



Nashik Municipal Corporation, Nashik

FORM NO. 4

(See Rule 7)

MEDICAL CERTIFICATION OF CAUSE OF DEATH

(Hospital in-patients. Not to be used for still births)

To be sent to Register along with Form No. 2 (Death Report)

Name of the Hospital Rajebahadur Hospital, Nashik I hereby certify that the person whose particulars are given below died in the hospital in Ward No. ICCU 1 on 30/8/16 at 2:00 A.M./P.M.

NAME OF DECEASED <u>Gajanan Dhondu Khaienae</u>				For use of Statistical Office
Sex	Age of Death			
	if 1 year or more, age in years	if less than 1 year age in Month	if less than one month, age in Days	if less than one day, age in Hours
<input checked="" type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	<u>85 years</u>			
CAUSE OF DEATH <u>Acute Cardio-respiratory - Edtoey asst</u>				Interval between on set & death approx
(a) <u>Ischaemic dilated Cardiomyopathy</u> Due to (or as a consequences of)				
(b) <u>Liver Cirrhosis</u> Due to (or as a consequences of)				
I Immediate Cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.				
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last.				
II Other significant conditions cotributing to the death but not related to the disease or conditions causing it.				

Manner of Death

How did the injury occur?

1. Natural 2. Accident 3. Suicide 4. Homicide
 5. Pending investigation

If deceased was a female, was the death associated with pregnancy? 1. Yes 2. No.
If yes, was there a delivery? 1. Yes 2. No.

Name and Signature of the medical Attendant certifying the cause of death

Date of verification 30/8/16
Dr. S. D. Deshpande
RAJEBAHADUR HOSPITAL & RESEARCH CENTRE PVT. LTD.

SEE REVERSE FOR INSTRUCTIONS

Plot No.13-14/199, Rajebahadur Colony, Tilak Road, Nashik-422 101, M.S. India

(To be detached and handed over to the relative of the deceased) Tel. +91253 6634888

Certified that Shri. / Smt. / Kfm. Gajanan Dhondu Khaienae S.M/P of Shri. Dhondu Mahady Khaienae R/O Nashik was admitted to this hospital on 23/8/16 and expired on 30/8/16

Doctor Dr. S. D. Deshpande
(Medical Supdt. 30/8/16)
Name of Hospital

RAJEBAHADUR HOSPITAL & RESEARCH CENTRE PVT. LTD.

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