

Evaluating causes of death and mode of death in unidentified male dead bodies at a tertiary care centre in Moradabad region- "The nobodies"

Arif Viqar¹, Shweta Gupta², Shiekh Amir¹, Jai Vardhan Srivastava¹

¹Professor & Head, Department of Forensic Medicine and Toxicology, Teerthanker Mahaveer Medical College and Research Centre, Moradabad, Uttar Pradesh, India, ²Associate Professor, Department of Forensic Medicine and Toxicology, Jaipur National University, Institute for Medical Sciences and Research Centre, Jaipur, Rajasthan, India, ³Associate Professor, Department of Forensic Medicine and Toxicology, Teerthanker Mahaveer Medical College and Research Centre, Moradabad, Uttar Pradesh, India, Junior Resident, Department of Forensic Medicine and Toxicology, Teerthanker Mahaveer Medical College and Research Centre, Moradabad, Uttar Pradesh, India

Abstract

Background: The examination of unidentified dead bodies is a critical component of forensic medicine, particularly in areas where socio-economic disparities, migration, homelessness and crime contribute to the incidence of unidentified deaths. Determining the cause and mode of death in these cases is essential not only for medico legal purposes but also for public health surveillance and improving identification protocols. This study aims to systematically evaluate the causes and modes of death in unidentified dead bodies brought to tertiary care centre. It seeks to identify patterns that may assist in forensic investigations, aid policymaking and highlight areas for preventive interventions.

Material and Methods: Unidentified bodies brought for post-mortem examination to the mortuary of department of Forensic Medicine & Toxicology, Teerthanker Mahaveer medical college, Moradabad during the period of January 2024 to January 2025 comprise material for the study. **Results:** A total number of autopsy performed in this year were 194 in which 133 cases were of natural manner, 45 cases were of unnatural manner while 16 cases were undetermined. The modes of death basically include syncope, asphyxia and coma. In our data reported, cases of syncope were 13 cases, asphyxia were 4 cases while coma was seen in 22 cases. **Conclusion:** Unidentified dead bodies were 194 in numbers of the total dead bodies coming for autopsy at department of forensic medicine and toxicology, Teerthanker Mahaveer medical college, Moradabad. Majority of the cases regarding opinion for cause of death were- 25 cases were of myocardial infarction, 4 cases were of acute coronary syndrome, 16 cases were of chronic liver disease, 17 cases were of pulmonary Koch's, 24 cases were of road traffic accident with head injury, 02 cases were of road traffic accident with polytrauma, 12 cases were of blunt trauma chest, 01 case was of drowning, 24 cases were of consolidation of lungs, 26 cases were of shock, 01 case was of asphyxia while 18 cases were undetermined in nature.

Keywords: Unidentified, Corpse, Syncope, Autopsy.

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INTRODUCTION

Every year, millions of dead people across the globe remain unidentified and never returned to their families and communities. The circumstances surrounding their death are often unknown and their bodies go unclaimed.^[1] The presence of unidentified bodies raises pressing ethical and practical concerns that demand immediate attention to successfully attain global health objectives including serving the vulnerable, reducing health inequalities, and responding to humanitarian crisis. From an ethical standpoint, these individuals are often denied the respect they deserve as they are buried without any identification and with no religious and cultural ceremonies.^[2] The scarcity of data and the failure to recognise the identification of dead people is a pressing global health issue signifying a blind spot and highlight an asymmetrical practice on the part of global health institutions and practitioners focusing on saving lives while often overlooking the significance of the dead.^[3] By estimating the cause and mode of death in unidentified dead bodies we can estimate about most relevant cause responsible for death in natural cases along with specific entities responsible for

death. After establishing the cause & mode of death in unidentified dead bodies we can share the burden of deaths to the society and with this data provided it can also help the government to provide prevention and prophylaxis especially to the people with no legal bias available. Identification, mode and cause of death becomes a challenge in unidentified bodies. In circumstances when the deceased is unknown, identifying them is one of the main goals of medico legal autopsy.^[4] While the police are typically in charge of establishing full identification, they may need assistance of forensic experts.^[5]

Address for correspondence: Dr. Jai Vardhan, Junior Resident, Department of Forensic Medicine and Toxicology, Teerthanker Mahaveer Medical College and Research Centre, Moradabad, Uttar Pradesh, India. E-mail: srivastavajaivardhan@gmail.com

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MATERIALS AND METHODS

Unidentified bodies brought for post-mortem examination to the mortuary of department of Forensic Medicine & Toxicology, Teerthanker Mahaveer medical college, Moradabad during the period of January 2024 to January 2025 comprise material for the study. Data regarding these cases were compiled from post mortem reports, inquest papers, detailed history elicited from concerned investigating officer at the time of autopsy. These data were framed and scrutinised.

Inclusion Criteria: All the dead bodies claimed as unknown by the police.

Exclusion Criteria: Identified dead bodies

Challenges: The major challenge in unidentified dead bodies is that it only increases the cases every year requiring resource management. It also increases unnecessary burden over the medical officers just for the sake of evaluating the cause of death. As faculties in Forensic medicine already faces a scarcity at every level of care provided thus it increases an unwanted burden over the faculties. All the samples collected from unidentified dead bodies are mainly sent to forensic science laboratory for DNA profiling and toxicological analysis thus it also increases unnecessary burden over the laboratories with no output except data overload.

Suggestions: To decrease the burden over the medical professionals, investigating officer after thorough examination under section 194 BNSS, has the capacity to wind up the case without need of autopsy. The responsibility of the cause of death of unknown and unidentified rest with both doctors and police officials. Beggars must be identified at the level of their concerned police stations thus fingerprints must be attached with the tags. A specific number can be given to the beggars with preservation of their DNA prior through the card methods. Reports regarding missing people should be made early and a "Missing Persons Registry" can be maintained in every municipality. This information can be linked through the Social welfare department throughout the state.^[6] In each Medical College the Forensic Medicine department can form and maintain an "Unknown case Registry" where all information is stored such as a whole body photograph-with clothes, without clothes, with detailed account of injuries at the time, when the body is checked in etc. Since unidentified persons mainly account to be beggars found at variable places thus in the year 1960 the Maharashtra government introduced an act The Maharashtra Prevention of Begging act, 1960 which was later amended in year 1966 then in 1976 and in 2012. The act mainly focuses on consolidating the laws related to begging especially in the Maharashtra district. As per this act, any person found begging can be arrested without any warrant. Such acts can be made in different states in concern with the state government for decreasing the rising trend of begging persons thus finally decreasing the burden of unidentified dead bodies. A lot of useful and valuable information can be obtained when the Forensic doctor and the Investigating police officer work as a team. Such information is of immense help in establishing the identity and in forming an

opinion about the cause and mode of death. Recently a portal system has been generated by a renowned medical institute in Delhi for identification of unknown dead bodies. By the help of this portal, police were able to retrieve 50 unknown persons relatives. The portal system was generated in collaboration with Delhi police and mainly consist of DNA samples, identification marks, and photographs of the deceased.

RESULTS

A total number of autopsy performed in this year were 194 in which 133 cases were of natural manner, 45 cases were of unnatural manner while 16 cases were undetermined. The modes of death basically includes syncope, asphyxia and coma. In our data reported, cases of syncope were 13 cases, asphyxia were 4 cases while coma was seen in 22 cases.

Table 1: illustrating the cause of death with number of deceased

Cause of death	Number of deceased
Myocardial Infarction	25
Acute Coronary Syndrome	04
Chronic liver disease	16
Pulmonary Koch's	17
Road Traffic accident with head injury	24
Polytrauma	02
Blunt Trauma Abdomen	03
Drowning	01
Blunt trauma chest	12
Consolidation of lungs	24
Shock	26
Asphyxia	01
Undetermined	18
Total	194

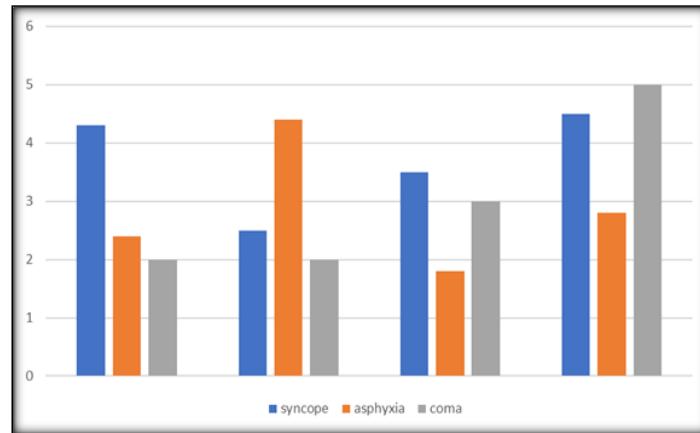


Figure 1: Column chart showing the mode of death in unidentified dead bodies

DISCUSSION

Unidentified dead bodies were 194 in numbers of the total dead bodies coming for autopsy at department of forensic medicine and toxicology, Teerthanker Mahaveer medical college, Moradabad. Majority of the cases regarding opinion for cause of death were- 25 cases were of myocardial infarction, 4 cases were

of acute coronary syndrome, 16 cases were of chronic liver disease, 17 cases were of pulmonary Koch's, 24 cases were of road traffic accident with head injury, 02 cases were of road traffic accident with polytrauma, 12 cases were of blunt trauma chest, 01 case was of drowning, 24 cases were of consolidation of lungs, 26 cases were of shock, 01 case was of asphyxia while 18 cases were undetermined in nature. Histopathology examination was done in about 10 cases. DNA samples were sent to Forensic Science Laboratory. DNA analysis and fingerprinting should be done in all cases so that proper records can be stored and helpful in future identification of the deceased. Investigation by the investigating agencies should be carried on more rapidly. In case of natural deaths, an effective public inquest should be carried out at the site of death. Colour photography of the body in various views, of clothes, the tattoo marks, scars, deformities, etc will help the relatives in identifying such bodies. These should be displayed in all public places in designated noticeboards and expedite the request for Post mortem. Reports regarding missing people should be made early and a "Missing Persons Registry" can be maintained in every municipality. This information can be linked through the Social welfare department throughout the state. For early identification, finger prints can be incorporated in voters card also. Dental records of all the people must be recorded properly so that it can help in establishing the identity of the deceased.^[7] In India, as longevity is on increase, the number of old people is also increasing these days. Social awareness about the elderly should be increased among the younger generation. The necessity and importance of taking good care of elders at home should be cultivated at a tender age.^[8] The evaluation of causes and modes of death at a tertiary care centre in the Moradabad region reveals more than just epidemiological patterns it also uncovers the lived realities of those who often die without voices, names or recognition. These individuals frequently suffer from socioeconomically disadvantage to timely healthcare, preventive services and social support.^[9] Our findings underscore the prevalence of both preventable and natural deaths, many of which could have been mitigated through early interventions, better public health infrastructure and social accountability. In acknowledging these deaths, we must also acknowledge the implicit neglect they represent not just by healthcare systems but by society at large. Lastly, behind each statistics lies a human story that calls for compassion, reform and recognition.

CONCLUSION

The analysis of unidentified dead bodies presents a unique medico-legal and public health challenge. In this study a significant proportion of the examined dead bodies was in the

30-60years age group which aligns with the trends observed in previous studies conducted. This demographic is often associated with vulnerable populations such as migrant workers, homeless individuals, and socially marginalised groups in which plenty of them lack proper identification, access to health care or social support. Natural causes predominantly respiratory diseases and cardiovascular diseases were also common. This reflects the growing burden of non-communicable diseases in India even among the undeserved. The lack of access to timely medical care may contribute to the mortality of such individuals in public spaces. In certain cases the cause and mode of death could not be conclusively determined, highlighting the limitations in forensic diagnosis under such conditions. This study underscores the need for improving the identification mechanisms such as mandatory biometric registration, facial recognition systems, real time data sharing between police, forensic departments and civil registries. Better handling of vulnerable populations such with targeted social welfare and mental health interventions to reduce the preventable deaths. Policy reforms to enhance inter-agency coordination between health, law enforcements and municipal bodies in handling unidentified dead bodies.

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Conflicts of interest

There are no conflicts of interest.

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