**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/A  Male  SAID  Palestine  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  EIDAKILAN  15.04.1960  Not specified | Date of Death: 23.11.2020  Place of Death : other | | Hour of Death: 10:40 |
| **C- TYPE OF DEATH3**  Non infectious disease (Natural death  D-  Death was occurred because of injury : NO  Injury at office : -  Date of Injury: -  Place of Injury : -  E-  Autopsy done? : NO  Was the cause of death obtained by autopsy findings? : -  Can more information be obtained later? : - | | |
| **A-1 REGISTRY OFFICE**  Date of registration  Registration date  Registration 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- | | | | | | |
| Stillbirth  Mother T.R No  Birth Time | No  -  - | Baby Death  Maternal age  Pregnancy 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 reasons  If 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 II  If there are situations that result in death that caused the above  cause, the underlying condition will be stated last. | | | | | | |
| **INFORMATION PROVIDER** | | | | | | |
| TR ID NO  Relativity  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 | | | | | | |