

**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

POSTMORTEM REPORT

P.M. No: _____ Date: _____

Ref: _____

1. DETAILS OF THE DECEASED/ CASE:

(a) (Name: (L) _____

(b) S/o/D/o/W/o: _____

(c) Age: _____ (d) Sex: _____ (e) Address: _____

(f) Brought by:

(i) Police: _____

(ii) Others: a) _____

b) _____

(g) Identified by

(i) Police: _____

(ii) Others: a) _____

b) _____

(h) Date & Time of receipt of dead body and papers: _____

(i) Date and Time of commencement of P.M.Examination: _____

(j) Date and Time of completion of P.M.Examination: _____

(k) Place of Examination: _____

2. RELEVANT INFORMATION AS FURNISHED BY POLICE:

3. EXTERNAL EXAMINATION:

(a) Length: _____ (b) Weight: _____ (c) Physique: _____

(d) Nutrition: _____

(f) Identification marks: _____

(g) Wearing apparels: _____

(h) Postmortem changes and other appearances of the body: _____

(i) External injuries:

4. INTERNAL EXAMINATION:

A. HEAD, NECK AND SPINAL COLUMN:

(a) Scalp: _____

(b) Skull: _____

(c) Meninges and Vessels: _____

(d) Brain: _____

(e) Vertebrae and Spinal Cord (To be opened where indicated): _____

(f) Orbital, Aural and Nasal Cavities: _____

(g) Mouth, Tongue, Pharynx, Larynx and other neck structures: _____

(h) Any Other: _____

B. THORAX:

- (a) Walls, Ribs and Cartilage: _____

- (b) Oesophagus: _____
- (c) Trachea and Bronchi: _____
- (d) Pleurae and Cavities: _____

- (e) Right Lung: _____

- (f) Left Lung: _____

- (g) Pericardium and pericardial cavity: _____
- (h) Heart: _____

- (i) Large Vessels: _____
- (j) Diaphragm: _____
- (k) Any other: _____

C. ABDOMEN and PELVIC REGION

- (a) Wall: _____

- (b) Peritoneum and its cavity: _____

- (c) Stomach and its contents: _____

- (d) Small Intestine and its contents: _____

- (e) Large Intestine and its contents: _____

- (f) Liver and Gall Bladder: _____

- (g) Pancreas: _____

- (h) Spleen: _____

- (i) Right Kidney and Ureter: _____

(j) Left Kidney and Ureter: _____

(k) Urinary Bladder and Urethra: _____

(l) Organs of Generation: _____

(m) Any Other: _____

D. **BONES AND JOINTS:** _____

5. **SPECIMENS/ITEMS PRESERVED AND HANDED OVER TO INVESTIGATING OFFICER:**

(a) Stomach and its contents

(b) Small intestine and its contents (about 30 cm.)

(c) Liver with GB (about 500 gms)

(d) Spleen.

(e) Kidneys (half of each)

(f) Sample of blood.

(g) Sample of urine.

(h) Sample of hair.

(i) Preservation used: Saturated solution of Sodium Chloride/Rectified Spirit.

(j) Any other: _____

(k) Dead body:

6. **SPECIMENS SENT FOR HISTOPATHOLOGY:**

(a) Brain (b) Heart (c) Lungs (d) Liver (e) Spleen (f) Stomach (g) Intestine (h) Kidney (i) Uterus (j) Ovaries

(k) Any other: _____

(l) Preservative used: _____

7. **OPINION OF THE MEDICAL OFFICER AS TO THE CAUSE OF DEATH:**

(a) Time since death: _____

(b) Whether Injuries were antemortem or postmortem: _____

(c) Cause of injuries: _____

(d) Age of injuries (time between infliction and death): _____

Place:

Signature of M.O:

Date:

Full Name:

(BLOCK LETTERS)

Designation:

Office Seal:

8. REMARKS BY THE HEAD OF DEPARTMENT/OFFICE:

Place:

Signature:

Date:

Full Name:

Seal:

SUBSEQUENT OPINION (IF ANY):