Overview of the Cause of Death of the Forensic Section of DR M.Djamil Hospital, Padang in 2019

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ABSTRACT

Backgrounds: Death eventually occurs in all living things. Statistical data of deaths are needed to determine policies, priorities, and development of health programs in order to improve health service provisions.

Objectives: This research implemented a retrospective descriptive design. Samples were selected using total sampling technique. Samples were taken from data recorded in the death registration form in RSUP M. Djamil Padang from January to December 2019. Data analysis was carried out univariately.

Results: Characteristic of corps in the Forensic Unit of RSUP DR M.Djamil Padang in 2019 was found that more deaths occurred in men (53.9%) and elderly age (> 45 years) groups. The most common causes of death based on the ICD-10 classification were symptoms, signs, and other abnormalities (31.9%), disease of the respiratory system (14%) and the circulatory system (16%). On 125 of 212 corpses with unnatural death (59%), external examinations were performed.

Conclusion: The number of death is higher in male and elderly age with the most common cause of death group is symptoms, signs, and other abnormalities.
1. INTRODUCTION

Death is an event that will happen to all living things. In simple terms, death is defined as a condition where there is a permanent cessation of cardiac function and/or respiratory function.1 The process of death in a person can be recognized clinically through changes that occur in the body of the corpse. The definition of death is also stated in the Law of the Republic of Indonesia Number 36 of 2009 concerning health, article 117 which reads: "A person is said to be dead if the function of the heart, circulation, and respiratory system is proven to have stopped permanently, or if there is brain stem death has been confirmed. proved."2

According to data from the Central Intelligence Agency (Badan Intelijen Pusat) in 2017, Indonesia's crude death rate stands at 6.5 deaths per 1000 population per year.3 In the 2015 health profile, the province of West Sumatra shows the crude death rate at home. illness was 2.77 per 100,000 discharged patients.4 For RSUP DR M.Djamil in 2016, the Net Death Rate (NDR) or pure mortality rate was 87.44%. This high figure is due to the fact that RSUP DR M.Djamil Padang is the last referral hospital so that the patients referred are patients with high-level complications. decreased and the death rate increased.

Data from The Institute for Health Metrics and Evaluation (IHME) in 2016 showed that the largest cause of death from disease in the world was cardiovascular disease (32.26%), followed by cancer (16.32%), respiratory disease (6.48%).6, and diabetes (5.83%).7 Meanwhile in Indonesia, data from the Indonesian Ministry of Health in 2014 showed that the ten leading causes of death in Indonesia were cardiovascular disease, tuberculosis, diabetes mellitus, hypertension, stroke, cancer, lung disease, chronic diseases, diarrhea, respiratory infections, and HIV/AIDS.8 In addition to deaths from disease, deaths from accidents are also quite high in Indonesia. According to the WHO report in The Global Report on Road Safety in 2015,

In addition, it is important for a doctor to determine the manner of death (manner of death), that is, natural or unnatural. Natural death is defined as death due to a disease or from the aging process. While unnatural death is defined as death not due to a disease, for example as a result of homicide (criminal), suicide, and accidents.10 If the body is suspected of having died in an unnatural way, it is necessary to examine the corpse to help determine the cause of death of the corpse. that.

In Indonesia, data on mortality and causes of death are needed by the government to formulate policies, priorities, and develop health programs in order to improve health services. However, the problem that arises is that data on deaths and causes of death cannot be obtained accurately and in a timely manner. So that the government has issued a Joint Regulation of the Minister of Home Affairs and the Minister of Health Number 15 of 2010 which regulates reporting of deaths and causes of death.11 In preparing death statistics, ICD-10 is used as the basis for determining the cause of death and must be followed by member countries. WHO. WHO has compiled death certificates which are the main source of mortality data and are used as the basis for making reports on causes of death.

For the sake of statistical data on deaths and causes of death, the Forensic Section of the Central General Hospital DR M.Djamil Padang has started to carry out a complete recording of registered deaths since 2018. The data recorded includes name, gender, age, registration number, diagnosis, action. done, and so on. However, research on the number and description of deaths recorded in the forensics department is still very minimal. Based on this background, this study was conducted to determine the characteristics of the corpse, description of the cause of death of the corpse, as well as description of the examination of the corpse by way of unnatural death in the Forensic Section of DR M.
II. METHODS

This type of research is descriptive research, which is a study that provides an overview of the causes of death of bodies that enter the Forensic Section of RSUP DR M.Djamil Padang from January to December 2019. The study was conducted from June 2020 to January 2021 and this research was conducted in Forensic Department of DR M.Djamil Hospital, Padang.

The population in this study was all death data in the Forensic Department of DR M.Djamil Padang Hospital and the sample was mortality data in the Forensic Department of DR M.Djamil Padang Hospital from January to December 2019 which met the inclusion criteria. The inclusion criteria in the study were complete death records in the Forensic Department of DR M.Djamil Padang Hospital from January to December 2019, while the exclusion criteria were incomplete death records in the Forensic Department of DR M.Djamil Padang Hospital from January to December 2019.

The data collected is secondary data that comes from the registration of deaths in the Forensic Department. Samples were taken using a total sampling technique, which took all subjects who met the inclusion criteria and were used as samples. Furthermore, the data will be analyzed univariately.

The ethical review permit number in this study is No: 345/KEPK/2020, which was issued by the Health Research Ethics Committee of RSUP DR M.Djamil Padang.

III. RESULT

The number of bodies that entered the Forensic Department in 2019 was a total of 4,350 deaths.

A total of 274 data were obtained incomplete, namely on the sex of the corpse, the age of the corpse, and on the diagnosis of the cause of death. The number of deaths recorded in the death register form of the Forensic Section of RSUP DR M.Djamil Padang ranged from 300 to 400 deaths per month in 2019. The highest number was in July 2019 which was 402 deaths and the least was in January, which was 327 Dead. In that one year period, there were 4,076 complete death registration data with details presented in Table 1.

From a total of 4,076 mortality data, 2,198 (53.9%) were male and 1,878 (46.1%) were female. So it can be concluded that mortality in men is higher than women in the death data recorded at the Forensic Section of the RSUP DR M.Djamil Padang in 2019.

In the table, it can be seen that the most deaths occurred in the late elderly, namely the age range of 56 years to 65 years. Then followed by the early elderly age group and the elderly age group.

From the table it can also be seen that the incidence of death increases with increasing age. In addition, mortality in children under five or in the age range 0-5 years is also relatively higher than other age groups.

In the form of the Forensic Section of RSUP DR M.Djamil Padang, it has been written about the diagnosis of the cause of death from the corpse. Furthermore, the data on the diagnosis of the cause of death are classified according to the ICD-10 by the researcher and are presented in Table 2.

From the total corpse data of 4,076 complete data on the register form for the Forensic Section of RSUP DR M.Djamil Padang in 2019, the most causes of death based on the ICD-10 classification were symptoms, signs, and other abnormalities, which was around 31.9% of the total data. The most common diagnoses in this classification were septic shock and MODS (Multi Organ Dysfunction Syndrome). Next, the most common causes of death were diseases of the respiratory system and diseases of the circulatory system with the percentages of 16.0% and 14.0%, respectively. The most common diagnosis in the classification of respiratory system diseases is pneumonia. As for the classification of circulatory system diseases are ACS (Acute Coronary Syndrome) and stroke. Other than that,
### Table 1. Number and Characteristics of Bodies of Forensic Section of RSUP DR M.Djamal Padang in 2019

| Month     | Gender | Age of the Body (years) | Total |
|-----------|--------|-------------------------|-------|
|           | Man    | girls                   |       |
| January   | 161    | 161                     | 322   |
| February  | 191    | 143                     | 334   |
| March     | 199    | 148                     | 347   |
| April     | 178    | 136                     | 314   |
| May       | 176    | 162                     | 338   |
| June      | 167    | 159                     | 326   |
| July      | 199    | 156                     | 355   |
| August    | 174    | 173                     | 348   |
| September | 194    | 144                     | 338   |
| October   | 206    | 164                     | 387   |
| November  | 176    | 172                     | 348   |
| December  | 178    | 159                     | 337   |
| Total     | 2198   | 1878                    | 4076  |

### Table 4. Description of the Group of Causes of Death by Age of the Body Entering the Forensic Section of Dr. M.Djamal Hospital, Padang in 2019

| Classification of Causes of Death | Age of the Body (years) | Total |
|-----------------------------------|-------------------------|-------|
|                                    | 0-5 | 5-11 | 12-16 | 17-25 | 26-35 | 36-45 | 46-55 | 56-65 | >65 |       |
| Infectious and parasitic diseases | 20  | 2    | 6     | 22    | 29    | 26    | 45    | 38    | 38  | 226  |
| Neoplasm                          | 22  | 15   | 10    | 13    | 32    | 75    | 107   | 95    | 74  | 443  |
| Diseases of the blood and blood-forming organs, including immune system disorders | 5   | 4    | 1     | 1     | 1     | 2     | 3     | 5     | 4   | 26   |
| Endocrine, nutritional and metabolic disorders | 3   | 2    | 1     | 2     | 3     | 5     | 7     | 9     | 13  | 45   |
| Mental and behavioral disorders   | 0   | 0    | 0     | 0     | 0     | 0     | 0     | 0     | 2   | 2    |
| Diseases of the nervous system    | 10  | 4    | 6     | 7     | 14    | 15    | 29    | 17    | 16  | 118  |
| Diseases of the eye and adnexa    | 0   | 0    | 0     | 0     | 0     | 0     | 0     | 0     | 0   | 0    |
| Diseases of the ear and mastoid   | 0   | 0    | 0     | 0     | 0     | 0     | 0     | 0     | 0   | 0    |
| Diseases of the circulatory system| 5   | 3    | 6     | 15    | 19    | 46    | 101   | 174   | 200 | 569  |
| Diseases of the respiratory system| 20  | 12   | 4     | 20    | 34    | 75    | 120   | 181   | 187 | 654  |
| Diseases of the digestive system  | 5   | 0    | 1     | 1     | 5     | 14    | 28    | 27    | 27  | 108  |
| Diseases of the skin and subcutaneous | 0  | 0    | 0     | 0     | 1     | 2     | 2     | 1     | 0   | 6    |
| Diseases of the musculoskeletal and connective tissue | 0  | 1    | 1     | 2     | 2     | 1     | 0     | 1     | 8   |      |
| Diseases of the genitourinary system | 1  | 0    | 3     | 5     | 3     | 16    | 39    | 39    | 20  | 126  |
| Disorders of pregnancy and birth  | 1   | 0    | 0     | 0     | 4     | 0     | 0     | 0     | 0   | 5    |
| Perinatal disorders               | 88  | 0    | 0     | 0     | 0     | 0     | 0     | 0     | 0   | 88   |
| Congenital malformations, deformations, and chromosomal abnormalities | 40 | 1    | 0     | 1     | 1     | 0     | 0     | 0     | 0   | 43   |
| Symptoms, signs, and other abnormalities | 49 | 8    | 11    | 40    | 77    | 145   | 276   | 366   | 337 | 1309 |
| Injuries, poisoning, and the consequences of external causes | 8   | 6    | 10    | 33    | 20    | 27    | 19    | 26    | 23  | 172  |
| External causes of morbidity and mortality | 0  | 4    | 3     | 3     | 5     | 3     | 1     | 0     | 1   | 20   |
| Factors affecting health status and contact with health services | 7   | 2    | 5     | 4     | 7     | 14    | 26    | 22    | 20  | 107  |
| Total                             | 282 | 64   | 68    | 169   | 258   | 467   | 803   | 100   | 965 | 4076 |

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Table 2. Description of the group of causes of death of bodies that entered the Forensic Section of the RSUP Dr. M. Djamil Padang in 2019 based on the ICD-10 classification

| Classification of Causes of Death | Man | Girls | Total |
|-----------------------------------|-----|-------|-------|
| Infectious and parasitic diseases | 226 | 76    | 226   |
| Neoplasm                          | 443 | 250   | 443   |
| Diseases of the blood and blood-forming organs, including immune system disorders | 26  | 0     | 26    |
| Endocrine, nutritional and metabolic disorders Gangguan | 45  | 1.1   |
| Mental and behavioral disorders   | 2   | 0.1   |
| Diseases of the nervous system    | 118 | 2.9   |
| Diseases of the eye and adnexa    | 0   | 0     |
| Diseases of the ear and mastoid   | 0   | 0     |
| Diseases of the circulatory system| 569 | 14.0  |
| Diseases of the respiratory system| 654 | 16.0  |
| Diseases of the digestive system  | 108 | 2.6   |
| Diseases of the skin and subcutaneous | 6  | 0.1   |
| Diseases of the musculoskeletal and connective tissue | 8  | 0.2   |
| Diseases of the genitourinary system | 126 | 3.0   |
| Disorders of pregnancy and birth  | 6   | 0.1   |
| Perinatal disorders               | 92  | 2.3   |
| Congenital malformations, deformations, and chromosomal abnormalities | 44  | 1.0   |
| Symptoms, signs, and other abnormalities | 1302 | 31.9  |
| Injuries, poisoning, and the consequences of external causes | 174 | 4.2   |
| External causes of morbidity and mortality | 20  | 0.5   |
| Factors affecting health status and contact with health services | 107 | 2.6   |
| Total                             | 4076| 100%  |

Table 3. Description of the group of causes of death based on the sex of the bodies that entered the Forensic Section of the Dr. M. Djamil Padang Hospital in 2019

| Classification of Causes of Death | Man | Girls | Total |
|-----------------------------------|-----|-------|-------|
| Infectious and parasitic diseases | 150 | 76    | 226   |
| Neoplasm                          | 193 | 250   | 443   |
| Diseases of the blood and blood-forming organs, including immune system disorders | 16  | 10    | 26    |
Endocrine, nutritional and metabolic disorders | 22 | 23 | 45
Mental and behavioral disorders | 1 | 1 | 2
Diseases of the nervous system | 68 | 50 | 118
Diseases of the eye and adnexa | 0 | 0 | 0
Diseases of the ear and mastoid | 0 | 0 | 0
Diseases of the circulatory system | 327 | 242 | 569
Diseases of the respiratory system | 365 | 289 | 654
Diseases of the digestive system | 67 | 41 | 108
Diseases of the skin and subcutaneous | 1 | 5 | 6
Diseases of the musculoskeletal and connective tissue | 1 | 7 | 8
Diseases of the genitourinary system | 67 | 59 | 126
Disorders of pregnancy and birth | 2 | 4 | 6
Perinatal disorders | 50 | 42 | 92
Congenital malformations, deformations, and chromosomal abnormalities | 24 | 20 | 44
Symptoms, signs, and other abnormalities | 633 | 669 | 1302
Injuries, poisoning, and the consequences of external causes | 131 | 43 | 174
External causes of morbidity and mortality | 16 | 4 | 20
Factors affecting health status and contact with health services | 64 | 43 | 107
Total | 2198 | 1878 | 4076

From Table 3 it can be seen that there are quite specific differences between the patterns of causes of death for men and women in several classifications of causes of death. As in diseases of the respiratory system, mortality in men is much higher than in women. In the cause of death due to diseases of the circulatory system also found death in men is higher than women. Likewise in the classification of infections and injuries and external causes of mortality, higher mortality was found in the male sex. On the other hand, the cause of death due to neoplasms is more common in women than men.

Table 4 presents the frequency distribution of the cause of death groups based on the age of the body. In general, the distribution of the frequency of causes of death by age group shows the same trend in almost all classifications of causes of death, namely that the mortality rate increases with increasing age.
In this study, there were 212 bodies (4.8%) with suspected unnatural deaths, such as deaths due to traffic accidents, work accidents, burns, and DOA (Death on Arrival). The following diagram illustrates the examination of the corpse by way of unnatural death

![Diagram](image)

**Figure 1. Overview of Examination on Unnatural Dead Corpses**

From a total of 212 bodies suspected of having died unnaturally, only 125 bodies (59%) were examined externally. Meanwhile, the other 87 bodies (41%) suspected of having died unnaturally were not examined due to refusal from the family. In the 2019 data, no internal examination of the bodies was found.

**IV. DISCUSSION**

**Number of Deaths and Characteristics of Bodies**

The number of deaths that occur in hospitals can be an indicator that reflects the quality of services in hospitals. The indicators commonly used to assess the quality of hospital medical services are Gross Death Rate (GDR) and Net Death Rate (NDR). GDR is the crude mortality rate for every 1000 patients discharged, either alive or dead. Meanwhile, NDR or also called the pure mortality rate, is the death rate 48 hours after being treated for every 1000 patients who are discharged either alive or dead. The Indonesian Ministry of Health has also set ideal standards for these two indicators, namely 45% or 4.5% per year for GDR and 25% or 2.5% per year for NDR.13

In recent years, the hospital mortality rate of RSUP DR M.Djamil Padang still does not meet national standards. Based on the data in the Annual Report of RSUP DR M.Djamil Padang, the mortality/blindness rate 48 hours at the RSUP DR M.Djamil hospital in 2016-2019 ranged from 7-8%.14,15 However, the data is combined between the mortality rate and the rate of blindness after 48 hours of hospitalization and the net mortality rate in hospital have not been clearly stated.

Often the mortality rate in hospitals does not meet the ideal standards set nationally. Several factors, such as the severity of a disease, the dexterity and alertness of care services, and the accuracy of therapy or medication, are factors that greatly influence the mortality rate in hospitals.13

In this study with a total sample of 4,076, there were 2,198 death data (53.9%) with the sex of the male corpse and 1,878 data (46.1%) representing the death data with the female body sex. So from these results it can be concluded that the mortality rate in males is higher than females. Based on population data by the Central Statistics Agency of West Sumatra Province, in 2019 the number of population with male gender in West Sumatra Province was 2,711,772 people and the number of population with female gender was 2,729,425 people.16 This shows that the male population in West Sumatra Province in 2019 was less than the female sex. However, in this study, the mortality rate for men was higher than for women. So that the number of deaths by gender is inversely proportional to the population in West Sumatra Province in 2019.
In a study conducted by Sulistiyowati regarding the pattern of causes of death, there were several factors that contributed to the increasing mortality rate in men. This is related to work and the higher level of mobility of men than women causes traffic accidents as a cause of death to be higher in men. In addition, data from the 2018 Basic Health Research (Riskesdas) shows that the proportion of smoking in men are much higher than women, as many as 47.3% of men have the habit of smoking every day. Meanwhile, only 1.2% of women have the habit of smoking every day. This smoking habit will certainly have an impact on one's health.

For the number of deaths by age group, the highest number of deaths occurred at the age of 46 years, starting from the early elderly age group (46-55 years), the late elderly (56-65 years), and the elderly (≥65 years). The results of this study also show a trend of increasing mortality in proportion to increasing age, ranging from the childhood age group (5-11 years) to the elderly age group (≥ 65 years). However, mortality in the under-five age group (0-5 years) was also found to be quite high compared to other age groups. If we look at the data from the Central Statistics Agency for West Sumatra Province in 2019, it shows a lower proportion of the population at the age of 45 years than the younger age.

Of course, the high mortality rate in the elderly age group cannot be separated from the aging process and the decline in the function of the body's organs. The main health challenge for the elderly or elderly is non-communicable diseases. The impact of this condition is two to three times greater for parents in low- and middle-income countries than for parents in high-income countries. Even in the poorest countries, the greatest health burden for the elderly comes from diseases such as heart disease, stroke, visual impairment, hearing loss, and dementia. The highest mortality rate in the age group 55 years and over is circulatory system disease.

In addition to the high number of deaths in the elderly age group, this study also found a fairly high number of deaths in the under-five age group (0-5 years). According to the results of a study by Putri in 2017 regarding the analysis of factors that affect the health status of children under five in the Regency/City of West Sumatra, there are three influencing factors, namely, economic growth, health services for children under five, and the level of education of parents. These three factors together have a significant effect on the under-five mortality rate in districts/cities in West Sumatra.

**Overview of Causes of Death**

In this study, data on the causes of death were taken from the corpse diagnosis data on the register form of the Forensic Section of the Dr. M. Djamil Hospital, Padang. The researchers then grouped these diagnoses into disease classifications based on the ICD-10. There are 21 classifications that are used as a reference in grouping the diagnosis of the cause of death. From the results of the study, it was found that 31.9% of the data on the diagnosis of the cause of death included the classification of symptoms, signs, and other disorders, which were not included in other classification groups. The diagnoses include shock, MODS (Multi Organ Dysfunction Syndrome), DOA (Death on Arrival), decreased consciousness, and fever. The most common diagnoses were septic shock and MODS. Related to this, a study by Tambajong in 2016 stated that the sepsis mortality rate would increase when sepsis progressed to severe sepsis and septic shock. Where the mortality rate for sepsis is 20%, then increases to 30-50% in severe sepsis and increases again to 50-80% in septic shock.

MODS, which is also the most common cause of death diagnoses, is the leading cause of morbidity and mortality in patients admitted to the intensive care unit (ICU). In addition, MODS is also the leading cause of mortality in patients who survive within hours of trauma. Furthermore, the classification of the second most common cause of death (16.0%) in this study is respiratory system disease. The most common diagnoses were pneumonia, both Community
Acquired Pneumonia (CAP) and Hospital Acquired Pneumonia (HAP). In the 2011 Indonesian Health Profile report, pneumonia itself has a case fatality rate (CFR) of 7.6%. However, the mortality rate for HAP is higher than that of CAP, which is 20-50%. In addition to diseases of the respiratory system, classification of diseases of the circulatory system is also the next most common cause of death, which is 14.0%. Most diagnoses included in this classification are stroke. In Riskesdas 2007, it was stated that stroke was the most common cause of death in Indonesia for those aged > 5 years. Several factors, such as increasing age, gender, and low education, have been investigated as risk factors for death from stroke in one district in West Sumatra.

Neoplasms are also quite a cause of death, amounting to 10.9%. Most diagnoses in this classification are breast cancer and lung cancer. In the 2013 Riskesdas data, breast cancer itself is indeed the most common cause of cancer death in women and also ranks first in hospitalized patients in Indonesia. Not only breast cancer, the mortality rate for lung cancer is also quite high. Of course, this cannot be separated from smoking habits in the community, where the prevalence of smoking nationally reached 28.8% in the 2018 Riskesdas data. The danger of smoking will not only have a direct impact on active smokers, but also be dangerous for passive smokers.

From the results of the study, it was found that there were quite specific differences between male and female mortality patterns in the classification of certain causes of death. In the classification of respiratory system diseases, there are quite specific differences in numbers between sexes, where the mortality rate is higher in men. Smoking habits which are much higher in men are certainly one of the risk factors that play a role in respiratory system diseases, especially pneumonia and chronic obstructive pulmonary disease (COPD).

In the classification of diseases of the circulatory system also found a higher mortality rate in men. Men are more likely to be at risk of cardiovascular disease associated with unhealthy lifestyles such as smoking habits and higher alcohol consumption than women. Meanwhile, women have a sexual hormone, namely estrogen which plays a role in protecting blood vessels so that the tendency for vascular diseases such as stroke becomes lower. In the blood vessels there are estrogen receptors that function as estrogen stimulation to prevent fat accumulation and injury to the smooth muscle cells of blood vessels, thereby reducing the formation of atherosclerotic plaques. However, when women are menopausal, Women have the same risk as men for cardiovascular disease.

In the classification of infectious diseases also found a higher mortality rate in men. In this classification of infections, the most common diagnosis is tuberculosis. TB disease also has risk factors, one of which is smoking. Smoking has implications for an increase in the number of TB cases, relapses, treatment interruptions, and increased mortality in pulmonary TB patients. Furthermore, the classification of injuries and external causes of mortality also found a much higher mortality rate in men. This is related to work and the higher level of mobility of men than women causes traffic accidents as a cause of death to be higher in men.

While the distribution of the frequency of causes of death by age group generally shows the same trend in almost all classifications, namely the mortality rate increases with increasing age. This of course becomes natural if it is associated with the aging process and the decline in the function of body organs in the elderly or elderly.
Overview of the Examination of Unnatural Dead Corpses

Most of the bodies that entered the Forensic Section of the RSUP DR M.Djamil Padang in 2019 were corpses with a natural way of death. In unnatural deaths, sometimes it is necessary to examine the body to determine the cause of death and also for the sake of medico-legal aspects. Of the 212 bodies suspected of having died unnaturally, only 125 bodies were subjected to external examination or only about 59%.

Several other bodies with unnatural deaths were not examined because the family refused or were also referred to as returning home at their own request (APS). Research by Fitria in 2020 shows an illustration of the reasons for refusing autopsies on corpses, namely, because they are not appropriate or religious prohibitions with most of the community's education levels being low.35 In another study by Eriko in 2019 also provided an overview of the motivation for refusing to examine corpses, especially in cases of traumatized. From the results of the study, there were several reasons why the family refused to carry out an examination of the corpse. Among them are because the family feels there is no need to sue or sue for an alleged trauma to the corpse, the family accepts that the incident is purely an accident.

V. CONCLUSION

In recording death data from the Forensic Section of the DR M.Djamil Padang Hospital in 2019, the mortality rate was higher for men than women and the most elderly people (≥46 years). The most common cause of death group based on the ICD-10 classification were symptoms, signs, and other abnormalities with the most diagnoses being septic shock and MODS. The next most common cause of death is followed by respiratory system diseases, circulatory system diseases, and neoplasms. Deaths from respiratory diseases, circulatory diseases, infections, and injuries and external causes were higher in men, while deaths from neoplasms were higher in women. In general, the mortality rate increases with increasing age in almost all classifications of causes of death. Not all corpses suspected of having died are unnatural for external examination due to refusal from the family.

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