

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

(To be accomplished in quadruplicate using black ink)

Province <u>LEYTE</u>		Registry No. <b>2025 - 2479</b>
City/Municipality <u>TACLOBAN CITY</u>		
1. NAME (First) (Middle) (Last) <b>NORBERTO CABANTUG VILLAS</b>		2. SEX (Male/Female) <b>MALE</b>
3. DATE OF DEATH (Day, Month, Year) <b>05 AUGUST 2025</b>	4. DATE OF BIRTH (Day) (Month) (Year) <b>11 JUNE 1961</b>	5. AGE AT THE TIME OF DEATH (Fill-in below accdg. to age category) a. IF 1 YEAR OR ABOVE [2] Completed years <b>64</b> b. IF UNDER 1 YEAR [1] Months [0] Days Hours Min/Sec c. IF UNDER 24 HOURS
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) <b>EASTERN VISAYAS MEDICAL CENTER TACLOBAN CITY LEYTE</b>		7. CIVIL STATUS (Single/Married/Widow/ Widower/Annulled/Divorced) <b>MARRIED</b>
8. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	9. CITIZENSHIP <b>FILIPINO</b>	10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) <b>PANGASUNGAN, BAYBAY CITY, LEYTE, PHILIPPINES</b>
11. OCCUPATION <b>RETIRED PRIVATE EMPLOYEE</b>	12. NAME OF FATHER (First, Middle, Last) <b>DIONESIO VILLAS</b>	13. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>ANATOLIA CABANTUG</b>

**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. <b>SEVERE METABOLIC ACIDOSIS</b>		<b>HOURS</b>
Antecedent cause b. <b>UREMIA</b>		<b>DAYS</b>
Underlying cause c. <b>CHRONIC KIDNEY DISEASE 5 FROM HYPERTENSIVE KIDNEY DISEASE</b>		<b>MONTHS</b>
II. Other significant conditions contributing to death: <b>HYPERTENSIVE HEART DISEASE; HYPERTENSIVE VASCULAR DISEASE II</b>		
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.)		
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 <b>8/4/2025</b> To <b>8/5/2025</b>

**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 attended/ have not attended the deceased and that death occurred at **08:10 PM** on the date of death specified above.

Signature [Signature]  
Name in Print **JERVICKH JAE J. JAYA, MD**  
Title of Position **MEDICAL OFFICER**  
Address **EVMC, TACLOBAN CITY**  
Date **AUGUST 5, 2025**

REVIEWED BY: [Signature]  
**JAIME H. OPINION, JR., MD, FICS, FPMS, CFP**  
Lic # 0156184  
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
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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>[Signature]</u> Name in Print <b>JOVENITO G. FENIZA</b> Relationship to the Deceased <b>SON IN LAW</b> Address <b>PANGASUNGAN, BAYBAY, LEYTE</b> Date <b>AUGUST 5, 2025</b>	27. PREPARED BY Signature <u>[Signature]</u> Name in Print <b>JERVICKH JAE J. JAYA, MD</b> Title or Position <b>MEDICAL OFFICER</b> Date <b>AUGUST 5, 2025</b>
28. RECEIVED BY Signature <u>[Signature]</u> Name in Print <b>MARIFE C. FAUSTINO</b> Title or Position <b>Administrative Aide I</b> Date <b>19 AUG 2025</b>	29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <b>IMELDA A. ROA</b> Title or Position <b>City Civil Registrar</b> Date <b>19 AUG 2025</b>

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