

ROYAL GOVERNMENT OF BHUTAN  
HEALTH SERVICES

FORM DC - I

CERTIFICATE OF DEATH

DECEASED	1 DECEASED - Name : PEMA WANGDI		ID Number : 11216003210	2 AGE : 64	3 GENDER : M	* DATE OF DEATH (dd/mm/yy) 24/02/25	4 TIME OF DEATH 4:20 AM
	6 IF UNDER 1 YEAR		7 IF UNDER 1 DAY		7a Hours : 7b Minutes :		
	6a Months :	6b Days :	8 Place of death Samsi Hospital (tbl)				
	8 HOSPITAL NAME : Samsi Hospital		8a Dzongkhag Samsi		9 HOSPITAL REGISTRATION NO.		
OCCUPATION & ADDRESS	9c EMERGENCY/CAUSLT/OPD		8d INDOOR		8e BROUGHT DEAD		10 Date of Admitted 11 Time Admitted
	12 USUAL OCCUPATION EX-CIVIL SERVANT		13a VILLAGE/Town DZONGKHAG		13b GEWOG TENDU		13c DZONGKHAG SAMSIB
	14a PERMANENT ADDRESS Dzongkhag : Samsi		14b Village/Gewog/Town TENDU		15 FATHER'S - Name 16 MOTHER'S - Name		
	Part I : Death was caused by (Enter only one cause of death (a), (b) and (c))						
CAUSE	17a IMMEDIATE CAUSE (do not enter terminal events such as cardiac arrest, respiratory arrest without showing etiology DO NOT ABBREVIATE) MURDER CRIMINAL ARREST CONSPIRACY SHOCK						
	17b Due to or a consequence of : T2DM H2N						
	17c Due to or a consequence of : 17e Manner of death : Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Unknown <input type="checkbox"/>						
	18 Part II OTHER SIGNIFICANT CONDITIONS (condition contributing to death but not related to cause given in Part I (17a)) 19 AUTOPSY (Yes or No) a. Postmortem (Yes/No) b. External injuries (Yes/No)						
CERTIFIER	20 Injury (specify Yes or No) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21 Date of injury (dd/mm/yy)		22 HOW INJURY OCCURRED (enter nature of injury)		
	23a If the deceased is a woman, was the deceased known to be pregnant ? Yes <input type="checkbox"/> No <input type="checkbox"/>						
ISSUED TO	24 CERTIFYING PHYSICIAN - Name : Dr. K. Dorji		25 SIGNATURE [Signature]		26 DEGREE/TITLE MMS/MD		27 DATE SIGNED (dd/mm/yy) 24/02/25
	Name : DEKI DEMA		Citizen ID Card No 11216003216		Relationship to deceased DAUGHTER		Signature & Date [Signature] 24/02/25