**DEATH CERTIFICATE Form No: 2011231487 – Reference No: 93066 Annex – 2**

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**Where Death Occurs : ISTANBUL District: Arnavutköy Village / Neighborhood:**

**Institution detected the death : TR Ministry of Health Arnavutköy State Hospital**

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| **A- DECEASED PERSON INFORMATION** | **B-**  |
| **TR ID number Nationality****Gender****First Name****Father's name****Place of birth****registered province / district** **Registered neighborhood / village****Volume No:****Individual Order no****Retrieved identity card information****Serial number****Place of issue****Explanation** | N/AMale SAIDPalestine Identity was not taken While this document is prepared  | **Passport No****Nationality** **Surname** **Mother’s name** **Date of Birth** **-****-****Family sequence no** **Marital Status** **Registry No****Date of issue**  | Palestine State EIDAKILAN15.04.1960Not specified  | Date of Death: 23.11.2020Place of Death : other  | Hour of Death: 10:40 |
| **C- TYPE OF DEATH3**Non infectious disease (Natural deathD- Death was occurred because of injury : NO Injury at office : - Date of Injury: - Place of Injury : - E- Autopsy done? : NOWas the cause of death obtained by autopsy findings? : - Can more information be obtained later? : -  |
| **A-1 REGISTRY OFFICE** Date of registrationRegistration dateRegistration number:Special Register Order No:Registrar:Approving Authority: |
| **PERMANENT RESIDENTIAL ADDRESS**  |
| Abroad (Country – Province) Street / Boulevard  | Republic of Turkey Village / Neighborhood  | Province Door Number  | İstanbul  | District Site / Block  | Arnavutköy  |
| F-  |
| StillbirthMother T.R NoBirth Time | No -- | Baby DeathMaternal agePregnancy Duration | No-- | Number of births Weight of birth  | -- |
| **G- If Woman ? Mother Time of Death** **-** |
| **H- Section – I Reason Of Death**  |
| Disease or condition directly causing death \*Previous reasonsIf there are situations that result in death that caused the above cause, the underlying condition will be stated last. | a) Causes of death: After the physician's control approval, the document can be printed again with the electronic signature.Depending b) Depending c) Depending d)  | Approximate time from onset of illness to death.  |
| Section IIIf there are situations that result in death that caused the above cause, the underlying condition will be stated last. |
| **INFORMATION PROVIDER** |
| TR ID NORelativity Address:  | UNCLE  | Name Surname Telephone  | MUHAMMED AMACUR 537 630 47 33  | Date of birth Date of notification | -23.21.2020 Signature  |
| **OFFICIAL WHO DECLARED DEATH AND GAVE BURIAL PERMISSION****PINAR TİMUR****General practitioner****23.11.2020****Signature****Electronically signed** | **OFFICER WHO APPROVED THE DEATH CERTIFICATE****Signature / Stamp**  |
| This certificate Is signed in accordance to the secure electronic signature law numbered 5070.Electronic signed copy of the certificate can be found at <https://obs.saglik.gov.tr/Dogumservisi> by the code of d6o4-4L92-fba9-46cc-ac1d-fa22b9ac357 by the Qr code existing on the right bottom side of the page  |