



00460556

INSTRUCCION  
 SUPERIOR  
 PROFESION / OCUPACION  
 V4343V4222

APELLIDOS Y NOMBRES DEL PADRE  
 SANTA CRUZ MODESTO  
 APELLIDOS Y NOMBRES DE LA MADRE  
 SALAZAR DELIA  
 LUGAR Y FECHA DE EXPEDICION  
 GUAYAS  
 2013-04-11  
 FECHA DE EXPIRACION  
 2023-04-11

DIRECTOR GENERAL  
 Fianza del Cerrado  
 019 4 244444



REPUBLICA DEL ECUADOR  
 DIRECCION GENERAL DE REGISTRO CIVIL  
 IDENTIFICACION Y CEDULACION

No 090404671-1



Cedula de  
 Ciudadania  
 APELLIDOS Y NOMBRES  
 SANTA CRUZ SALAZAR  
 OLGA ISABEL  
 LUGAR DE NACIMIENTO  
 GUAYAS  
 GUAYAS  
 PEDRO CARBO / CONCEPCION  
 FECHA DE NACIMIENTO 1931-11-02  
 NACIONALIDAD ECUATORIANA  
 SEXO F  
 ESTADO CIVIL CASADA  
 LUIS  
 DUCHICELA

STATE OF TEXAS

## CERTIFICATE OF DEATH

STATE FILE NO.

1. NAME OF DECEASED [Type or print] <b>Luis Felipe Duchicela</b>			2. SEX <b>Male</b>		3. DATE OF DEATH <b>September 21, 1984</b>	
4. RACE <b>Indian</b>		5a. WAS THE DECEDENT OF SPANISH ORIGIN? <b>No</b>		5b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <b>Inca</b>		6. DATE OF BIRTH <b>Sept. 19, 1925</b>
7a. PLACE OF DEATH — COUNTY <b>Galveston</b>		7b. CITY OR TOWN [If outside city limits, give precinct no.] <b>Galveston</b>		8c. NAME OF [If not in hospital, give street address] HOSPITAL OR INSTITUTION <b>UTMB Hospitals</b>		8d. INSIDE CITY LIMITS? <b>Yes</b>
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED [Specify] <b>Married</b>		10. BIRTHPLACE [State or foreign country] <b>Ecuador</b>		11. CITIZEN OF WHAT COUNTRY? <b>Ecuador</b>		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>No</b>
13. SURVIVING SPOUSE [If wife, give maiden name] <b>Olga Santa Cruz</b>		14. SOCIAL SECURITY NO. <b>None</b>				
15a. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired] <b>Controller</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>Banana Industry</b>				
16a. RESIDENCE — STATE <b>Ecuador</b>		16b. COUNTY <b>Ecuador</b>		16c. CITY OR TOWN [If outside city limits, show rural] <b>de Guaya</b>		16d. STREET ADDRESS [If rural, give location] <b>V.E. Estrada Entre Ylanes y Jiguas</b>
17. FATHER'S NAME <b>Luis Felipe</b>		18. MOTHER'S MAIDEN NAME <b>Mercedes Ramirez</b>				
20. PART I IMMEDIATE CAUSE [Enter only one cause per line for (a), (b), (c)] (a) <b>Hypoxia</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Lung cancer</b> DUE TO, OR AS A CONSEQUENCE OF: (c) _____						Interval between onset and death
21. AUTOPSY? <b>Yes.</b>						
22a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. [Specify]						22b. DATE OF INJURY [Mo., Day, Yr.]
22c. HOUR OF INJURY <b>M.</b>						22d. DESCRIBE HOW INJURY OCCURRED
22e. INJURY AT WORK [Specify yes or no]						22f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. [Specify]
22g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE						
23a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated [Signature and Title] <i>Sandra M. Eriks, M.D.</i>						24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) stated [Signature and Title]
23b. DATE SIGNED [Mo., Day, Yr.] <b>September 21, 1984</b>						23c. HOUR OF DEATH <b>2:40 P. M.</b>
23d. NAME OF ATTENDING PHYSICIAN [Type or print] <b>Sandra M. Eriks, M.D.</b>						24b. DATE SIGNED [Mo., Day, Yr.]
24c. HOUR OF DEATH <b>M.</b>						24d. PRONOUNCED DEAD [Mo., Day, Year]
24e. PRONOUNCED DEAD [Hour] <b>AT M.</b>						
25a. BURIAL, CREMATION, REMOVAL [Specify] <b>Removal</b>						25b. DATE <b>September 25, 1984</b>
25c. NAME OF CEMETERY OR CREMATORY <b>Cementerio General</b>						
25d. LOCATION [City, town, or county] [State] <b>de Guayaquil, Ecuador South America</b>						
25e. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i> <b>Broadway Funeral Home</b>						
27a. REGISTRAR'S FILE NO. <b>836</b>						27b. DATE REC'D BY LOCAL REGISTRAR <b>SEP 24 1984</b>
27c. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>						

STATE OF TEXAS

GALVESTON COUNTY HEALTH DISTRICT

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE AS RECORDED IN THE GALVESTON COUNTY HEALTH DISTRICT, GALVESTON, TEXAS.

ISSUED

SEP 24 1984

REGISTRAR OF VITAL STATISTICS

BY: *[Signature]*





