

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

Province _____ City/Municipality <u>MANILA</u>			Registry No. _____		
1. NAME (First) (Middle) (Last) RODANTE ALMACIN ABADILLA			2. SEX (Male/Female) MALE		
3. DATE OF DEATH (Day, Month, Year) 17 MARCH 2023		4. DATE OF BIRTH (Day) (Month) (Year) 27 JANUARY 1952		5. AGE AT THE TIME OF DEATH (Fill-in below accordg. to age category) a. IF 1 YEAR OR ABOVE [2] Completed years 71 b. IF UNDER 1 YEAR [1] Months [0] Days [] Hours [] Min/Sec	
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) CHINESE GEN. HOSPITAL & MEDICAL CTR. - 286 BLUM ST., STA. CRUZ, MANILA				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) 454 T. ANZURES SAMPALOC MANILA	
11. OCCUPATION RETIRED		12. NAME OF FATHER (First, Middle, Last) EUSEBIO ABADILLA		13. MAIDEN NAME OF MOTHER (First, Middle, Last) ISIDRA ALMACIN	

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)					
I. Immediate cause		a. ACUTE RESPIRATORY FAILURE TYPE 1		Interval Between Onset and Death 12 HOURS	
Antecedent cause		b. COMMUNITY ACQUIRED PNEUMONIA-HIGH RISK		12 HOURS	
Underlying cause		c. CHRONIC KIDNEY DISEASE IN UREMIA, HYPERTENSION STAGE II,		12 HOURS	
II. Other significant conditions contributing to death: URINARY TRACT INFECTION					
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					20. AUTOPSY (Yes / No)
a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.) _____					NO
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.) _____					
21a. ATTENDANT				21b. If attended, state duration (mm/dd/yy)	
X 1 Private Physician _____ 2 Public Health Officer _____ 3 Hospital Authority _____ 4 None _____ 5 Others (Specify) _____				From 03/16/2023 To 03/17/2023	
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 <input checked="" type="checkbox"/> have attended/ <input type="checkbox"/> have not attended the deceased and that death occurred at 05:00 PM am/pm on the date of death specified above.					
Signature _____ Name in Print D. BADAR, MD./ROMELIA AQUINO, MD. Title or Position PHYSICIAN Address CHINESE GEN. HOSPITAL & MEDICAL CTR. - 286 BLUM ST., STA. CRUZ, MANILA Date 03/18/2023				REVIEWED BY: Signature Over Printed Name of Health Officer _____ Date _____	
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) CREMATION		24a. BURIAL/CREMATION PERMIT Number _____ Date Issued _____		24b. TRANSFER PERMIT Number _____ Date Issued _____	
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 JASON CASILLANO ABADILLA Relationship to the Deceased SON Address 454 T. ANZURES SAMPALOC MANILA Date 03/18/2023					
27. PREPARED BY Signature _____ Name in Print KAREN A. JUNI Title or Position CLERK - MEDICAL RECORDS Date 03/18/2023					
28. RECEIVED BY _____					
29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR					