STATE OF MARYLAND

Department of Health and Mental Hygiene

Division of Vital Records

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

		For State Registrar	State of Maryla		artment of rtificate of		d Mental Hy	ygiene Reg. No.		
Physicia	n	Decedent's Name (First, Middle, Last)						eath	3. Time of Death 2012 9:00 P	
Medic Examin	a	Erhan Mehmet Ali 4a. Facility Name (if not institution, give street and number)			Dincer 4b. City, Town, or Location of Death			4c. County		
Examin	Manor Care Silver Spring				Silver Spring			Montgomery		
Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last I			If Under 1 Year Months Days	If Under 24 H	in. (Month, D.	ay, Year)	Birthplace (State or Foreig Country)	
Director		578-56-0041 Usual Residence of Decedent 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Oct. 3	0, 1930	Turkey	
With 72 hours after death with the Maryland with his Pours after death with the Maryland jene or then "netural", or tems 23e or 25e-1 show the Medical Examiner must be notified at	tor	10a. State 10b. County 10c. City, Town or Location 10d. Inside City Lim								
	Director	MD Montgomery 10e. Street and Number			10f. Zip Code			10q. Citizen of What Country?		
	Funeral	2501 Musgrove Rd.			20904			United States		
death r items		11. Marital Status	12. Was Decedent Ever in U Armed Forces?	J.S. 13.	Was Decedent of	Hispanic Origin?	(Specify Yes or No- erto Rican, etc.)		e - American Indian, ck, White, etc.	
hours after natural", or	d by	1 Never Married 2 Married 1 Yes 2 No If Yes, Give Year or Dates.			1 ☐ Yes 2 ☒ No Specify:			specify: White		
filed within 72 hours tal Hygiene. Ad other than "natur event, the Medical E	olete	15. Decedent's Education 16a. Decedent's Usual Occupation (Specify only highest grade completed) (Give kind of work done dur					ooking	16b. Kind of Bu	usiness/Industry	
	Completed	Elementary/Secondary (0-12) College (1-4 or 5+)			(Give kind of work done during most of working life. DO NOT use retired) Self-employed			Moving Company		
	- To Be (17. Father's Name (First, Middle, Last)			18. Mother's Name (First, Middle			e, Maiden Surname)		
Men Men arke		Celal Dincer				Nazime			(Unknown)	
2 should the and the traum.						ddress (Street and Number or Rural Route Number, City or Town, State, Zip Code) hildress Terr., Burtonsville, MD 20866				
and Heal		20a. Method of Disposition	20b	Place of Dispo	osition (Name of		Date		City or Town, State	
Page 1 ment of ant: If it ury or o	_9	1 Burial 2 X Cremation 3 4 Donation 5 Other (Sp	Removal from State Cl		ke Crema		/21/2012	Belts	sville, MD	
permit. Page Department i Important if any injury or	K	21. Signature of Funeral Service Lo	mo03	82 R	2. Name and Address	ral and	Cremation	Service	es 20010	
		21. Signature of Funeral Service to George M00362 22. Name and Address of Facility Rapp Funeral and Cremation Services 933 Gist Ave., Silver Spring, MD 20910 23a. Part 1. Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate							Approximate	
Physician/		shock, or heart failure. List on Immediate Cause (Final disease or condition	MYOCARD	IAL INF	ARCTION				Interval Between Onset and Death 5 MINUTES	
Medica Examine		resulting in death) Due to (or as a consequence of):							YEARS	
	ner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b. ANEMIA Due to (or as a conse	quence of):		024 50			OB ED OB	
outed nd transit	Exami	cause, Enter Underlying Cause (Disease or injury that initiated events c, COLON MASS				god Bugged Bugged Bugged			YEARS	
cate be executed physician and sthe burial-transit		resulting in death) Last Due to (or as a consequence of):								
Geath certificate be executed death certificate be executed to a strending physician and ed for use as the burial-transi	lolan/Medical	IF FEMALE:	d.	S I I					6 9 9	
OKTIONIA ath certifics attending p	lan/	23b. Was decedent pregnant in the past 12 months?	nancy etal death 3	th 3 Ectopic pregnancy			23d. Date of delivery Month Day Year			
t the dea by the a	Physic	1 Yes 2 No 9 Unknown	4 Pregnant at time o	death 5 U Other (specify)				World Day lear st		
s tha gned be de	5	Part II. Other significant condition	s contributing to death but not re	esulting in the	underlying cause g	iven in Part I.	and the same		bute to the cause of death?	
require been si should	eted	WE Charle Project Charles Phase &					R LANK	10/ 100	3 Probably 4 Unknown	
The law ate has beage 2 s	Completed						24a. Was a autop	med? pr	lere autopsy findings available rior to completion of cause of eath?	
clan: T	Be C	25. Was case referred to medical examiner?			26. P	lace of Death (Ch	1 🗆 Yes	2 kg No 1	Yes 2 No	
	15	1 Yes 2 No 27. Manner of Death	Hospital: 1 Inpatient 2 28a. Date of injury	ER/Outpatier		er: 4 X Nursing	Home 5 Resid			
nding ath. r: After	Medical Certificate:	1 Natural 5 Pending 2 Accident Investiga	ition	injury	M 1 L	ry at k? I Yes 2 □ No	28d. Describe h	ow injury occurred		
or Atte		3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, fa building, etc. (Specify)				ctory, office 28f. Location (Street and Number or Rural Ro City or Town, State)			or Rural Route Number,	
To the Hospital or Attending Phys within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral di		29a. Certifier (Check check conty one) 3 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check conty one) 3 Certifying Nurse Practitioner: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as taled.							or as stated	
the Ho hin 24 the Fu	Med								to the cause(s) and manner state unner as stated.	
5 ¥ 5 8		29b. Signature and title of certifier	Alu I		29c. Licens	9 60	9	29d. Date signed	(Month, Day, Year)	
JM	1	30. Name and address of person w				100		1 18	2012	
		RAMAN R. TULI,	M.D., 10810 D		OWN RD.,	#202, GA	ITHERSBUI	RG, MD	20878	
Sta Regist		31. Date filed (Month, Day, Year) SEP 2 5 2012	permy B.	park	1X Change	or the				
SHMH 17 Rev 06	-2011				Service Control	6	DE ED			
11	20	5518		ORIGIN	VAL					
1 SW		Date Is	sued	S. Charles			HAT THIS DO			
The state of the s	այսպա	Septem	ber 25, 2012			OF VITAL R		THE IN THE	E	

STATE REGISTRAR

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL OF VITAL RECORDS CLEARLY EMBOSSED.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE