	Republic of th	ne Philippine	98		shed in quadruplica	ate using black ink)
	CERTIFICATI					
Province LEYTE				Registry N	No.	1 1
City/Municipality TACLOBAN	2025 - 2479					
NAME (First)	(Middle)	(Last) ;			2. SEX (Male/Fem	ale)
NORBERTO	CABANTUG		/ILLAS		1	MALE
3. DATE OF DEATH (Day, Month, Year)   4	DATE OF BIRTH (Day) (Month)  11 JUNE 1961	(Year) 5. A(	GE AT TH 1 YEAR OR AE Completed was	E TIME OF I	DEATH (Fill-in below a IF UNDER 1 YEAR [1] Months [0] Days	c IF UNDER 24 HOURS Hours Min/Sec
6. PLACE OF DEATH (Name of Hospital/Clin EASTERN VISAYAS MEDICAL C	ic/Institution/House No., St., Barangay, Ci CENTER TACLOBAN CIT	ty/Municipality, P	rovince) LEYTE		. CIVIL STATU3 (S Widower/Annulled/Div	
8. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	9. CITIZENSHIP FILIPINO				ngay, City/Municipality, Y CITY, LEYTE,	Province, Country)
DETIDED DDIVATE	AME OF FATHER (First, Middle, Last DNESIO VILLAS				, Middle, Last)	
	MEDICAL C			t the back	)	
19b. CAUSES OF DEATH (If the dece	(For ages 0 to 7 days, accomplish items 14- 9b. CAUSES OF DEATH (If the deceased is aged 8 days and over) 1. Immediate cause a. SEVERE METABOLIC ACIDOSIS				val Between Onset HOURS	and Death
Antecedent cause : b				100	DAYS	
Underlying cause : c	CHRONIC KIDNEY DISEASE & EDOM HYDEDTENSIVE KIDNEY DISEASE					
II: Other significant conditions contr	ibuting to death:HYPE	RTENSIVE I		DISEASE; H	YPERTENSIVE	VASCULAR
		nan 42 days af			s to 1 year after	e. None of the choices
19d. DEATH BY EXTERNAL CAUSES				-		20. AUTOPSY
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.)						
h Place of Occurrence of External C		at sea etc.)				(Yes/No)
D4- ATTENDANT		et, sea, etc.)		211	o. If attended, state di	(Yes/No) NO
21a ATTENDANT 2 Public 1 Private Health	Cause (e.g. home, farm, factory, stree	5 0	thers	-	b. If attended, state di	(Yes/No) NO uration (mm/dd/yy)
21a. ATTENDANT 2 Public 1 Private Health Physician Officer	Cause (e.g. home, farm, factory, street	5 0	thers	-		(Yes/No) NO
21a. ATTENDANT 2 Public  1 Private Health Physician Officer  22. CERTIFICATION OF DEATH I hereby certify that the foregr	Cause (e.g. home, farm, factory, street  3 Hospital  Authority 4 Non-  oing particulars are correct as near	5 O e S	pecify——be ascerta	Frained and I fu	om 8/4/2025	(Yes/No) NO uration (mm/dd/yy)
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TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

111 19a(a)/19b

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14. AGE OF MOTHER  15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify)  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  1 HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death  Signature  Name in Print Date  CERTIFICATION OF EMBALMER	FOR CHILDREN AC	D 0 TO 7 DAYS	. /
TYPE OF BIRTH   Single. Twen, Triplet, etc.)   18. IF MULTIPLE BIRTH, CHILD WAS (IPEL Second, Trind, etc.)   18. IF MULTIPLE BIRTH, CHILD WAS (IPEL Second, Trind, etc.)   18. IF MULTIPLE BIRTH, CHILD WAS (IPEL Second, Trind, etc.)   18. IF MULTIPLE BIRTH, CHILD WAS (IPEL Second, Trind, etc.)   18. IF MULTIPLE BIRTH, CHILD WAS (IPEL Second, Trind, etc.)   18. IF MULTIPLE BIRTH, CHILD WAS (IPEL Second, Trind, etc.)   18. IF MULTIPLE BIRTH, CHILD WAS (IPEL Second, Trind, etc.)   18. IF MULTIPLE BIRTH, CHILD WAS (IPEL SECOND, Trind, etc.)   18. IF MULT PROPERTY (IPEL SECOND, Trind, etc.)   18. IF MULTIPLE BIRTH, CH	14 AGE OF MOTHER 15, METHOD OF DELIVERY (Norma	spontaneous 16. LENGTH OF PREGNANCE	CY:
Signature	vertex, if others, specify)	(in completed weeks)	
MEDICAL CERTIFICATE  8a. CAUSES OF DEATH  a. Main disease/condition of Infant b. Other diseases/condition of Infant c. Main maternal diseases/condition affecting infant d. Other maternal diseases/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 Name in Print Date  CERTIFICATION OF EMBALMER I HEREBY CERTIFY that I have embalmed all the regulations prescribed by the Department of Health.  Signature  License No.  License N	7. TYPE OF BIRTH	IF MULTIPLE BIRTH, CHILD WAS	
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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 decessed and that the cause of death  Signature  Title/Designation Address  CERTIFICATION OF EMBALMER I HEREBY CERTIFY that I have embalmed all the regulations prescribed by the Department of Health.  CERTIFICATION OF EMBALMER I HEREBY CERTIFY that I have embalmed License No.  Lic	a. Main disease/condition of infant		
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Name in Print			he cause of death was
Name in Print			
CERTIFICATION OF EMBALMER  I HEREBY CERTIFY that I have embalmed all the regulations prescribed by the Department of Health.  Signature	Signature	Title/Designation	
CERTIFICATION OF EMBALMER  I HEREBY CERTIFY that I have embalmed all the regulations prescribed by the Department of Health.  Signature		Address	
I HEREBY CERTIFY that I have embalmed all the regulations prescribed by the Department of Health.  Signature			
I HEREBY CERTIFY that I have embalmed all the regulations prescribed by the Department of Health.  Signature	CERTIFICATION	DE EMPAI MED	
Name in Print Address  License No. December 1  License No. December 2  Issued on Expiry Date  AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH  I,, of legal age, single/married/divorced/widow/wido	all the regulations prescribed by the Department of Health.		following
AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH  I	MARIN EFRESSA C ROLDAN	License No. 10-16-6250	
AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH  1,	Address DECEMBER ,	Issued on SEPT. 2016 M	ANILA
with residence and postal address			- Poly
1. That	with residence and postal address		
and was buried/cremain on			
2. That the deceased at the time of his/her death:  was attended by	1. That		was buried/gramated in
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 purpos In truth whereof, I have affixed my signature below this day of  The statements for all legal intents and purpos at  (Signature Over Printed Name of Affiant)  SUBSCRIBED AND SWORN to before me this day of  Philippines, affiant who exhibited to me his CTC/v.			was bulled/cremated in
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 purpos in truth whereof, I have affixed my signature below this	was attended by	*	
5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purpos  In truth whereof, I have affixed my signature below this day of  Thillippines.  (Signature Over Printed Name of Affiant)  SUBSCRIBED AND SWORN to before me this day of  Phillippines, affiant who exhibited to me his CTC/v.	3. That the cause of death of the deceased was		
In truth whereof, I have affixed my signature below this day of	4. That the reason for the delay in registering this death v	s due to	
at	5. That I am executing this affidavit to attest to the truthfuln	ss of the foregoing statements for all legal	intents and purposes.
(Signature Over Printed Name of Affiant)  SUBSCRIBED AND SWORN to before me this day of, Philippines, affiant who exhibited to me his CTC/v.	In truth whereof, I have affixed my signature below this	day of	t. 34
(Signature Over Printed Name of Afflant)  SUBSCRIBED AND SWORN to before me this day of, Philippines, afflant who exhibited to me his CTC/v.	at, Philip	ines.	
(Signature Over Printed Name of Afflant)  SUBSCRIBED AND SWORN to before me this day of			
SUBSCRIBED AND SWORN to before me this day of, Philippines, affiant who exhibited to me his CTC/v.		(Signature Over Printed Nam	e of Affiant)
issued onat		, Philippines, affiant who exhibite	d to me his CTC/valid II
	issued on	at	

Address

Name in Print