

REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH

Medical No. 14

No.
(To be filled in to correspond with Counterfoil)

MEDICAL CERTIFICATE OF THE CAUSE OF DEATH

I HEREBY Certify that I attended to MBEKELIZE during Her last illness since the 16 / 62 / 25
that such a person's age was stated to be 80 years; that I last attended Her alive on the 19 day FEB 20 25
that he/she died(*) died on the 20 day of FEB 20 25 at OR: 60, that I saw
and identified the body of the DECEASED, and that to the best of my knowledge and
belief his/her Her death was in all respects due to (+) natural cause as are hereunder written.

The certified cause of death has/has not been confirmed by post-mortem examination.

<p>I CAUSE OF DEATH</p> <p>Disease or condition directly leading to death (a) <u>Respiratory failure</u> Accidental causes..... Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last (b) <u>Aspiration Pneumonia</u> (c) <u>Due to (or as a consequence of) STROKE</u></p>	<p>Approximate interval between onset and death</p>
<p>II</p> <p>Other significant conditions contributing to the death, but not related to the disease or condition causing it. +This does not mean the mode of dying e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.</p>	

Witness by hand this 21 Day of FEB, 20 25 NAME DR. CHABALA BESA
 Name and address of person to whom this certificate is handed Signature [Signature]
 (To be filled in by medical attendant) GEORGEY Qualification LRMO
ZIMBA Residence CHALALA

*Should the medical attendant not feel justified in taking responsibility of certifying to the fact of death, he may here insert the words 'As I am informed'
 + FOR CASES IN WHICH THE MEDICAL ATTENDANT IS UNABLE TO CERTIFY THAT DEATH WAS DUE TO NATURAL CAUSE SEE OVER.

ADDITIONAL INFORMATION REQUIRED

Village MATUKUSI
 District CHIPATA

Chief CHALJE