

Coat of Arms of El Salvador

REPUBLIC OF EL SALVADOR DISTRICTO OF EL SALVADOR CENTRAL SAN SALVADOR MUNICIPALITY DEPARTMENT OF SAN SALVADOR

BARCODE 00034648-347 BOOK: xxx FOLIO: xxx YEAR: xxx

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: xxx

DETAILS OF THE DECEASED

NAME: XXX LAST NAME: XXX

SEX: FEMALE NATIONALITY: SALVADORAN

AGE: EIGHTY YEARS OLD MARITAL STATUS: WIDOWER/WIDOW

DATE OF BIRTH: TURIN, AHUACHAPAN NORTE, AHUACHAPAN PROFESSION OR TRADE: LAWYER AND NOTARY

DOMICILE: SAN SALVADOR, CENTRAL SAN SALVADOR, SAN SALVADOR

IDENTIFICATION CARD NUMBER: ZERO ONE ONE SEVEN SEVEN ONE NINE THREE - UNO

DETAILS OF THE MOTHER OF THE DECEASED

FULL NAME: XXX PROFESSION OR TRADE: NOT SPECIFIED

DOMICILE: NOT SPECIFIED

TYPE OF DOCUMENT: NOT SPECIFIED

DETAILS OF THE FATHER OF THE DECEASED

FULL NAME: XXX PROFESSION OR TRADE: NOT SPECIFIED

DOMICILE: NOT SPECIFIED

DETAILS OF THE DEATH

PLACE OF DEATH: HOSPITAL MILITAR CENTRAL DISTRITO DE SAN SALVADOR, MUNICIPIO DE SAN SALVADOR CENTRO, DEPARTAMENTO DE SAN

SALVADOR

MEDICAL ASSISTANCE: YES

DATE: FEBRUARY TENTH TWO THOUSAND TWENTY-FIVE

TIME: TWELVE HOURS ZERO MINUTES

CAUSE OF DEATH DETERMINED BY OFFICER: REINA CORTEZ
DOCUMENT OF DEATH: CERTIFICATE OF DEATH OF THE HOSPITAL

CAUSE OF DEATH: SEPTIC SHOCK, RIGHT LUNG ABSCESS, ISCHEMIC HEART DISEASE WITH AN LVEF OF TWENTY PERCENT

DETAILS OF THE INFORMANT

NAME: XXX AGE: FIFTY-FIVE YEARS OLD
KINSHIP: NONE PROFESSION OR TRADE: DRIVER

DOMICILE: CENTRAL SAN SALVADOR, SAN SALVADOR

IDENTITY CARD NUMBER: ZERO GOUR ONE SEVEN SIX SIX TWO FIVE - NINE

GENERAL INFORMATION

DISTRICT OF SAN SALVADOR, CENTRAL SAN SALVADOR, SAN SALVADOR, FEBRUARY ELEVENTH OF TWO THOUSAND TWENTY-FIVE.

(Signature)

KARLA MARIELA OLIVARES MARTINEZ FAMILY STATUS REGISTRAR OF THE DISTRICT OF SAN SALVADOR HEADOUARTERS. AD HONOREM Round Stamp

Department of El Salvador Central San Salvador Municipality District of San Salvador (Signature)

Reynaldo Chicas INFORMANT