

No. 1029066

**PERAKUAN PENGAMAL PERUBATAN  
CERTIFICATION BY MEDICAL PRACTITIONER**

Akta Pendaftaran Kelahiran dan Kematian 1957  
Kaedah-Kaedah Pendaftaran Kelahiran dan Kematian 2019  
(Subseksyen 22(1); Kaedah 9)

Births and Deaths Registration Act 1957  
Births and Deaths Registration Rules 2019  
(Subsection 22(1); Rule 9)

Saya / I

**DR RAYWINDRAN RAJ LINCOLN** (3014264/150803-06-5131)  
(Nama dan Nombor Kad Pengenaln Pegawai Perubatan /  
Name and Identity Card No. of the Medical Officer)

mengesahkan bahawa saya telah merawat / affirm that i have attended:

Nama si mati / Name of the deceased **SALMAH BINTI ABU BAKAR**

Nombor pengenalan si mati / Identification no. of the deceased **460326-07-5326**

Alamat si mati / Address of the deceased **30, JALAN AY 2A/15, TAMAN  
KERAMAT, 54200, KUALA LUMPUR, WPKL**

semasa penyakit terakhirnya pada / during his last illness on

dan beliau telah meninggal dunia pada / and he passed away on **02 JULY 2023**

( tarikh / date ) **0303H** ( masa / time ).

Sebab-sebab utama kematian ialah / The main causes of death are:

**PULMONARY INFARCTION WITH PULMONARY HEMORRHAGE  
LIKELY SECONDARY TO PULMONARY EMBOLISM**

**KAPT (DR) RAYWINDRAN RAJ LINCOLN  
(3014264) MD UPNM  
PEGAWAI PERUBATAN  
NO MMC: 103170**

( Tandatangan dan cap rasmi / Signature and official seal )

Tarikh / Date : **02 JULY 2023**

**NOTA**

Borang ini untuk kegunaan pegawai perubatan berdaftar bagi memperakui sebab-sebab kematian seseorang semasa penyakit terakhir dirawat oleh pegawai perubatan itu.

**NOTE**

This form is to be used by registered medical practitioner to certify the causes of death of any person who has during his last illness been attended by such medical practitioner.