical records**

yyyy-mm-dd

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**If no date of birth is available, type the approximate age of the respondent. If this information is not available or cannot be reasonably estimated, leave this question blank**

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NEONATE was NaN days old.

CHILD was NaN years NaN months and NaN days old.

ADULT was NaN years NaN months and NaN days old.

**Gender**

Female

Male

Ambiguous/intersex

**Decedent ID/Passport number**

**Is the decedent a RSA citizen?**

Yes

No

**Decedent South African ID number**

If the ID number is invalid, type 8888888888888888, if there is no ID number, type 9999999999999. For children and newborns that have no ID number, use the mother's ID. If mother's ID is not available, use the father's ID.

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Confirm the National ID number is

**Does the first 6 numbers of the South African ID No correspond to the Date of Birth?**

- Yes
- No

**If first 6 numbers of the South African ID No DOES NOT correspond to the Date of Birth, please provide a reason why**

- There is no SAID available in the medical records
- The SAID available in the medical records is invalid or incomplete
- Both the SAID and Date of birth are available, but they do not correspond
- The date of birth in the medical records is illegible
- The SAID in the medical records is illegible

**Is the decedent a foreigner?**

- Yes
- No

**Passport number if a foreigner**

*If there is no Passport number available, type 9. For children and newborns that have no passport number, use the mother's or the father's passport number, if available.*

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**You have selected "No" for both: Is the decedent a RSA citizen?: and: Is the decedent a foreigner? The chances of answering No to both questions is unlikely. Please provide a reason why.**

*If you mistakenly chose an incorrect option for either question, please go back and correct*

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**Forensic Mortuary Checklist Guideline**

In this section you will collect information on the scene of the injury, how the injury was caused (assault; accident; suicide), and the nature of the injury (eg head injury, gunshot wound etc). It is not necessary to capture affidavits which state when and to whom the body was transferred.

*Remember, this list is only a guideline, use your common sense when viewing records not necessarily on this list, but which has direct bearing or information on or from the scene of the injury/death and the cause of death. Also take into account that not all administrative forms, such as affidavits which state when and to whom the body was transferred, needs to be captured.*

**Information from the scene of the injury. Look for this in any of the following documents:**

- FPS Scene script or FPS 002 form (some mortuaries have special forms for firearm (gunshot) deaths; train accidents; road accidents etc)
- SAPS 180 or SAPS 379
- South African Police Service (SAPS) A1 statement
- Declaration of death (Emergency Medical Services or EMS)
- Emergency medical services patient care/casualty report or consent form
- Referral letter from doctor or hospital to Forensic Pathology Services (including FPS100 and GW7/24 forms)
- Any hospital or clinical medical notes (including doctors notes, nursing progress charts, prescription charts, special investigation results)
- NIMMS data collection form
- Sudden Unexpected Death Questionnaire (including FPS006)

**Provide any comments regarding the identification of the forms listed in this section, including additional forms you captured (reason) and forms you could not identify or any other information you might think is relevant**

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**Information on the cause of death. Look for this in any of the following documents**

- Report on medico-legal post mortem (GW7/15 or FPS007 form)
- Special investigations conducted by FPS (including x-rays, biochemistry, histology, toxicology and alcohol results: look for Forensic Chemistry Laboratory results and National Health Laboratory services results)
- Road to Health Card for children if available (use the same RTHC page check document that is used for VA Road to health card)

**Provide any comments regarding the identification of the forms listed in this section, including additional forms you captured (reason) and forms you could not identify or any other information you might think is relevant**

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