Municipal Form No. 103
(Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

(To be accomplished in quadruplicate using black ink)

CERTIFICATE OF DEATH

Province: HOCOS NORTE
City/Municipality: LAOAG CITY (Capital)

Registry No.

1. NAME (First)	(Middle)	(Last)	2. SEX (Male/Female)
CLIVE JOSHUA		NADELA	Male

3. DATE OF DEATH (Day, Month, Year)	4. DATE OF BIRTH (Day) (Month) (Year)	5. AGE AT THE TIME OF DEATH (Fill in below according to age category) a. If 1 YEAR OR ABOVE (2) Completed years	b. If UNDER 1 YEAR (1) Months	(2) Days	c. If UNDER 24 HOURS Hours	Minutes
14 January 2025	02 June 1997	27				

6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province)	7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced)
Gov. Roque B. Ablan Sr. Memorial Hospital, Laoag City, Ilocos Norte	Single

8. RELIGION/RELIGIOUS SECT	9. CITIZENSHIP	10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country)
Roman Catholic	Filipino	Mesina Saint Lourdes Sur, Angeles City, Pampanga, Philippines

11. OCCUPATION	12. NAME OF FATHER (First, Middle, Last)	13. MAIDEN NAME OF MOTHER (First, Middle, Last)
Laborer	JOSE MORALDE, JR.	ORA NADELA

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)

			Interval Between Onset and Death
I. Immediate cause	: a.	Hypovolemic Shock	
Antecedent cause	: b.	To consider Disseminated Intravascular Coagulation	
Underlying cause	: c.	Multiple Organ Injury	

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 ___ 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 X 4 None ___ 5 Others Specify ___

21b. If attended, state duration (mm/dd/yy)
From 01/12/25 @ 05:20 AM
To 01/14/25 @ 02:50 PM

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 have not attended the deceased and that death occurred at 02:50 PM m/pm on the date of death specified above. [X] have attended/

Signature
Name in Print: JOSEPH STEPHEN F. CASTRO, M.D.
Title of Position: Attending Physician
Address: G.R.B.A.S.M.H., Laoag City, Ilocos Norte
Date: January 15, 2025

REVIEWED BY:
Signature Over Printed Name of Health Officer
Date

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify)	24a. BURIAL/CREMATION PERMIT Number / Date Issued	24b. TRANSFER PERMIT Number / Date Issued
Burial		

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY

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: AMELIE BANGLOY MIGUEL
Relationship to the Deceased: Landlord
Address: Brgy. 28 San Bernardo (Pob.), Laoag City, Ilocos Norte
Date: January 15, 2025

27. PREPARED BY

Signature
Name in Print: EIGELEEN MIGUEL-SANCHEZ
Title or Position: Administrative Aide I
Date: January 15, 2025

28. RECEIVED BY

Signature
Name in Print
Title or Position
Date

29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature
Name in Print
Title or Position
Date

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

5	8	9	10	11	19a(a)/19b	19a(c)