

MEDICAL CERTIFICATE OF DEATH

REPUBLIQUE TUNISIENNE  
MINISTRE DE LA SANTE PUBLIQUE

Premier service des Médical Services de l'Etat Civil  
A remplir et signé par le médecin

THE  
NUMBER OF DEATH  
CERTIFICATE

NAME:

The learned Dr. Neccer, signed certifie, certifies that the death of the woman named opposite, s'ryclnue le .../.../...a...heufe is real and constant (see 1 on the reverse).

Prénoms

C. I. M. (or other form of identification): .....

Legal obstacle to burial (see 2 on the reverse) Yes No Obligation to place in a coffin immediately (see 3 on the reverse) .....OO«i ONo

Address of place of residence pñndpal

A .....ie. ....à .....time"

Rue

Local authority .....Delegation

Gouvernorat :

SiçnaN e (legible) el Cachel (mandatory) of the physician

Né (e) le : / / à .....

Sexe 1.  M 2.  F

Profession : .....

Marital status: 1. Single 2. Married  
3. Widowed 0 4. Divorced 0

Nationality: 1. Tunisian 0 2. Other ...

N' d'inscipti an au Consei1Nat onal de l'Ordre des Medecins Place of practice of the doctor

Local authority where death occurred:

Is this the doctor Irailenl " 12 C'ui, 20 No

Local authority: ..... Delegation: .....Governorate:.....

This certificate was issued at the request of the family of the deceased and was drawn up in accordance with the statements made by .... litalaire de la C. i. N. n°

' . Heu e ãiũ kanslal of death

**CERTIFICATE MED1 CALDED  
ECE5**

REPUBLIQUE TUNISIENNE  
MINISTÈRE DE LA SANTÉ PUBLIQUE

Feuillet destiné aux services du Ministère de la Santé Publique

No. O'ACTE D'OECS

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

The 'locteu+ \*n' redeme s c s s i c ne :er'ité gue 'a mot  
esl occurrence l\* . I . \*e tre 'vo" au 'erso)

Obacem >: Qkgaalwnœ!otvw2auvero OOu ONo  
Obligation de mise en bière immédiate (voir 3 au verso).....  Oui  Non

A .. le at . hour"

8i9 nel .re N a' l:table} el Ca cnel ' obligatoire} du medecin

Local authority / Délégation Hé e le ' / \* / ..Gouvernorat ..

/ / / / 'a Gender:.....ù M 2.

IZ F

**Profession**

Marital status: 1 Single 0 2. Married EJ  
3 Widowed 4 Divorced CJ

Nationality: 1 Tunisian 0 2 0 Other

Local authority where death occurred:

Local authority • .....Delegation: .....Governorate:.....

No. of registrations with the National Council of the Order of Physicians: Place of practice of the physician

S'açilùl du té Jecin tra'ar i" ' E du., 20 Nov

This certificate was issued at the request of the family of the deceased and drawn up in accordance with the statements made by the holder of CIN No. .holder of CIN no.

' . time of the death certificate

Second section intended for the services of the Ministry of Public Health Confidential and anonymous information  
To be completed legibly and signed by the physician

Use (s) of death (see examples at yerS0)

PART I: Illness(es) or condition(s) that directly contributed to death  
last line filled in must correspond to the initial cause

Inter alle entre le onsetor processmonroeandthe4th The  
(heures, jours, mois oc years)

due to or resulting from: a \_\_\_\_\_  
due to or resulting from . b: \_\_\_\_\_  
due to or resulting from â c \_\_\_\_\_  
due to or resulting from â d \_\_\_\_\_

This refers to illness, trauma, or complications that have led to my death, such as cancer, cardiac arrest, etc. PART II: Other morbid conditions, factors, or physiological states (pregnancy, etc.) that contributed to the death but are not listed in Part I

**Informations complémentaires**

Did the death occur during pregnancy (to be declared, even if it did not result in death) or within one year after pregnancy? OOvi 2 0 No In  
the latter case, the interval between the end of the pregnancy and death . . . . . f13iS .. Rdt IS

- In the event of an accident, specify the place where it occurred (public place, home, etc.) S'aq il il d'. a acc +zen: of the work {or presumed work} \*  
Yes 2 Z N n 3 El No details provided

Autopsy: an autopsy was performed or is planned

Place of death

1. 0 hon 2 OOu and results available

10 Domicile

CE Institut on

" D Voie bo hhque

3 Yes, the result is not available.

4. 0 Hospital

5 CM that p v e

b. O Other

location which

which.

iepuel?.....

**TERMS AND CONDITIONS FOR COMPLETING THE ADMINISTRATIVE SECTION**

1. The date and time of death must be specified, if applicable, this approximate time. Do not indicate the date of the report. However, in the case of a death presenting a medico-legal obstacle, these details will be confirmed at a later date by a medico-legal expert.

2. Obstacle medico-legal Suicide or suspicious death appearing to have been caused by an infraction. The body is then at the disposal of the courts. All funeral operations are suspended until authorization is given by the judicial authority (Art. No. 48 of Law No. 57-3 of August 1, 1957 regulating the state of civil status).

3. Immediate burial: contagious, epidemic, or infectious diseases, Decree No. 9/1326 of July 7, 1997, relating to the procedures for preparing graves and establishing the rules for burial and exhumation of mortal remains or corpses. The diseases concerned are as follows: cholera, rabies, smallpox, viral diseases except confirmed hepatitis A, and viral hemorrhagic fevers.

**REQUIREMENTS FOR COMPLETION OF THE MEDICAL SECTION: EXAMPLES**

	Intervalle		Intervalle		Intervalle
I. a) Cerebral hemorrhage	1 h	I. a) Coma	12 h	I. a) Septicémie	3 p.m.
b) Hypertension	15 a	b) Cerebral edema	18 h	b) Péritonite	6 p.m.
c)		c) Burn injury	2 j	c) Perforation	3 days
d)		d) Traffic accident	2 j	d) Ulcère duodénal	?
II. Breast cancer	?	II. -		II. A.cochonne	?
	Interval		Intervalle		Interval
a) Resp'r atom length	5 min	I. a)		I. a) Tax opiasn ose ce+ebraie	20 days
b) Pulmonary embolism	5 min	Drowning	n	b) AIDS	7 m
c) Phréôte	?	b) Suicide		c)	
d) Childbirth	15	c)		d)	
I. Va ices		d)	2	I. KapoetT e.case	?
		II. COKICOTTid n19			

**MEDICAL CERTIFICATE OF DEATH  
CONFIDENTIAL SECTION**

**SHOULD ONLY BE COMPLETED BY THE ATTENDING PHYSICIAN  
PUBLIC HEALTH**