(Revised January 2007)	Republ	lic of the Philip	pines `		plished in quadrup	olicate using black in
	OFFICE OF THE C	ATE O	F DE			
Province LEYTH				Registry		
City/MunicipalityBAYBAY				2023-309		
. NAME (First)	(Middle)	(Las	1)		2. SEX (Male	/Female)
DOMINGO	PIEZA	FLA	FLANDEZ		MALE	
B. DATE OF DEATH (Day, Month, Year)	4. DATE OF BIRTH (Day)	(Month) (Year)	5. AGE AT T	HE TIME OF		
05 May 2023	03 Januars	y 1954	[2] Comple	ted years	[1] Months [0] [	Days Hours Min/Se
i. PLACE OF DEATH (Name of Hospit				Province)	7. CIVIL STATUS	(Single/Married/Widow
874 A. Mabini St., Zone 02, City of Baybay					Married	led/Divorced)
	9. CITIZENSHIP		DENCE (H	ouse No., St.,		cipality, Province, Coun
Roman Catholic	Filipino	874 A Ma	hini St	Zone 02	City of Ba	whav
Roman Catholic  1. OCCUPATION 12. NA						
Retired Gov't Employee	FELIPE SR.,	C. FLANDE	Z	ALEJ.	ANDRA PI	EZA
	MEDIO (For ages 0 to 7 days, a	CAL CERTIFIC	ATE			
9b. CAUSES OF DEATH (If the decea	ased is aged 8 days and ov	ver)		Int	erval Between On	set and Death
I. Immediate cause : aSNL	STAGE RENAL	DISEASE		15_	MINUTES	
	IABETIC NEPHRO					
Underlying cause : c  II. Other significant conditions conf	tributing to death:					
9C. MATERNAL CONDITION (If the de	eceased is female aged 15	-49 years old)				
a. pregnant, b. not in labour	pregnant, in c. I labour	less than 42 days delivery	after	_ d. 42 days delivery	to 1 year after_	choices
9d. DEATH BY EXTERNAL CAUSES						20. AUTOPSY
<ul><li>a. Manner of death (Homicide, St</li><li>b. Place of Occurrence of External</li></ul>						-
21a. ATTENDANT	a cause (e.g. nome, farm	i, lactory, street, s	sea, etc.)	211	o. If attended, state	e duration (mm/dd/)
2 Public 1 Private Health	3 Hospital	5	Others			
Physician — Officer -	—— Authority ——4	None ——	(Specify)—	Fr	rom	To
I hereby certify that the foregoing	ing particulars are correct a	as near as same o	an be ascert	ained and I fo	urther certify that I	have attended
have not attended the deceased	ing particulars are correct and that death occurred a	as near as same o	an/pm on th	e date of de	urther certify that I ath specified abov	have attended
Nave not attended the deceased	d and that death occurred a	<sup>at</sup> <del>''06:00 </del>	an/pm on the	WED BY:	ath specified abov	e.
X have not attended the deceased Signature  Name in Print MICHALL JO  Title or Position RURAL HEA	SEPH C. CENTZ. LTH PHYSICIAN	A RMT MD	REVIE  MICHAE	we date of dea WED BY: L JOST nature Over	ath specified above	IZA RMT MT
Name in Print MICHAEL JO Title or Position RURAL HEA	SEPH C. CENIZ. LTH PHYSICIAN EYTE	A,RMT,MD	REVIE  MICHAE	we date of dea WED BY: L JOST nature Over	Printed Name of F	IZA RMT MT
K have not attended the deceased Signature  Name in Print MICHAEL JO  Title or Position RURAL HEA  Address BAYBAY CITY L	SEPH C. CENIZ  LTH PHYSICIAN  EYTE  Date 5-8-20	A,RMT,MD	REVIE  MICHAE	WED BY: L JOST	Printed Name of H	IZA RMT MT
Name in Print MICHAEL JO Title or Position RURAL HEA Address BAYBAY CITY L  23. CORPSE DISPOSAL (Bunal, Cremation, if others, specify)	SEPH C. CENTZ  LTH PHYSICIAN  EYTE  Date 5-8-20  24a.BURIAL/CREMAT	A,RMT,MD	ar/ipm bn th REVIE MICHAE Sig	L JOST Inature Over	Printed Name of H 3 - 2 2 3 Date	IZA,RMT,ME
Name in Print MICHAEL JO  Title or Position RURAL HEA  Address BAYBAY CITY L  23. CORPSE DISPOSAL (Burial, Cremation, if others, specify)  BURIAL	SEPH C. CENTZ  LTH PHYSICIAN  EYTE  Date 5-8-20:  24a. BURIAL/CREMAT  Number 02745  Date Issued 144	A,RMT,MD  23  TION PERMIT	ar/ipm bn th REVIE MICHAE Sig	L JOS Inature Over	Printed Name of H	IZA,RMT,MI
Name in Print MICHALL JO Title or Position RURAL HEA Address BAYBAY CITY L  23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) BURIAL 25. NAME AND ADDRESS OF CEMETE	SEPH C. CENTZ.  LTH PHYSICIAN EYTE  Date 5-8-20:  24a. BURIAL/CREMAT Number 02745 Date Issued 144 ERYOR CREMATORY	23 TION PERMIT 346 3, 2023	arvipm bn the	L JOST Inature Over  24b. TRAN Number _ Date Issue	Printed Name of H 3 - 2 2 3 Date SFER PERMIT	IZA,RMT,MI
Name in Print MICHAEL JO RICHAEL	SEPH C. CENIZ.  LTH PHYSICIAN EYTE  Date 5-8-20:  24a. BURIAL/CREMAT  Number 02745  Date Issued 144  ERYOR CREMATORY  de DECIEMBRE ST,	23 TION PERMIT 346 8, 2023 20NE 23, 27. PRI	arvipm bn the	L JOST Inature Over  24b. TRAN Number _ Date Issue	Printed Name of H 3 - 2 2 3 Date SFER PERMIT	IZA,RMT,MI
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Name in Print  Name i	SEPH C. CENIZ.  LTH PHYSICIAN EYTE  Date 5-8-20:  24a. BURIAL/CREMAT  Number 02745  Date Issued 144  ERYOR CREMATORY  de DECIEMBRE ST,	23 TION PERMIT 346 3, 2023 20NE 23, 27. PRI orrect	APAPAY	L JOSE Inature Over  24b. TRAN Number _ Date Issue	Printed Name of H 3 - 2 2 3 Date SFER PERMIT	IZA,RMT,MI
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Name in Print MICHAEL JO RURAL HEA  23. CORPSE DISPOSAL (Burial, Cremation, if others, specify)  BURIAL  25. NAME AND ADDRESS OF CEMETE  PERIARCO RIDGE, 30  26. CERTIFICATION OF INFORMANT I hereby certify that all informat to my own knowledge and belief.  Signature  Name in Print ROSILA R.  Relationship to the Deceased	SEPH C. CENIZ.  LTH PHYSICIAN  EYTE  Date 5-8-20:  24a. BURIAL/CREMAT  Number 02745  Date Issued 144  ERY OR CREMATORY  de DECIEMBRE ST,  tion supplied are true and construction supplied are true and construction.	23 TION PERMIT 346 B, 2023 20NE 23, orrect Signat Name Title or	MICHAE Sig	L JOSE L	Printed Name of H B-2023 Date SFER PERMIT	IZA,RMT,ME Health Officer
Name in Print MICHAEL JO RIVAL HEA Address BAYBAY CITY L  23. CORPSE DISPOSAL (Burial, Cremation, if others, specify)  BURIAL 25. NAME AND ADDRESS OF CEMETE  PERMARDO RIDGE, 30 of the specify of the specific sp	Date SSUED DATE ST, STEPLE ST,	23 TION PERMIT  346 3, 2023  20NE 23, orrect Signat Name Title or	BAYPAY ( EPARED BY  Position	L JOSE L JOSE L JOSE L JOSE L JOSE L JOSE L L L L L L L L L L L L L L L L L L L	Printed Name of H 3-2 23 Date SFER PERMIT	IZA,RMT,ME Health Officer  FINEZ
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Name in Print MICHALL JO Title or Position RURAL HEA Address BAYBAY CITY L  23. CORPSE DISPOSAL (Bural, Cremation, if others, specify) BURIAL 25. NAME AND ADDRESS OF CEMETE TERLATION OF INFORMANT I hereby certify that all informat to my own knowledge and belief.  Signature ROSILA R. Relationship to the Deceased Address 874-A, A Mabini St., C Date Ma 28. RECEIVED BY	Date SSUED DATE ST, STEPLE ST,	23 TION PERMIT 546 3, 2023 27. PRI orrect Signat Name Title or Date 29. REG	BAYPAY ( EPARED BY  Position	L JOSE Inature Over  24b. TRAN Number _ Date Issue  St. Petr ay 06, 202	Printed Name of H 3-2 23 Date SFER PERMIT d N.B. MAR er Chapel M	IZA,RMT,MD lealth Officer  FINEZ anager
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	FOR CHILDREN A	GED 0 TO 7 D	AYS		
14. AGE OF MOTHER			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 C	ERTIFICATE			
19a. CAUSES OF DEATH					
	of infant				
	ons of infant				
e. Other relevant circumsta		FILL UP ITEM 2	0		
I HEREBY CERTIF	POSTMORTEM CEI		of the deceased and that the cause of death was		
Signature	eTitle/Designation				
Name in Print		Address			
Date					
I HEREBY CERTI	FY that I have embalmeded by the Department of Health.	NOF EMBALMER DOMINO	GO P. FLANDEZ following		
Signature	ELMN D. MAKTINEZ	License No	LICENSED EMBALMER  '03-15-5717		
Address	. Guadaiupe, City of Baybay, Ley	te Issued on	March 2015 at		
vith residence and postal	addrėss, after being duly sworn	, of le	egal age, single/married/divorced/widow/widower,		
1. That	. , ,				
			and was buried/cremated in		
	sed at the time of his/her death:	3 - C/27-3C			
3. That the cause	e of death of the deceased was				
5. That I am execu	ting this affidavit to attest to the truthfo	ulness of the fore	going statements for all legal intents and purposes.		
In truth whereof, I I	have affixed my signature below this	s c	lay of,		
at	, Philip	opines.			
		(S	ignature Over Printed Name of Affiant)		
SUBSCRIBED AN	ND SWORN to before me this	day of _	talk (. T		
	, P	hilippines, affian	t who exhibited to me his Community Tax Cert.		
Signature of	of the Administering Officer		Position / Title / Designation		
	Name in Print		Address		