**First Hospital of China and Cambodia**

**Death Record**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Departments: |  | | | | | | | | | | | | | | | | | | |
| Name of deceased | |  | | | Sex |  | | Age |  | | | Bed Number | | |  | Medical Record Number | |  | |
| Address: |  | | | | | | | | | | | | | | | Contact number: | | |  |
| Date of admission: | | |  | Date of death: | | |  | | | | The number of days in hospital | | | | | |  | | | |
| Admission diagnosis: | | | | | | | | | | | | | | | | | | | |
| Admission and rescue experience: | | | | | | | | | | | | | | | | | | | |
| Cause of death: | | | | | | | | | | | | | | | | | | | |
| Death diagnosis: | | | | | | | | | | | | | | | | | | | |
| Complications: | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Signature of physician: | | |  | | | |
|  | | | | | | | | | | Record time: | | | |  | | | | | | | |