



MOD-83-0000377-A

Filled (illegible) on 18/12/2004

Signed

Mahdi Saleh (sic)

Stamp

Najaf Municipality Directorate

Office of (illegible)

Sayyed Abd Ali (illegible)

18/12/2004

Basra Affairs

Deaths (illegible) 12/2004

Letter 18/16/01/2005

Death Certificate (circled)

**Death Certificate**

**Republic of Iraq  
Ministry of Health  
Health and Life Statistics Section**

**NO. 614963**

**Death Certificate**

**Certificate No 179537  
Date of issue 17/12/2004**

To (illegible)

We hereby inform you that the death detailed hereunder has been registered with us in the Deaths' Register under (illegible) 7596 year 2004

Name of (illegible): (illegible) Alhussain  
Gender: Female (sic)  
Nationality: Iraqi  
Religion: Muslim

Name of (illegible): Talab Hassan  
Name of mother: [REDACTED]  
Date of the death: 17/12/2004  
In writing: The seventeenth of December of the year (illegible)  
Place of the death: Al Zubair

Cause of the death: Gunshot. Body handed over without autopsy according to the judge's decision.

Name of the person who informed about the death:

Source of issue: General (illegible)

Name of the issuer: signed

Name of the doctor: Husaam Na(illegible)  
Signed

Stamp of the organisation: Basra Health Department  
Governorate Sector  
Births and deaths (illegible)

Date: 2/2/2995

Death Certificate

Republic of Iraq

certificate number 0179537

Ministry of Health  
Health and Life Statistics Section

Death Certificate

Date of issue: 17/12/2004

1. Name and surname of the deceased: (illegible)
2. Gender: (illegible)
3. Nationality: (illegible)
4. Religion:
5. Occupation: police officer (illegible)
  
6. Marital status:
7. Date of birth: (illegible)
8. Place of birth:
9. Permanent domicile:
10. Place of death: Basra
11. Date of death: (illegible)
  
12. Name of father of the deceased: (illegible)
13. Name of mother of the deceased: (illegible)
  
14. Name of informant of the death: (illegible)
15. Relationship to the deceased:
16. Address:
  
17. Medical death certificate
  - (1) Disease or state immediately leading to the death, the disease (if any) that led to the above cause stating the original cause at the end:  
  
    - (A) Gunshot (caused by or resulting from what followed)
    - (B) The body was handed over without autopsy in accordance with the decision of the judge
    - (C) (illegible)
  
  - (2) Other significant conditions that contributed to the cause of death and is not linked to the disease or the condition that caused the death (illegible).  
(illegible)

17/12/2004

If the deceased was a woman in fertility age (15-49), one of the following boxes must be ticked:

The death occurred during pregnancy; while giving birth; after giving birth

18. The death took place at home; the hospital; another place:

19. I hereby certify that the death took place as a result of the reasons mentioned above.

Name of physician: (illegible) (signed)

Place where the doctor works: Basra General Hospital

20. Forensic medicine certificate (to be filled and signed by the forensic physician.

21. Information restricted to the department of Nationality and Civil Status (to be obtained from the identification card); registry number; page number; governorate; identification card number 17017 be attached to the certificate

Note: The mark (x) is to appear at (illegible)

1. Copy to Civil Status Department
2. Copy to related persons
3. Copy to the certificate organiser

Registered with the health authority in (illegible)  
under serial number 7596  
year 22/12/2004

Stamp (illegible)