

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

Province <u>BATANGAS</u>			Registry No. 2021-288		
City/Municipality <u>CALATAGAN</u>					
1. NAME (First) (Middle) (Last) <u>LARISA</u> <u>LUMAYOR</u> <u>ABARA</u>			2. SEX (Male/Female) FEMALE		
3. DATE OF DEATH (Day, Month, Year) <u>25 AUGUST 2021</u>		4. DATE OF BIRTH (Day) (Month) (Year) <u>16 MAY 1971</u>		5. AGE AT THE TIME OF DEATH (Fill-in below accordg. to age category) a. IF 1 YEAR OR ABOVE [2] Completed years <u>50</u> 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) <u>CALATAGAN MEDICARE HOSPITAL CALATAGAN BATANGAS</u>				7. CIVIL STATUS (Single/Married/Widow/ Widower/Annulled/Divorced) WIDOW	
8. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC		9. CITIZENSHIP FILIPINO		10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) BARANGAY 1, CALATAGAN, BATANGAS, PHILIPPINES	
11. OCCUPATION HOUSEMAID		12. NAME OF FATHER (First, Middle, Last) GERARDO ILAO LUMAYOR		13. MAIDEN NAME OF MOTHER (First, Middle, Last) VICTORIANA GARCIA DESCALLAR	

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. <u>ACUTE RESPIRATORY FAILURE</u>			<u>40 MINUTES</u>
Antecedent cause : b. <u>PNEUMONIA</u>			<u>5 DAYS</u>
Underlying cause : c. <u>COVID-19 CONFIRMED CASE</u>			
II. Other significant conditions contributing to death: _____			
19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)			
<input type="checkbox"/> a. pregnant, not in labour <input type="checkbox"/> b. pregnant, in labour <input type="checkbox"/> c. less than 42 days after delivery <input type="checkbox"/> d. 42 days to 1 year after delivery <input type="checkbox"/> 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)	
1 Private Physician 2 Public Health Officer 3 Hospital Authority 4 None 5 Others (Specify)		From _____ To _____	
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 <input checked="" type="checkbox"/> have attended/ <input type="checkbox"/> have not attended the deceased and that death occurred at <u>09:20 AM</u> am/pm on the date of death specified above.			
Signature _____		REVIEWED BY:	
Name in Print <u>MARY ANN E. GUEVARRA, MD</u>		Signature Over Printed Name of Health Officer	
Title or Position <u>MEDICAL OFFICER III</u>		<u>ROBERT JOHN M. TURNO, MD</u>	
Address <u>TAAL, BATANGAS</u>		<u>AUG 31 2021</u>	
Date <u>AUGUST 25, 2021</u>		Date	
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) BURIAL		24a. BURIAL/CREMATION PERMIT	
		Number <u>4774324</u>	
		Date Issued <u>09.01.21</u>	
25. NAME AND ADDRESS OF CEMETERY OR CREMATORY		24b. TRANSFER PERMIT	
BARANGAY 4		Number _____	
CALATAGAN, BATANGAS		Date Issued _____	

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 <u>MARIE D. LUMAYOR</u>	
Relationship to the Deceased <u>SISTER</u>	
Address <u>BRGY. 1, CALATAGAN, BATANGAS</u>	
Date <u>AUGUST 31, 2021</u>	
28. RECEIVED BY	
Signature _____	
Name in Print <u>ELISEO O. RENDON</u>	
Title or Position <u>ASST. REGISTRATION OFFICER</u>	

27. PREPARED BY	
Signature _____	
Name in Print <u>MARLENE A. CAPACIA</u>	
Title or Position <u>ADMINISTRATIVE OFFICER I</u>	
Date <u>AUGUST 31, 2021</u>	
29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR	
Signature _____	
Name in Print <u>PURIFICACION A. REYES</u>	
Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u>	