Book N° _____ **DEATH CERTIFICATE** **Certificate N°** _____

1. Name and surname of the decease.
Sonia Josefina Torres Villacorta
Known by:

2. Decease Identification Number: _____

3. Date of death:
Minutes: 45 Hours: 17 p.m Day: 26 Month: 5 Year 2024

4. Place of death:
State: La Paz
City: Zacatecoluca PA
Village: _____

5. Location of death:
National Hospital: 1 ☒ Hospital Nacional PA Santa Teresa
Health Unit : 2 ☐ _____
Hospital or Private Clinic 3 ☐ _____
House: 4 ☐ _____
Street: 5 ☐ _____
Other: 6 ☐ _____
Specify

6. Gender: Male: 1 ☐ ☒ Female: 2 ☐ Undetermined: 3 ☐

7. Marital or familiar status:
Single: 1 ☐ ☒ Accompanied: 2 ☐ Married 3 ☐ Widower 4 ☐
Separated:5 ☐ Divorced: 6 ☐ Ignored 7 ☐ Impuberty 8 ☐

8. For ages over 1 year (years old) 69
Children under 1 year old:
Hour: _____ Minutes: _____ Days _____ Months: _____
Complete:
Married Mother Yes 1 ☐ No 2 ☐ Don't know 3 ☐
Type of childbirth: Vaginal: ☐ Cesarean 2 ☐ Don't know 3 ☐
Mother's age: ___ Duration of pregnancy: ___ Weeks of gestation ___

If days are between 1 to 28, complete the following information birth.
Weight: _____ grams height at birth _____ centimeters
Place where the child was born Hospital 1 ☐ Out-of-hospital: 2 ☐
How many has the mother had: Pregnancies ____ Abortions ____ Stillborn ___

9. Deceased last occupation ☐☐☐☐
HOUSEWIFE
10. Retired Yes: 1 ☐ No: 2 ☐ Ignored: 3 ☐

18. Registration Date:

19. Signature and seal of Responsible doctor: OLIVIA MARGARITA ALVAREZ QUINTEROS

11. Current place of residence of the decease:
State: La Paz
City: Zacatecoluca Pa
Village: _____
☐☐ ☐☐ ☐☐

Area
Urban: 1 ☒
Rural: 2 ☐

12. Name and surname of the mother: Barbara Torres
Name and surname of the father: _____

13. CAUSE OF DEATH
Write only one cause on each line (a), (b), (c), y (d)

Approximate range between the onset of the disease and death

(a) 164 – Acute cerebral vascular accident, not specified as hemorrhagic or ischemic. _____ 1 day (s)
Due to (because of)

(b) N17.9- Unspecified acute renal failure _____ 1 day (s)
Due to (because of)

(c) _____ _____
Due to (because of)

(d) _____ 5 year(s)

BASIC CAUSA

II. Other significant pathological states that contributed to death, but not related to the disease or disease state that caused it. _____

- This does not mean the way or manner of dying, for example: Hearth weakness, asthenia, etc. It. Properly means the illness, trauma or complications of death. _____

14. If the disease is a woman between 10 -54 years old, investigate if she died during:
Pregnant: 1 ☐ Birth 2 ☐ Postpartum 3 ☐ Puerperium ☐
Mediate puerperium: 5 ☐ Late Puerperium 6 ☐

ACCIDENTAL OR VIOLENT DEATH

15. Accident: 1 ☐ **Suicide:** 2 ☐ **Homicide:** 3 ☐ **Ignored** 4 ☐

14.Causes of death
Firearm: 1 ☐ White weapon 2 ☐ Drop 3 ☐
Drowning: 4 ☐ Car accident 5 ☐ Poisoning 6 ☐
Explosive device 7 ☐ Hanging or strangulations 8 ☐
By blunt object: 9 ☐ Other _____ 10 ☐

Assistance and Medical Certification

17. Had medical assistance during his/her illness: Yes ☒ No ☐ Ignored ☐
Death certified by the doctor: Yes ☒ No ☐ Ignored ☐
Death certified by a coroner's: Yes ☐ No ☐ Ignored ☐

20. Name, signature, and seal of the registrar of the family State

Seal of Santa

Doctor's