

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

Province <u>LEYTE</u>			Registry No. 2025 - 2479		
City/Municipality <u>TACLOBAN CITY</u>					
1. NAME (First) (Middle) (Last) NORBERTO CABANTUG VILLAS			2. SEX (Male/Female) MALE		
3. DATE OF DEATH (Day, Month, Year) 05 AUGUST 2025		4. DATE OF BIRTH (Day) (Month) (Year) 11 JUNE 1961		5. AGE AT THE TIME OF DEATH (Fill-in below accdg. to age category) a. IF 1 YEAR OR ABOVE [2] Completed years 64 b. IF UNDER 1 YEAR [1] Months [0] Days c. IF UNDER 24 HOURS Hours Min/Sec	
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) EASTERN VISAYAS MEDICAL CENTER TACLOBAN CITY LEYTE				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) PANGASUNGAN, BAYBAY CITY, LEYTE, PHILIPPINES	
11. OCCUPATION RETIRED PRIVATE EMPLOYEE		12. NAME OF FATHER (First, Middle, Last) DIONESIO VILLAS		13. MAIDEN NAME OF MOTHER (First, Middle, Last) ANATOLIA CABANTUG	

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. SEVERE METABOLIC ACIDOSIS		HOURS	
Antecedent cause : b. UREMIA		DAYS	
Underlying cause : c. CHRONIC KIDNEY DISEASE 5 FROM HYPERTENSIVE KIDNEY DISEASE		MONTHS	
II. Other significant conditions contributing to death: HYPERTENSIVE HEART DISEASE; HYPERTENSIVE VASCULAR DISEASE II			
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) NO
21a. ATTENDANT 1 Private Physician ___ 2 Public Health Officer ___ <input checked="" type="checkbox"/> 3 Hospital Authority ___ 4 None ___ 5 Others Specify ___			21b. If attended, state duration (mm/dd/yy) From 8/4/2025 To 8/5/2025
22. CERTIFICATION OF DEATH <input type="checkbox"/> I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I have attended/ <input type="checkbox"/> have not attended the deceased and that death occurred at 08:10 PM on the date of death specified above. Signature <u></u> Name in Print JERVICKH JAE J. JAYA, MD Title of Position MEDICAL OFFICER Address EVMC, TACLOBAN CITY Date AUGUST 5, 2025			
REVIEWED BY: <u></u> JAIME M. OPINION, JR., MD, FICS, FPMS, CFP Signature Over Printed Name of Health Officer 19th August 2025 Date			
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify)		24a. BURIAL/CREMATION PERMIT Number Date Issued	
		24b. TRANSFER PERMIT Number Date Issued	

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY
Bernardo Ridge Cemetery, Baybay City

26. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <u></u> Name in Print JOVENCITO G. FENIZA Relationship to the Deceased SON IN LAW Address PANGASUNGAN, BAYBAY, LEYTE Date AUGUST 5, 2025		27. PREPARED BY Signature <u></u> Name in Print JERVICKH JAE J. JAYA, MD Title or Position MEDICAL OFFICER Date AUGUST 5, 2025	
28. RECEIVED BY Signature <u></u> Name in Print MARIFE C. FAUSTINO Title or Position Administrative Aide I Date 19 AUG 2025		29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u></u> Name in Print IMELDA A. ROA Title or Position City Civil Registrar Date 19 AUG 2025	

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)
2	6	4	0	8	0	1
6	0	8	0	3	7	0
8	1	1	3	0		

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 _____ following all the regulations prescribed by the Department of Health.

Signature _____ Title/Designation _____

Name in Print _____ License No. _____

Address _____ Issued on _____

Expiry Date _____

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 CTC/valid ID _____

Issued on _____ at _____

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address