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| Book N° \_\_\_\_\_\_\_ DEATH CERTIFICATE **Certificate N° \_\_\_\_\_\_\_\_\_\_** | | | |
| 1. **Name and surname of the decease.**   Sonia Josefina Torres Villacorta  Known by: | **11. Current place of residence of the decease:**  State: La Paz\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: Zacatecoluca Pa\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Village: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Area**  Urban: 1  Rural: 2 | |
| **2**. **Decease Identification Number:**  **3. Date of death:**  Minutes: 45 Hours: 17 p.m Day: 26 Month: 5 Year 2024 | **12. Name and surname of the mother:** Barbara Torres\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name and surname of the father:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 4. **Place of death:**  **State:** La Paz  **City**: Zacatecoluca PA  **Village:** | **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 | |
| **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 | 1. 164 – Acute cerebral vascular accident, not specified as hemorrhagic or ischemic. \_\_\_\_\_\_\_\_\_   *Due to (because of)*   1. N17.9- Unspecified acute renal failure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   *Due to (because of)*   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   *Due to (because of)*   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   BASIC **CAUSA** | | 1 day (s)  1 day (s)  \_\_\_\_\_\_\_  5 year(s) |
| **6. Gender:** Male: 1 Female: 2 Undetermined: 3 | II. Other significant pathological  states that contributed to death,  but not related to the disease or  disease state that caused it. | | |
| **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: 1 Cesarean 2 Don’t know 3  Mother’s age: Duration of pregnancy: \_\_\_Weeks of gestation \_\_\_\_ | * 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 4  Mediate puerperium: 5 Late Puerperium 6 | | |
| **ACCIDENTAL OR VIOLENT DEATH** | | |
| **15. Accident: 1 Suicide: 2 Homicide: 3 Ignored 4** | | |
| **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 \_\_\_\_ | **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: Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10 | | |
| **9. Deceased last occupation**  HOUSEWIFE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **10. Retired** Si: 1 No: 2 Ignored: 3 | **Assistance and Medical Certification** | | |
| **17. Had medical assistance during his/her illness: Si No Ignored**  **Death certified by the doctor : Si No Ignored**  **Death certified by a coroner’s: Si No Ignored** | | |
| **18. Registration Date:** **19. Signature and seal of** OLIVIA MARGARITA ALVAREZ  **Responsible doctor:**  QUINTEROS  JVPM 20783 | **20. Name, signature, and seal of the registrar of the family State** | | |