CHAPTER - XLI

INVESTIGATION OF UNNATURAL DEATHS

1911. The investigation of cases of unnatural death is essentially an important function of the Police, as the general public, in most of the cases, frequently forward allegations of foul play and if the unnatural death occurs within the view or custody of Police, the things would become very serious.

1912. The unnatural death, as defined under section 174 of the Code of Criminal Procedure, 1973, is that

(a). a person has committed suicide, or
(b). he has been killed by another, or
(c). he has been killed by an animal, or
(d). by a machinery or
(e). an accident or
(f). the person has died under circumstances raising a reasonable suspicion that some other person has committed an offence.

1913. When the officer incharge of a Police Station or some other Police officer specially empowered by the state government receives an information that a person has suffered an unnatural death, he shall immediately give intimation thereof to the nearest Executive Magistrate (i.e.) the First Information Report empowered to hold inquest and to other officers, as in the case of sending copies of the First Information Reports, proceed to the place where the body of such deceased person is, make an investigation and draw up a report of the apparent cause of death, describing such wounds, fractures, bruises and other marks of injury as may be found on the body stating in what manner or by what weapon or instrument (if any), such marks appear to have been inflicted. The above proceedings are called the “INQUEST” proceeding under section 174 and 176 of the Code of Criminal Procedure which shall be conducted by the Investigating Police officer and the Executive Magistrate who conducted inquiry into the cause of death guided by the questions given in Form No. 85, as given below.

1914. In cognizable / specific substantial offences relating to the death of a person, in addition to sending a First Information Report, the inquest report should also be sent along with statements of witnesses recorded during the inquest attested by five panchayats summoned under section 175 Cr.P.C.

NOTE

(i). The inquest proceeding shall be held in the following sequences by the Investigating officer.

(ii). The Executive Magistrate who conducts inquiry shall use the formula given in the form of questions.
Form No. 85

District: Circle: Station:

REPORT OF INVESTIGATION UNDER SECTION 174 OF THE CODE OF CRIMINAL PROCEDURE, 1973 ON THE BODY OF A PERSON FOUND DEAD AT -- ------------------- -- (PLACE) ON THE DAY OF ---------------- (DATE), (MONTH) OF ----------------- (YEAR).

N.B.

(i). In forming this report, the questions below should be carefully answered.
(ii). The word ‘Nil’ should be written against the number of any question which requires no answer.
(iii). Questions 19 to 25 apply to the Railway Police.
(iv). Case diary forms should be used as inner sheets for answering these questions.

**QUESTIONS**

1). Names, caste, calling and residence of persons composing the panchayat.
2). Deceased’s name, sex, age, caste, calling, father’s name and residence.
3). By whom first found dead, when and where?
4). By whom last seen alive, where and when and in whose company?
5). Height, colour and descriptive marks.
6). Married or single? If a female, was she the only wife?
7). State of corpse; if any wounds, particulars thereof and list of property found on the corpse.
8). Minute description of exact spot where corpse was found; if in water, depth thereof.
   If in a well
   (a). Is the well, public or private property? If the latter, to whom does it belong?
   (b). Is it near a public road or pathway?
   (c). Has it a parapet wall and float?
10). If by violence, apparently by what weapon?
11). (a). If any person suspected, who and why?
(b). Was the deceased insured in any company?

12). If the corpse is not sent for medical examination, why?

13). If the corpse is sent, for what purpose and by whose order, and number of constable who went with it? (the date and hour when the body is sent should be given here).

14). By whose order the corpse was buried or burnt?

15). Opinion of the panchayatars as to cause and manner of death.

16). Signature of such of the panchayatars as concur in the above opinion.

17). Station House Officer’s signature.

18). (a). If name and residence of the deceased be unknown state what steps have been taken to ascertain the same and secure identification. To what stations have proclamations been sent?

(b). Have finger prints of deceased been taken and sent to Finger Print Bureau, Puducherry?

*APPLICABLE TO RAILWAY POLICE OR THE DEATH CAUSED BY TRAIN

*19). Was the body warm or cold when first found?

*20). If appearance shows that body has been dragged, was it by up or down train?

*21). Are suspected engines and carriages examined? If so, by whom and with what result?

*22). Circumstances under which the deceased met with the accident?

*23). Reasons for supposing that body was run over by any particular train.

*24). Statements of driver and fireman of suspected train.

*25). Any reason to suspect foul play.

26). Duration of investigation.

27). Investigation commenced at

28). Investigation closed at

1915. The above report shall be signed by the Police officer and other persons (panchayatars for inquest) as concur therein and shall be forthwith forwarded to the District Magistrate or the Sub-Divisional Magistrate.

1916. In the circumstances:-

(a). Where the case involves suicide by a woman within seven years of her marriage; or

(b). Where the case relates to the death of a woman within seven years of her marriage in any circumstances raising a reasonable suspicion that some other person committed an offence in relation to such woman; and
(c). Where the case relates to the death of a woman within seven years of her marriage and any relative of the woman has made a request in this behalf; or

(d). In case of custodial deaths:-

The officer-in-charge of the Police Station shall get the inquest proceedings conducted by the executive Magistrate and if the investigation reveals such death was caused due to harassment for dowry, all such cases should be investigated by the Superintendent of Police having jurisdiction. If such cases are transferred to the CID for investigation, the case file shall be immediately handed over by the concerned sub-divisional Superintendent of Police to the Superintendent of Police, CID and cross-reference obtained and notified in the register; or

(e). Where there is any doubt regarding the cause of death; or

(f). Where the Police officer for any other reason considers it expedient so to do, the investigating officer shall, subject to such rules as the state government may prescribe in this behalf, forward the body, with a view to its being examined, (postmortem examination) to the nearest civil surgeon, or other qualified medical man appointed in this behalf by the state government, if the state of the weather and the distance admit of its being so forwarded without risk of such putrefaction on the road as would render such examination useless.

**Note**

The postmortem examination of the dead body shall be conducted at the General Hospital, JIPMER at Puducherry and at General Hospitals Karaikal, Mahe and Yanam. The Medical College Hospitals, will, also if prescribed by the Government of Puducherry, conduct postmortem of dead bodies involved in such cases of unnatural death.

1917. The following Magistrates are empowered to hold inquests.

(a). District Magistrate  
(b). Sub-Divisional Magistrate  
(c). Any other Executive Magistrates specially empowered in this behalf by the state government or by the District Magistrate.

1918. The following Police officers are empowered to conduct investigation under section 174 (1) Cr.P.C, in addition to the Sub-Inspector of Police / Station House Officer who is, however, not absolved of any responsibility as the Station House Officer.

(a). Asst. Sub-Inspector of Police  
(b). Head Constables.
1919. The duty of the Station House Officer holding such an investigation under section 174 Cr.P.C. primarily rests with him and he should, unless precluded from other pressing duties hold the investigation himself.

1920. On the part of the Circle Inspector, in the case of investigation of unnatural death cases, he shall verify the investigation of such cases at random and write a case diary for having verified it. Such case diary shall be called ‘verification case diary’ and this shall be sent along with other case diaries to the office of the Superintendent of Police, filing the original in the station CD file.

1921. The report to be forwarded with the dead body to be sent for post-mortem examination (autopsy) shall be signed by the Investigating Police officer of the concerned Police Station in the Form No. 85 (A) 1 as appended below.

1922. In cases of death by hanging / strangulation / smothering, the material object used should be sent along with dead body for the purpose of comparison, examination and medico-legal opinion during the post-mortem examination, which shall be sent in the following Form No. 85 (A) 2 and signed by the Station House Officer or the Executive Magistrate as the case may be.

1923. Where preservation of VISCERA is required for chemical analysis to confirm the presence of poison or rule out the possibility of associated poisoning, the Form No. 85 (A 3) shall accompany Form No. 85 (A 2) which shall also be signed by the Station House Officer or the Executive Magistrate, as the case may be.

1924. The request for post mortem examination shall go in the Form No. 85 (B), addressed to the Resident Medical Officer / Medical Officer / Head of the Forensic Medicine Department, Government General Hospital, etc. This requisition shall be signed by the Station House Officer or the Executive Magistrate, as the case may be.

**Note**

(i). Brief facts of the case and the specific points on which opinion is required should be clearly furnished.

(ii). If the postmortem examination is to be conducted by a team of medical officers, the same should be specified.

(iii). If the autopsy is to be video-filmed, the same shall be indicated separately.

(iv). Item (ii) and (iii) shall be compulsorily asked in case of the custodial death.

(v). In cases where the investigating officer wants viscera to be preserved the request should be routed through the concerned Superintendent of Police.

**Form No. 85 (A) 1**
Police Station

REPORT TO BE FORWARDED WITH THE BODY SENT FOR POSTMORTEM EXAMINATION

Preliminary particulars

<table>
<thead>
<tr>
<th>Name:</th>
<th>Crime No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age about</td>
<td>years</td>
</tr>
<tr>
<td>Male / Female</td>
<td>approximate height metres</td>
</tr>
<tr>
<td>Colour eyes</td>
<td>colour of hair length metres</td>
</tr>
</tbody>
</table>

Other marks of identification:

<table>
<thead>
<tr>
<th>Village</th>
<th>Caste</th>
<th>Found at (hour) a.m. / p.m. on at (place)</th>
</tr>
</thead>
</table>

In-charge of

Sent by

Grade Head Constable No.

On at a.m. / p.m.

2. The following wounds and injuries are found on the body

3. The manner in which and the weapon or instrument (if any) with which the wound and injury mentioned in item 2 appear to have been inflicted.

4. The following articles are sent with the corpse:

<table>
<thead>
<tr>
<th>cloth</th>
<th>ornaments (jewellery)</th>
</tr>
</thead>
<tbody>
<tr>
<td>kortes</td>
<td>vomit</td>
</tr>
</tbody>
</table>
weapon

Place:

Date: Investigating Police officer,
       .................. Police Station
       Puducherry

Form No. 85 (A) 2

(TO BE USED IN CASES OF DEATH BY HANGING / STRANGULATION /
SMOTHERING)

The material object used for hanging / strangulation / smothering is sent herewith for the purposes of comparison, examination and medico-legal opinion.

STATION HOUSE OFFICER / EXECUTIVE MAGISTRATE

P.S. .........................
Date: .........................

Form No. 85 A (3)

(TO BE USED IN CASES WHERE PRESERVATION OF VISCERA IS REQUESTED)

The viscera of the deceased may be preserved for chemical analysis for the following reason:

STATION HOUSE OFFICER / EXECUTIVE MAGISTRATE

P.S. .........................
Date: .........................

Forwarded

SUPERINTENDENT OF POLICE

Note: Strike out the part not necessary in the case.

Form No. 85 (B)

Police Station: ........................
Date: ..............................

To

The Resident Medical Officer / Medical Officer.
Forensic Science Department  
Government General Hospital.  
Pondicherry

Sir,

I am sending the body of the deceased ________________________________ aged ____________________ s/o, d/o, w/o _____________________________ of _____________________________ on whose body the inquest was held by the Police / Executive Magistrate under section 174 / 176 Cr.P.C. in Crime No.___________ of P.S. ________________ through HC / PC ________________ of P.S. ________________ for conducting post-mortem examination and ascertaining the cause of death and to send the post-mortem certificate at an early date for taking further action in the case.

While issuing the certificate / opinion on the approximate time since death as also other points asked for in the next page may be given.

BRIEF FACTS OF THE CASE AND THE SPECIFIC POINTS ON WHICH OPINION IS REQUESTED

STATION HOUSE OFFICER / EXECUTIVE MAGISTRATE

P.S. __________________________
Date: _______________________

Note:  
In cases where I.O. wants viscera to be preserved, the request should be routed through the concerned S.P. or the Circle Inspector of Police.

1925. ACTION ON ARRIVAL AT THE SCENE

(1). On arrival at the place where the body of the deceased is lying, the officer making the investigation will

(a). prevent the destruction of evidence as to the cause of death, and
(b). prevent crowding round the body and the obliteration of footstep or other traces or marks.

1926. Before disturbing the body

(a). arrange to take its photographs and its immediate surroundings, if the nature of the case warrants such action.

(b). note carefully
   (i). the location of the body
   (ii). the position of the limbs
   (iii). the condition of the wearing apparel and

(c). preserve
   (i). hair, (ii). skin, (iii). fibres, etc., found on the body.

(2). If a medical officer or superior Police officer is available near the scene and is immediately expected to arrive, it is advisable to keep the body without altering its position until his arrival.

(3). When the investigating officer reaches the spot and there is nightfall but the postponement of investigating over the dead body involves the risk of putrefaction, the investigation over the dead body should be conducted in the night itself with the help of petromax or other bright lights and any investigation conducted in the night checked up in the morning by observation.

(4). Before sending the body for postmortem, take finger impression of the deceased, if the body is not decomposed.

DISINTERMENT OF BODIES (EXHUMATION OF DEAD BODIES)

1927. The following guidelines relate to the disinterment of bodies:

(i). An officer-in-charge of a Police Station and any superior Police officer lawfully making an investigation into the unnatural or sudden death of any person, shall, on learning that the body of the deceased person has been buried, record in writing the information which has reached him and the grounds on which he considers it necessary that the body should be disinterred.

(ii). He shall forward the information so recorded to the nearest Magistrate empowered to hold inquests and ask for an order under sub-section (3) of section 176 Cr.P.C. and in the meantime guard the grave or the place of burial / disposal of the dead body.

(iii). On receipt of the Magistrate’s orders, if the Magistrate himself does not attend to the disinterment, the Police officer shall, in the presence of two or more
respectable inhabitants of the neighbourhood, cause the body to be disinterred. The Police officer shall then comply with the provision of section 174 Cr.P.C.

(iv). Police officers shall invariably examine witnesses to prove the identity of disinterred bodies before commencing their investigation.

(v). If an investigation is made under section 156 or under section 157 of the Cr.P.C. the Police have the general powers to investigate and collect all evidence relating to cognizable cases, which would include, in cases of murder, the disinterment of bodies, e.g., discovery of corpses on information of a witness or confession of a prisoner. In cases of accidental death, however, as there is no investigation of a crime, a Police officer has no such powers and has necessarily to obtain the orders of a Magistrate to disinter corpses. Police officers will, however, be well advised to ensure, in cases where investigation is under section 157 Cr.P.C. on a mere suspicion of a commission of murder, that a Magistrate with power to hold inquests is present at the time of the disinterring of bodies buried after due ceremonies.

(vi). When postmortem examination is conducted on an exhumed body, the medical officer should also be requested to be present during disinterring. It is better to arrange the exhumation after ascertaining the availability and convenience of the Executive Magistrate and the medical officer. It is better to conduct the autopsy of the exhumed body at the site itself. A temporary shed, a desk, enough water, etc. shall be provided. Witnesses or the accused to identify the buried spot and men to do the disinterring shall be made available by Police sufficiently early.

Note

In the case of the exhumation of a body, it should be properly identified by the relatives or friends of the deceased before removal of the corpse from the pit where buried, at which time also the medical officer should view it.

GUIDELINES FOR INVESTIGATION UNDER SECTION 174 CR.P.C.

1928. Respectable inhabitants, who are required by section 174 Cr.P.C to take part in the investigation as panchayatars, should be summoned by an order in writing in Form No. 42. In addition, persons who appear to be acquainted with the facts of the case should also be summoned similarly and examined during the investigation in the presence of panchayatars.

1929. Every part of the body should be carefully and systematically examined starting either from the surface of the head or from the surface of the feet and a full description of the nature and dimensions of every injury found recorded.

1930. The points to be particularly noted at the scene of occurrence are:

(a). the position in which the body was found;
(b). the number, nature, shape, position, length and breadth of any wounds, bruises, contusions, scalds, burns or other marks of injury;

(c). the nature of any fracture;

(d). the articles of clothing, jewellery, documents and any other article found on or near it (an inventory should be taken of this);

(e). (i). all points which might show the person’s caste, community and age;
(ii). the condition of hair, whether disheveled or recently cut and any other special features;
(iii). in the case of a male, full description of the hair on the face, including beard and moustache, if any, and whether clean shaven or not;
(iv). holes in the lobes and helices of the ear and in the nose, if any, skin of palms and feet whether horny or not, and exact distribution of horniness, and marks of shoes, boots, etc;
(v). any marks, scars, warts, moles etc., and their exact situation and dimension;
(vi). the approximate height; and

(f). all other points which are likely to prove useful for the identification of the deceased or the investigation of the case.

1931. **INVESTIGATION – FINAL REPORT**

(1). When the investigation has been completed, the investigating officer shall draw up a report in Form No. I F 5, in which he shall state the apparent cause of death, give a description of any mark or marks of violence which may be found on the body, and describe the manner in which, and the weapon or instrument with which, such marks appear to have been caused. In making out the report in Form No. I F 5, the investigating officer should try to answer the questions posed in the form fully and in detail.

(2). Statements of witness examined during the investigation should be reduced to writing. They should be signed by the investigating officer and not by the deposing witness.

(3). The report shall be drawn up by the investigating officer himself and not by panchayatars or others.

(4). The report shall be signed by the investigating officer and by the panchayatars assisting the investigating, after their opinion is recorded, and shall be forwarded without delay to the Magistrate concerned and to the Superintendent of Police through the Inspector.

(5). The individual opinions of the persons engaged in the investigation are on no account to be entered in the report. Persons who do not concur with the report need not sign it. Any difference of opinion may be recorded in the case diary. The report must on no account be presented for signature to any person who was not actually present at the investigation or who has not satisfied himself by personal observation of the truth of the statements contained therein.
(6). A carbon copy of such report shall be filed in the Police Station.

(7). When more than one person die in the course of the same transaction while only one First Information Report either under section 154 or under section 174 or two reports under each of the sections, as the case may be, should be sent, there should be a separate investigation over the dead body of each person and a separate report of investigation under section 174 should be drawn.

(8). After the investigation under section 174 Cr.P.C. is over, the Police should at once make further inquiry as in other cases, if there is reason to think that a cognizable crime has been committed.

(9). If, at any stage of the investigation, it be found that a cognizable offence resulting in death has been committed or is suspected to have been committed, a report altering the section of law shall be sent to the Magistrate empowered to take cognizance of such offence.

Note:

(i). A copy of the alteration report shall also be sent to the Executive Magistrate’s court (SDM).

(ii). The earlier papers including the FIR in the Court of the sub-divisional Magistrate should be got transferred to the court of the Judicial Magistrate having jurisdiction.

1932. The investigation shall continue under the same crime number. A note to this effect will be made in the case diary. If, on the other hand, the investigation discloses no cognizance offence, the final report in Form No. I.F 5 will be submitted to the Magistrate empowered to hold inquest. A report of the action taken shall be reported in the case diary.

POST-MORTEM EXAMINATION

1933. The legal requirements in respect of post-mortem examination by a qualified surgeon are contained in Sub-section (3) of section 174 Cr.P.C.

1934. If there is any doubt regarding the cause of death or if, for any other reasons, the Police officer making the investigation considers it expedient so to do, he should send the body immediately for post-mortem examination to the nearest civil surgeon or other qualified Medical Officer approved by the State Government in this behalf. Bodies sent for post-mortem examination should be accompanied by the following papers depending upon the nature of cases:

(i). The report to be forwarded with the body sent for post-mortem examination – Form No. 85 A (1).

(ii). The form to be used in cases of death by hanging / strangulation / smothering – Form No. 85 (A) 2.
(iii). The form to be used in cases where preservation of viscera is required – 85 A (3).

(iv). The request for post-mortem examination – Form No. 85 B.

1935. It is specially important that no time should be lost in the despatch of the dead body to the Medical Officer as every hour’s delay means further decomposition and therefore, additional difficulty in detecting the cause of death.

1936. If, in exceptional cases owing to advanced putrefaction or in the circumstances in which the corpse was found, the movement of the corpse may make it impossible for the Medical Officer to form a correct opinion, the investigation officer should, with the least practicable delay secure, the services of the nearest Medical Officer to the spot for conducting the autopsy.

MEDICAL OFFICER TO FURNISH POST-MORTEM CERTIFICATES WITHIN TWENTY FOUR HOURS

1937. The Medical Officer should forward in the following authorized form, the results of the post-mortem examination held by him along with the inference or inferences deducible there from, to the investigating officer within 24 hours from the completion of such examination. Should he desire to be furnished with additional facts in connection with the history of the cases before pronouncing a final opinion, he must embody the expression of such reservation in his report.

1938. While the body should be sent to the nearest qualified Medical Officer for post-mortem examination, in exceptional cases, where, owing to advanced putrefaction or the circumstances in which the corpse was found, the movement of the corpse may make impossible for the Medical Officer to form a correct opinion as to the nature of the injuries or the exact cause of death, the Medical Officer may be requested to conduct his examination at or near the scene. The post-mortem examination shall be conducted on the following guidelines.

1939. The medical officer attached to the department of the Forensic Medicine, Government General Hospital, Puducherry or any Medical Officer authorized on that behalf by the Government of Puducherry or any Medical Officer of the Central government institution who conducts post-mortem examination of a dead body shall, before starting the autopsy, notify the following in clear terms, with the names of the medical officer and the deceased (if known) in capital letters:

Note: All post-mortem examination reports shall be given number serially.

(i). Name of the deceased.
(ii). Age of the deceased
(iii). Sex
(iv). Date of autopsy.
(v). Crime number of the case in which the dead body is related to
(vi). Referred by whom (i.e.) the Station House Officer of the Police Station.
(vii). Number and name of the PC who brought the dead body and identified it.
(viii). Identification marks of the dead body.
(ix). Date / time of receipt of the inquest report.
(x). Date / time of commencing the post-mortem examination.
(xi). Date / time of concluding the post-mortem examination.
(xii). The name of the Medical Officer who conducted the post-mortem examination.

1940. The post mortem will be done in the following sequence:-

(i). External examination
(ii). External injuries
(iii). Internal examination (Head, scalp, skull, brain, meaning and blood vessel)
(iv). Neck structures (skin, muscles, hyoid, thyroid, cartilage, larynx, trachea, bronchi, etc.)
(v). Thorax (chest wall, pleural cavity, oesophagus, bronchi, lungs, heart, blood vessels, diaphragm, etc.)
(vi). Abdomen and pelvis (abdomen wall, peritoneum, stomach and contents, small intestines, liver, gall bladder, spleen, pancreas, kidneys, urinary bladder, genital organs, etc.)
(vii). Muscles and bones
(viii). Spine
(ix). Viscera to be preserved for chemical analysis
(x). Opinion regarding the cause of death shall be given clearly; if final opinion is reserved, the same be indicated with reason. In that case a separate final opinion shall be given by the medical officer.

1941. The report of the medico legal post-mortem examination shall be given in the following format:-

GOVERNMENT GENERAL HOSPITAL, PUDUCHERRY
DEPARTMENT OF FORENSIC MEDICINE

MEDICO-LEGAL POST-MORTEM EXAMINATION REPORT

<table>
<thead>
<tr>
<th>Name:</th>
<th>Age:</th>
<th>P.M. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex:</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cr. No.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Referred by : 
2. (a). Brought and identified by (Police) : 
    (b). Identification marks : 
3. Date and time of receipt of inquest report / dead body : 
4. Date and time of commencing P.M. Exam : 
5. Date and time of concluding P.M. Exam : 
6. Post-mortem conducted by : 
7. External examination, length, weight, condition of clothes, hair, P.M. charges, offices, tongue, teeth, eyes, etc. : 
8. EXTERNAL INJURIES (Ante-mortem) : 
9. INTERNAL EXAMINATION
   Head (scalp, skull, brain menings and blood vessels) : 
10. Neck structures (skin, muscles, hyoid, thyroid, cartilage, larynx, trachea, bronchi, etc.,) : 
11. THORAX
    (a). Chest wall : 
    (b). Pleural cavity : 
    (c). Oesophages : 
    (d). Bronchi : 
    (e). Lungs- Right : 
      Left : 
    (f). Heart ad Pericardium : 
    (g). Blood vessels : 
    (h). Diaphragm : 
12. ABDOMEN AND PELVIS
    (a). Abdominal wall :
(b). Peritoneum 
(c). Stomach and contents 
(d). Small intestine 
(e). Large intestine 
(f). Liver and Gall bladder 
(g). Spleen 
(h). Pancreas 
(i). Kidneys, Ureters and adrenals 
(j). Urinary bladder 
(k). Genital organs 

13. Muscles and Bones 
14. Spine 
15. Viscera preserved for chemical analysis 
   (a). Stomach and contents and one foot of small intestine and contents 
   (b). Half Kg. of liver and one half of each kidney 
   (c). 50 ML. of blood 
   (d). Sample of preservative used (saturated solution of sodium chloride / rectified spirit) 
16. Opinion regarding the case of death 

Place: Puducherry  Signature 
Date 
Designation of the officer who conducted the post-mortem examination 

Received post-mortem certificate, viscera 
Signature 
P.C. Name  Date: 
Police Station  No: 
PRESERVATION OF CORPSES

1942. In order that the body may be kept in as good a state of preservation as possible, it should be placed upon a layer of powdered charcoal, from which it is separated by a cloth. It should then be covered by a cloth upon which another layer of charcoal is laid, the whole being covered by another cloth and a mat.

1943. A Head Constable or a Police Constable who had seen the body at the scene, shall accompany the body to the mortuary and remain in charge of it until the examination is over. If necessary, an additional guard shall be supplied for the posting of a sentry at the mortuary but the officer who accompanies the body from the spot shall hand it over personally to the Medical Officer conducting the post-mortem examination together with all reports and articles sent by the investigating officer to assist the examination and shall receive and convey to the investigating officer the post-mortem certificate and wearing apparel and other articles found on the body. He should be able to testify that the body examined by the Medical Officer was the one escorted by him.

1944. As soon as the Medical Officer had intimated that his examination is complete, the Police shall, unless they have received orders from a competent authority to the contrary, hand over the body to the relatives or friends of the deceased and, if there are no relatives or friends or if they decline to receive it, the Police shall arrange for its cremation or burial, as the case may be.

MEDICAL CERTIFICATE / WOUND CERTIFICATE

1945. Medical certificates including post-mortem and wound certificates will be issued when required by the Police.

UNIDENTIFIED BODIES

1946. If a body is unidentified the officer making the investigation shall record a careful description of it, giving all marks, peculiarities, deformities and distinctive features and shall take the finger impressions, in addition to taking all other reasonable steps to establish the identity with the help of witnesses, relations, friends, letters and photographs. The descriptive particulars as also the details of wearing apparel and other property found on the body will be circulated to all the surrounding stations, in addition to their publication in the district crime and occurrence sheet and, in cases where such appears desirable, a description will also be published in the Criminal Intelligence Gazette.

DEATH IN POLICE CUSTODY
1947. Death of any person while in Police custody should always be inquired into by a Magistrate. So, when a person dies in Police custody, an immediate report should be made to the nearest Executive Magistrate empowered to hold inquests detailing the facts and circumstances so far known and the body should be preserved for inspection by the Magistrate. Statements made by accused to the Magistrate holding an inquest under section 176 of the Code of Criminal Procedure and recorded by the latter are admissible as evidence against the accused.

1948. The following instructions pertaining to custodial deaths are to be strictly followed:–

(i). As a matter of policy, all cases of deaths in Police custody should be investigated by the CID. This is in addition to the Magisterial Enquiry as required by law under section 176 Cr.P.C.

(ii). There should be no reluctance on the part of Police officers to initiate disciplinary proceedings / criminal proceedings against and / or suspend any delinquent Police officer, when death, prima facie, occurs in Police custody. Cases should be registered in accordance with law, without loss of time, and the investigation entrusted to CID. Disciplinary proceedings should be ordered with a view to awarding major punishments so that the Police is put on alert.

(iii). Investigation, enquiries should be done strictly in accordance with law, making use of scientific aids to investigation. Unit officers should exercise close and effective supervision and ensure that subordinates do not use unlawful methods during investigation / enquiry.

(iv). Procedure for inquests by Magistrates, of persons who die in Police custody shall be in accordance with the provisions u/s 176 Cr.P.C. and in cases arising under section 174 Cr.P.C.

(v). Superintendents of Police of regions should request the Superintendent of Police CID to send the photographer or the videographer who should video film the entire processes of inquest proceedings and postmortem examination. Two witnesses, drawn preferably from two different departments of the Government (a non-enforcing agency, other than the Police, Revenue, Excise and Forest, should be associated). On completion of the videographing process, three copies of video films should be made and one copy each be sent to (1) NHRC, New Delhi together with the P.M. report, (2) Senior Superintendent of Police (Crime & Intelligence) who is the nodal officer for cases relating to the Human Right Violations, (3) Jail Superintendent if the death is in Judicial Custody and (4) Executive Magistrate when the death is in Police custody. The master copy may be retained by the Superintendent of Police concerned.

(vi). Whenever any custodial death / rape occurs anywhere in the territory this is required to be promptly reported to the NHRC (National Human Rights Commission), as early as possible.
DEATH IN JAILS

1949. On the occurrence of a sudden or violent death or whenever there is any doubt or complaint or question concerning the causes of death of any prisoner in a jail, the inquest which the Magistrate has to hold should be preceded by an investigation by the Police under section 174 Cr.P.C. No jail officer or servant should be chosen to be a panchayatar for the inquest proceedings.

TRIAL OF CULPABLE HOMICIDE AFTER ALTERING FROM SECTIONS 174 / 176 CR.P.C.

1950. In cases of trial for culpable homicide, the admissible fact of the report of the investigation under section 174 Cr.P.C. should invariably be filed by the prosecution in the court.

POINTS FOR INVESTIGATION IN VARIOUS DEATH CASES

1951. Any important medico-legal evidence or any physical clue at the place or the scene of occurrence should not be over-looked. The following points of procedure and observation are to be carefully done by the Police when they investigate cases of unnatural or suspicious death:-

STRANGULATION / THROTTLING

1952. Death due to constriction of the neck by means of a ligature is called strangulation. Manual strangulation is called throttling.

1953. In such types of deaths, the ligature will be usually found tied around the neck. There will be ligature marks or nail marks in the region of neck. Signs of violence on other parts of the body will be present. Strangulation is almost always homicidal. The following are the instructions.

(a). Photographs of the body and scene from various angles.
(b). Close up photographs of the neck region.
(c). Do not disturb the ligature around the neck.
(d). Note the nature and direction of the salivary stains if any. Collect the stain using filter paper.
(e). Finger nail clippings.
(f). Blood for grouping.
(g). Scalp hair – samples.
(h). Request the doctor to collect viscera, blood and urine for chemical analysis. Vaginal swab and smear in the case of females are also to be collected.
(i). Collection of foreign materials and trace materials from the body and scene.
(j). Look for signs of sexual assault in the case of female victims – request the doctor to look for the signs.

(k). If ligature is absent around the neck, cellophane tapes have to be applied on the neck. These tapes and suspected ligature materials are to be sent for laboratory examination.

SUFFOCATION / SMOTHERING

1954. This is a form of death caused by the closure of mouth and nostrils by means of hands, clothes, pillow, etc. or by blocking the cavities of mouth and nose by cloth, mud, etc.

1955. In these cases, injuries like abrasions and contusions may be seen on the face around the mouth and nostrils. Lips, tongue and gums may also show injuries. If a soft material is used for smothering, external injuries may be absent.

1956. Investigation should be conducted on the same lines as mentioned above.

DROWNING

1957. Death due to submersion in water or any other fluid medium is called drowning. The following special instructions may be followed:

(a). Collection of sample of water / medium in which the dead body was found. Send the sample of water along with the dead body for diatom test (during post mortem). Minimum 500 cc. of water must be collected in clean glass bottles.

(b). Request the doctor to do a diatom test.

DIATOM TEST: This is done for detection of certain unicellular plants found in water. These diatoms will be inhaled along with water and will be deposited in internal organs like lungs, bone marrow, etc. This test will be conducted in the Forensic Medicine Department – JIPMER and also in the Central Forensic Science Laboratory. A positive diatom test proves that the death was due to antemortem submersion i.e. the person was alive at the time of falling in water. (This test may be conducted only when it is required)

(c). Sometimes weeds, water plants or some other materials may be found grasped in the hands of the dead body. This condition is called ‘cadaveric spasm’ and is another proof of antemortem submersion.

(d). If foreign materials are present in the hands of body, collect, dry and pack them in polythene bags or glass bottles.

(e). Take measurements of the scene of drowning. If it is a well, note the diameter, total depth, depth of water and height of parapet wall if any. The nature of the
side walls is to be examined and noted. Look for any recent damage or destruction of the side walls.

It is always better to examine the bottom of the wall or pond. If possible, drain it by pumping out the water. Nature of the bottom / floor has to be found out. This will help in explaining injuries, if any found on the body.

(f). Look for the presence of blood / hair etc. on the inner lining of the well.

(g). Request the doctor to collect viscera, blood and urine for chemical analysis.

(h). Vaginal swab and smear have to be collected in the case of a female.

1958. **DEATHS DUE TO BURNS**

(a). Photographs of the body and scene.

(b). Examine the burnt areas for signs of redness and bleb formation (antemortem signs).

(c). Estimate the extent of the burns find out which area is burnt more severely. Look for the smell of inflammable substances.

(d). Collection of debris of burnt clothings and other articles for forensic examination to detect the presence of inflammable substances.

(e). Collection of containers of inflammable substance. Get the services of a fingerprint expert to search for prints on the containers.

(f). Request the autopsy-surgeon to look for the presence of soot in the air passages of the dead body.

(g). Request the doctor to collect a sample of blood of estimation of Carboxy hemoglobin. This can be done in the Chemical / Forensic Science Laboratories. These tests, (f and g) if positive, would prove that the burns were antemortem.

(h). Collection of viscera, blood and urine for chemical analysis.

(i). Vaginal swabs and smears in the case of female victims.

1959. **MURDER BY ASSAULT WITH BLUNT / SHARP WEAPONS**

(a). Photograph the body, scene, weapons, foreign materials etc., close-up pictures of injuries are to be taken.
(b) Detailed description and measurement of injuries in relation to the nearest anatomical landmarks.

(c) Examination of clothings in detail in the case of stab injuries; look for corresponding tears and cuts on the clothes. Detailed description measurements are to be recorded.

(d) Dry and blood stained clothes in the shade and pack in polythene bags. Loose trace materials are to be collected separately after noting the location and nature.

(e) Finger printing the body and weapons.

(f) Preservation and photographing of foot prints and palm prints.

(g) Blood of the victim for grouping. If there are blood stains in different areas in the scene, each stain should be collected and packed separately for testing the group. The accused also might have sustained injuries and bled in the scene.

(h) Collection of all the possible trace materials, foreign bodies etc., in the scene. If there is delay in getting the services of the Police dog, the materials should be kept in wide mouthed glass bottles with caps, so that the scent will not be diminished or lost.

(i) Determination of the blood group of the deceased.

(j) Collection of hairs from scalp, beard and public area.

(k) Request the doctor to collect viscera, blood and urine for chemical analysis, if alcoholism or drugging is suspected.

(l) Request the doctor to collect vaginal swab and smear in the case of females. Look for signs of sexual assault.

(m) Collection and packing of all types of weapons present in the scene.

1960. **DEATHS DUE TO FIREARM / EXPLOSION INJURIES**

(a) Photograph the dead body and the scene. Close-up pictures of the injuries are to be taken.

(b) Finger printing the body and the firearm if recovered.

(c) Fire effects such as burns, blackening, tattooing, grease collar, etc., found on the cloths / body should be photographed preferably using colour film. Detailed description and measurements are to be recorded. When the injuries are measured, distance from the feet and nearest anatomical landmarks are to be noted. This would help in finding the direction of firing.
(d). The clothes should be removed carefully, dried and packed in polythene bags. Cellophane sheets are to be placed over the tears in the clothes caused by the projectile. This would prevent the loss of trace materials.

(e). Search for bullets / pellets / wads etc., in the scene if exit wounds are seen on the body. The recovered projectiles are to be wrapped with cotton and packed in wide-mouthed containers.

(f). In the case of explosion injuries, collect the fragments of the bomb, debris of tissues, clothes etc. and preserve separately. Human tissues should be put in glass bottles and rectified spirit can be used as a preservative.

(g). Paraffin test (Dermal Nitrate Test).

This test will prove whether the deceased had fired a gun recently. During firing, gun powder or cordite residues will be deposited in the palm. The method is as follows:-

Dip a roll of surgical gauze bandage in molten paraffin and wrap it around the hands while it is still hot to form a covering. After hardening, remove the cast by cutting it lengthwise. Pack it in a polythene bag and send it to the Forensic Science Laboratory for testing for gun powder residues.

(h). During autopsy, request the doctor to collect pieces of skin around the wounds and preserve in rectified spirit after noting down the features and measurements. The bullets / pellets / wads, etc. recovered from the body are to be prescribed. It is better to subject the body for ‘X’ Ray examination before autopsy. This would help in locating the projectiles.

1961. VEHICULAR ACCIDENTS

(a). Photographing the body, scene, vehicles, skid marks, trace materials etc.

(b). Detailed description of the vehicle involved, particularly the damage sustained to it.

(c). Detailed description of injuries. Look for patterned injuries and take close-up photos. Distance of the injury from the feet of the victim is to be taken. This would help in the reconstruction of the accident.

(d). Collection of trace evidence like paint, grease, blood hair, glass etc. from the vehicle, scene and body of the victim.

(e). Reconstruction of the accident based on the findings and versions of witnesses.

(f). Request the doctor to collect viscera, blood and urine for alcohol / drugs etc.
(g). Look for evidence of blindness, deafness, and natural diseases in the victim. Request the doctor to look for these.

(h). Look for tyre marks on the body, and scene.

1962. **INFANTICIDE / CRIMINAL ABORTION**

Conduct inquest and send the foetus for autopsy after noting the following:

(a). Description of the scene. If it was found buried, description of the pit.

(b). Photographs of the dead foetus and the scene.

(c). Description of clothes and wrappings.

(d). Length of the foetus from head to heel. From this, intrauterine age can be estimated. Upto 25 cms, take the square root, which will give the age in months. Beyond 25 cms, divide by 5. For e.g., if the length is 25 cms. \((/ 25)\) age is 5 months. If the length is 30 cms \((30/5)\) age is 6 months.

(e). Note the nature of umbilical cord, whether it is torn, cut, tied or shriveled.

(f). Request the doctor to find out:

   (i). The age of the foetus.
   (ii). Whether it is live born, dead born or still born.
   (iii). If it was live born, the cause of death.
   (iv). If live born, period of survival.

(g). Send the mother to a medical officer, preferably a lady gynaecologist to find out the following:-

   (i). Whether the woman was pregnant?
   (ii). If so what was the duration of pregnancy?
   (iii). Was the pregnancy terminated / signs of deliver / abortion?
   (iv). How was the delivery / abortion induced?
   (v). Injuries, if any in the genital tract.
   (vi). When did the delivery / abortion occur?
   (vii). Questioning the woman, witnesses and accomplices.
   (viii). Scratch for implements / drugs used for inducing delivery / abortion.

1963. **DEATH DUE TO POISONING**
(a). Photographing the body, scene, bottles of poison etc.

(b). Finger printing the containers of poison, cups and glasses used for consumption.

(c). Collection and preservation of remnants of food materials, utensils etc. for chemical analysis.

(d). Collection of vomits, if any found in the scene. It should be dried before collecting it in glass bottles.

(e). Look for injuries especially on the face, around mouth and hands. Find out whether there are signs of forcible administration of poison.

(f). Collection and preservation of clothings.

(g). Request the doctor to collect viscera, blood and urine. Ask for quantitative estimation in the case of alcohol / barbiturates / tranquilisers etc. if detected.

(h). Investigation to find out the source of poison and its availability. If the container of the poison / medicines is left at the scene of crime, seize it and note down the lot number and find out the source of availability through manufacturer / dealer / seller.

(i). Investigation of the circumstances of death and motive for suicide / homicide.

**DOWRY DEATHS**

1964. Investigation of deaths due to burns.

1965. A good majority of dowry deaths are due to burns. First information given in many of the cases may not be correct. The history given may be that the victim had sustained burns from a stove while cooking, or that the stove had burst accidentally. Whatever be the information received, it is the duty of the investigating officer to find out the cause and manner of death.

**Cause of Death**

1966. Burn is an injury caused by the application of dry heat to the surface of the body, resulting in the destruction of tissues.

1967. Depending on the severity of the burns, three types of burns are described.

(a). Epidermal - Involving the superficial skin

(b). Dermal - Involving the entire thickness of skin

(c). Deep - Involving deeper tissues like muscles and bones.
1968. Burns will produce intense pain and as a result of this, the victim can become unconscious due to primary neurogenic shock. (This is the reason why some victims do not shout or cry). Subsequently due to the loss of serum and proteins, the victim will develop circulatory failure and secondary shock. Death will be due to fall of blood pressure and kidney failure.

**Fatal percentage of burns**

1969. Burns involving more than 30% of total body surface can be fatal. Death can occur as a result of inhalation of fumes, smoke, carbon-dioxide and carbon monoxide emanating from the conflagration. If the victim survives the circulatory failure, delayed death can occur due to toxemia and sepsis.

1970. The important aspect of the investigation is to find out whether the burns were antemortem or postmortem.

**Note:**

In all burn cases, immediate dying declaration u/s 32 of the Evidence Act shall be recorded.

1971. **FEATURES OF ANTEMORTEM BURNS**

**(a). Line of redness**

The burnt area is surrounded by a red border due to accumulation of blood and fluids pressed out of the burnt area.

**(b). Blister formation**

The burnt area will show blebs. This is due to the collection of tissue fluid between the layers of skin. The blisters in burns will contain fluid. The base of the blister will be red in colour. This blisters should not be mistaken for those seen in putrefied bodies. Due to putrefaction, gases will collect in the skin and blisters will be formed. These blebs will contain gas instead of fluid and the base will be pale.

**(c). Presence of soot in the air passages.**

In a charred body it will be difficult to observe the line of redness or bleb formation as the skin and deeper tissues are destroyed. In such cases due to intense conflagration, particles of carbon will be found deposited in the trachea and bronchi. This is seen when lot of carbonaceous materials are burnt. This indicates that the victim was alive and breathing at the time of sustaining burns. But absence of soot does not rule out antemortem burns.

**(d). Carboxy hemoglobin in the blood**
In charred bodies and in cases where lot of carbonaceous materials are burnt in a closed space, carbon monoxide will be produced. If the victim was alive and breathing, the carbon monoxide will be inhaled and this will combine with the hemoglobin of blood and carboxy hemoglobin will be formed. This will impart a cherry red colour to blood. This can be detected by subjecting a sample of blood to spectroscopic examination. Absence of carboxy hemoglobin does not rule out antemortem burns.

**MANNER OF DEATH ACCIDENT / SUICIDE / HOMICIDE**

1972. In order to ascertain the manner of death, a detailed investigation is necessary.

(a). **Examination of the scene**

The scene should be examined thoroughly and meticulously. If the scene is a closed area, find out whether there is chance of access for an outside agency. Source of arson should be located. Containers of inflammable substances if any should be looked for. They should be examined for finger prints and latter sent for chemical analysis. Look for disturbance in the scene.

The body and scene should be photographed preferably using colour film, wide range and close up lenses.

Stove or any such device should be preserved for forensic examination. Look for blunt / sharp weapons in the scene.

(b). **Collection of trace evidence**

Burnt skin, hair and other debris should be collected. Any foreign material found in the scene should be collected and preserved.

(c). **Circumstantial evidence**

Detailed investigation regarding the circumstances of death has to be conducted. Witnesses should be questioned to find out the alleged time of incident, movements of the inmates of the house including the deceased, time of consumption of last meal, motive for committing suicide / homicide etc. Search for letters, documents etc. is also necessary. Examine the inmates of the houses for signs of burns or other injuries on their person.

(d). **Request for autopsy**

When the body is sent for autopsy, the following special requests shall be made.

(i). Collection of viscera, blood and urine for chemical analysis.

(ii). Collection of vaginal swab and smear.

(iii). Collection of skin, hair, etc. for analysis to find out the presence of inflammable substances.

(iv). To conduct tests for the presence of carboxy hemoglobin in the blood.
(v). To look for the presence of soot in the air passages.

The medical officer may be questioned on the following aspects after the autopsy.

(i). Probable time of death
(ii). Whether the burns were antemortem or not?
(iii). Extent and nature of burns.
(iv). Presence of injuries or signs of violence.
(v). Evidence of pregnancy, sexual assault etc.
(vi). Regarding the stomach contents, nature of last meal, signs of poisoning / alcohol / drugs etc.
(vii). Whether there was any smell of kerosene or other substance on the body?
(viii). Whether there were any trickle marks of such substance on the body?
(ix). Area of maximum involvement of burns on the body.
(x). Whether any area of body was free from burns?
(xi). If it is self immolation, probable position of the victim.

GUIDELINES FOR SENDING A BODY FOR POSTMORTEM EXAMINATION

1973. Remember that a dead body will be available for examination only for a short time during inquest. Therefore, conduct a thorough examination and note down the findings. Collect all possible trace evidences and other material objects. At the same time, avoid unnecessary delay in sending the corpse for an autopsy. The body will putrefy and postmortem findings will be vitiated. This commonly happens in the case of drowned bodies. When such a body is removed from water and exposed to sun and air, it will putrefy quickly. Therefore conduct the inquest in the shade.

1974. If the body is highly putrefied and transportation is difficult, request the doctor to conduct the autopsy at site. Such requisitions are to be made by an officer not below the rank of a Circle Inspector.

1975. Whatever necessary, the investigating officer may ask the postmortem doctor to

(i). Collect viscera, blood and urine for chemical analysis (in suspected poisoning alcoholism, drug addiction etc.)
(ii). Collect organs / bits of organs for microscopic examination (if any natural disease is suspected to be the cause of death).
(iii). Conduct diatom test (in cases of drowning).
(iv). Look for signs of recent sexual act and collect vaginal swabs and smears in the case of female dead bodies. (rape, murder).
(v). Collect hairs from scalp, beard, axilla and public areas. (rape, murder)
(vi). Collect nail clippings. (murder, rape).

(vii). Determine the blood group. (murder, rape).

(viii). Preserve peeled skin of hands for finger printing (in the case of putrefied bodies).

(ix). Amputate finger tips, preserve each separately and label for finger printing. (when there is no facility to take finger prints at the time of autopsy).

(x). Collect trace evidence and foreign bodies found on the body.

(xi). Conduct dermal nitrate test to find out whether the deceased has fired a firearm recently (in the case of firearm injury).

(xii). Collect, preserve, pack and label, bullets / pellets / wads etc. (in case of gunshot injury).

(xiii). Collect piece of skin surrounding the gun shot injuries in rectified spirit.

(xiv). Collect debris of skin, burnt remnants of clothes, hair etc. for examination of inflammable substances (in cases of death due to burns).

(xv). Collect blood for testing the presence of carboxy hemoglobin (in case of death due to burns).

(xvi). Test the stomach contents of a new born baby for the presence of mink (case of intanticide).

(xvii). To conduct an examination of the scene of occurrence for reconstruction and correlating the autopsy findings.

GUIDELINES FOR QUESTIONING THE DOCTOR AND RECORDING THE STATEMENT U/S 161 OF Cr.P.C

1976. The investigating officer should question the doctor preferably twice, just after the autopsy and later after obtaining the autopsy report. The statement recorded should contain the salient postmortem findings, cause of death, assessment of time of death and manner of death. If weapons are recovered, those should be shown to the doctor and specific opinion as to the injuries inflicted is to be recorded. It is better to give a carbon copy of the statement to the doctor, so that he can refresh his memory before giving evidence in a court of law.

1977. Scheme of recording the statement is given below

(i). The name, qualification and designation of the doctor.

(ii). The name, sex, and age of the deceased, crime No., date and time of autopsy.
(iii). The salient external and internal postmortem findings including postmortem changes.

(iv). Brief description of injuries if any.

(v). Probable mode of causation of each injury and inferences regarding the nature of the weapon.

(vi). Medico-legal classification of each injury-simple/grievous/necessarily fatal / sufficient to cause death in the ordinary course / likely to cause death.

(vii). If weapons are recovered, enumerate the injury caused by each weapon.

(viii). Relative position of assailant and victim (in a case of murder).

(ix). Time of survival after sustaining the fatal injuries.

(x). Possibility of volitional activities of the victim like walking / shouting etc.

(xi). Cause of death and mechanism of death.

(xii). Probable time of death based on the postmortem changes and presence of food in the stomach.

(xiii). Signs of poisoning / alcoholism etc. if any and description of stomach contents.

(xiv). Signs of natural disease.

(xv). Age, sex, height, identification features etc. in the case of unidentified bodies.

(xvi). Clues regarding the manner of death.

(xvii). Any other information which the doctor volunteers.

1978. If the doctor has reserved his opinion pending the reports of chemical analysis and laboratory investigations, the officer may conduct a preliminary questioning and obtain sufficient data for proceeding with the investigation.

Note

(i). As far as possible all crime scene photographs shall be in colour film.

(ii). If the weapon of offence is detected before the conduct of the postmortem, photographs shall be taken during the postmortem examination ‘matching the weapon with the wounds’.
(iii). As and when the weapon of offence is recovered, the same shall be produced before the medical officer who conducted the autopsy and his opinion heard. Later, this point shall be incorporated while recording the statement of the Medical Officer under section 161 (3) Cr.P.C.

“AN UNNATURAL DEATH IS TO BE CONSIDERED AS MURDER, UNLESS OTHERWISE PROVED”.

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