FORM NO.4
(See Rule 7)
MEDICAL CERTIFICATE OF CAUSE OF DEATH
(Hospital in patients. Not to be used for stillbirths)
To be sent to Registrar along with From No.2 (Death Report)

0404

Name of the Hospital: Regency Hospital Ltd.

I hereby certify that the person whose particulars are given below died in the hospital in ward No. CCU on 8/5/2026; at 4:19 AM./P.M

NAME OF DECEASED	Sanjeev Kumar				For use of Statistical Office
	Age at Death				
Sex	If 1 year or more, age in years	If less than 1 year, age in Months	If less than one month, age in days	If less than one day, age in Hours	
1. Male 2. Female	49 years				

CAUSE OF DEATH

		Interval between onset & death Approx	
I. Immediate cause State the disease, injury or complication which Caused death, not the mode of dying such as Hear failure, asthenia, etc.	Cardiogenic shock, Severe metabolic acidosis, Recurrent VT, VT storm mechanical ventilation.		
	(a) due to (or as consequences of)	Hyperkalemia.	
		Acute on CKD.	
Antecedent cause Morbid conditions, if any, giving rise to the above Cause, stating underlying conditions last	(b) due to (or as consequencesof)	DCMP, EF 10%.	
		Old Anterior AICD-VDD.	
II.	(c)	Paroxysmal Atrial [illegible].	
Other Significant conditions contributing to the Death but not related to the diseases or conditions causing it.		T2DM, DK Hypo Thyroid	

Manner of Death
1. Natural 2. Acident 3. Suicide 4. Homicide
5. Pending Investigation

How did they injury occur?

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
If yes, was there a delivery? 1. Yes 2. No

Dr. Rajneesh Kaul.
Name and Signature of the Medical Attendant certifying the Cause of Death
Date of Verification: 8/5/2026.

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt/Kum. Sanjeev Kumar S/W/D of Shri Ram Naresh
R/O Uday Rajput Bharsa Marg was admitted to this hospital on 29/05/2026.
and expired on 8/5/2026

Ashok Nagar Fatehpur Uttar Pradesh.

Medical Supdt. Regency Hospital Ltd.
(Medical Supdt. Name of Hospital)

संख्या 2
S.No.2

प्रपत्र 6
FORM 6

उत्तर प्रदेश सरकार
GOVERNMENT OF UTTAR PRADESH
चिकित्सा एवं स्वास्थ्य विभाग
DEPARTMENT OF MEDICAL AND HEALTH
नगर निगम जोन 6 कानपुर नगर
NAGAR NIGAM ZONE 6 KANPUR NAGAR

DEATH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12/17 तथा उत्तर प्रदेश जन्म और मृत्यु रजिस्ट्रीकरण नियम 2002 के नियम 8/13 के अंतर्गत जारी किया गया)

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS AND DEATHS ACT, 1969 AND RULE 8/13 OF THE UTTAR PRADESH REGISTRATION OF BIRTHS AND DEATHS RULES 2002)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मृत्यु के मूल लेख से ली गई है जो कि नगर निगम-जोन 6 कानपुर नगर तहसील कानपुर जिला कानपुर नगर राज्य/संघ प्रदेश उत्तर प्रदेश, भारत के रजिस्टर में उल्लिखित है।

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF DEATH WHICH IS THE REGISTER FOR NAGAR NIGAM ZONE 6 KANPUR NAGAR OF TAHSIL/BLOCK KANPUR OF DISTRICT KANPUR NAGAR OF STATE/UNION TERRITORY UTTAR PRADESH, INDIA

मृतक का नाम / **NAME OF DECEASED:** SANJEEV KUMAR

लिंग / **SEX:** MALE

आधार संख्या / **AADHAAR NUMBER:**
XXXX XXXX 9429

मृतक की आयु / **AGE OF DECEASED:**
49 YEARS 10 MONTH(S) 23 DAY(S)

मृत्यु की तिथि / **DATE OF DEATH:**
08-05-2026
EIGHTH-MAY-TWO THOUSAND TWENTY SIX

मृत्यु का स्थान / **PLACE OF DEATH:**
REGENCY HOSPITAL SARVODAY NAGAR, KANPUR, KANPUR , KANPUR NAGAR, UTTAR PRADESH

पति/पत्नी का नाम / **NAME OF HUSBAND / WIFE:**
ASHA DEVI

पति/पत्नी का आधार संख्या / **AADHAAR NUMBER OF HUSBAND / WIFE:**
XXXX-XXXX-8025

माता का नाम / **NAME OF MOTHER:**

माता का आधार नंबर / **AADHAAR NUMBER OF MOTHER:**

पिता का नाम / **NAME OF FATHER:**
RAM NARESH

पिता का आधार नंबर / **AADHAAR NUMBER OF FATHER:**

मृतक का मृत्यु के समय का पता / **ADDRESS OF THE DECEASED AT THE TIME OF DEATH:**
UDAY RAJPUR, BHARSAWA, ASHOK NAGAR, FATEHPUR, FATEHPUR, FATEHPUR, UTTAR PRADESH, 212664

मृतक का स्थायी पता / **PERMANENT ADDRESS OF DECEASED:**
UDAY RAJPUR, BHARSAWA, ASHOK NAGAR, FATEHPUR, FATEHPUR, FATEHPUR, UTTAR PRADESH, 212664

पंजीकरण संख्या / **REGISTRATION NUMBER:**
D2026099382300025 76

पंजीकरण दिनांक / **DATE OF REGISTRATION:**
17-06-2026

टिप्पणी (यदि कोई हो) / **REMARKS (IF ANY):**
193 H

जारी करने की तिथि / **DATE OF ISSUE:**
17-06-2026

Updated On: 17-06-2026 14:21:06

'This QR code can be used to check the authenticity of the certificate'

प्राधिकारी के हस्ताक्षर / **SIGNATURE OF ISSUING AUTHORITY:**
KANPUR NAGAR NIGAM ZONE SIX
रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
नगर निगम जोन 6 कानपुर नगर
NAGAR NIGAM ZONE 6 KANPUR NAGAR

"प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें / **ENSURE REGISTRATION OF EVERY BIRTH AND DEATH**"