

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF DEATH

Province LEYTE			Registry No. 1013-309		
City/Municipality BAYBAB					
1. NAME (First) (Middle) (Last) DOMINGO PIEZA FLANDEZ			2. SEX (Male/Female) MALE		
3. DATE OF DEATH (Day, Month, Year) 05 May 2023		4. DATE OF BIRTH (Day) (Month) (Year) 03 January 1954		5. AGE AT THE TIME OF DEATH (Fill-in below according to age category) a. IF 1 YEAR OR ABOVE [2] Completed years 69 Y.O. b. IF UNDER 1 YEAR [1] Months [0] Days Hours Min/Sec	
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) 874 A. Mabini St., Zone 02, City of Baybay				7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) Married	
8. RELIGION/RELIGIOUS SECT Roman Catholic		9. CITIZENSHIP Filipino		10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) 874 A. Mabini St., Zone 02, City of Baybay	
11. OCCUPATION Retired Gov't Employee		12. NAME OF FATHER (First, Middle, Last) FELIPE SR., C. FLANDEZ		13. MAIDEN NAME OF MOTHER (First, Middle, Last) ALEJANDRA PIEZA	
MEDICAL CERTIFICATE (For ages 0 to 7 days, accomplish items 14-19a at the back)					
19b. CAUSES OF DEATH (If the deceased is aged 8 days and over) I. Immediate cause : END STAGE RENAL DISEASE Interval Between Onset and Death 15 MINUTES Antecedent cause : b. DIABETIC NEPHROPATHY 5 YEARS Underlying cause : c. _____ II. Other significant conditions contributing to death: _____					
19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old) _____ a. pregnant, not in labour _____ b. pregnant, in labour _____ c. less than 42 days after delivery _____ d. 42 days to 1 year after delivery _____ e. None of the choices					
19d. DEATH BY EXTERNAL CAUSES a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.) _____ b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.) _____					20. AUTOPSY (Yes / No)
21a. ATTENDANT 1 Private Physician _____ 2 Public Health Officer _____ 3 Hospital Authority _____ 4 None _____ 5 Others (Specify) _____					21b. If attended, state duration (mm/dd/yy) From _____ To _____
22. CERTIFICATION OF DEATH I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I <input checked="" type="checkbox"/> have not attended the deceased and that death occurred at 06:00 am/pm on the date of death specified above. Signature _____ Name in Print MICHAEL JOSEPH C. CENIZA, RMT, MD Title or Position RURAL HEALTH PHYSICIAN Address BAYBAB CITY LEYTE Date 5-8-2023 REVIEWED BY: Signature _____ Name in Print MICHAEL JOSEPH C. CENIZA, RMT, MD Signature Over Printed Name of Health Officer Date 5-8-2023					
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) BURIAL		24a. BURIAL/CREMATION PERMIT Number 0274546 Date Issued MAY 8, 2023		24b. TRANSFER PERMIT Number _____ Date Issued _____	
25. NAME AND ADDRESS OF CEMETERY OR CREMATORY BERNARDO RIDGE, 30 de DICIEMBRE ST, ZONE 23, BAYBAB CITY, LEYTE					
26. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Name in Print ROSILA R. FLANDEZ Relationship to the Deceased WIFE Address 874-A, A. Mabini St., City of Baybay, Leyte Date May 6, 2023			27. PREPARED BY Signature _____ Name in Print JHEMELYN B. MARTINEZ Title or Position St. Peter Chapel Manager Date May 06, 2023		
28. RECEIVED BY Signature _____ Name in Print ROLITA A. ANDRES Title or Position REGISTRATION OFFICER II Date MAY 8, 2023			29. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print TERESITA MUÑEZ-CARTON Title or Position Administrative Officer II Date MAY 08 2023		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)					
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR					

FOR CHILDREN AGED 0 TO 7 DAYS

14. AGE OF MOTHER _____	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify) _____	16. LENGTH OF PREGNANCY: (in completed weeks) _____
17. TYPE OF BIRTH (Single, Twin, Triplet, etc) _____		18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc) _____

MEDICAL CERTIFICATE

19a. CAUSES OF DEATH

- a. Main disease/condition of infant _____
- b. Other diseases/conditions of infant _____
- c. Main maternal disease/condition affecting infant _____
- d. Other maternal disease/condition affecting infant _____
- e. Other relevant circumstances _____

CONTINUE TO FILL UP ITEM 20

POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was _____

Signature _____ Title/Designation _____

Name in Print _____ Address _____

Date _____

CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed DOMINGO P. FLANDEZ following all the regulations prescribed by the Department of Health.

Signature Jhemelyn B. Martinez Title/Designation LICENSED EMBALMER

Name in Print JHEMELYN B. MARTINEZ License No. '03-15-5717

Address Zone 06, Brgy. Guadalupe, City of Baybay, Leyte Issued on March 2015 at DOH Manila

Expiry Date JULY 2024

AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

I, _____, of legal age, single/married/divorced/widow/widower, with residence and postal address _____, after being duly sworn in accordance with law, do hereby depose and say:

1. That _____ died on _____ in _____ and was buried/cremated in _____ on _____

2. That the deceased at the time of his/her death:

- ☐ was attended by _____;
- ☐ was not attended.

3. That the cause of death of the deceased was _____

4. That the reason for the delay in registering this death was due to _____

5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____, at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____, at _____, Philippines, affiant who exhibited to me his Community Tax Cert. issued on _____ at _____

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address