

Municipal Form No. 103 (Revised January 2007)		(To be accomplished in quadruplicate using black ink)					
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF DEATH							
Province <u>MAGUINDANAO</u> City/Municipality <u>SULTAN KUDARAT</u>					Registry No. <u>2022-0001</u>		
1. NAME (First) (Middle) (Last) <u>JOSE</u> <u>PROTACIO</u> <u>RIZAL</u>					2. SEX (Male/Female) <u>Female</u>		
3. DATE OF DEATH (Day, Month, Year) <u>22 June, 2022</u>		4. DATE OF BIRTH (Day) (Month) (Year) <u>19 June, 1861</u>		5. AGE AT THE TIME OF DEATH (Fill-in below accdg. to age category)			
				a. IF 1 YEAR OR ABOVE [2] Completed years <u>161</u>			
				b. IF UNDER 1 YEAR [1] Months <u>18</u>			
				c. IF UNDER 24 HRS [0] Days <u>-</u>			
				Hours <u></u>			
				Min/Sec <u></u>			
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) <u>Crossing Simuay</u> <u>Sultan Kudarat</u> <u>Maguindanao</u>					7. CIVIL STATUS (Single/Married/Widow/ Widower/Annulled/Divorced) <u>Single</u>		
8. RELIGION/RELIGIOUS SECT <u>R. Catholic</u>		9. CITIZENSHIP <u>Filipino</u>		10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) <u>Crossing Simuay Sultan Kudarat Maguindanao</u>			
11. OCCUPATION <u>Writer</u>		12. NAME OF FATHER (First, Middle, Last) <u>Rizal Father</u>			13. MAIDEN NAME OF MOTHER (First, Middle, Last) <u>Rizal Mother</u>		
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. <u>Gun Shot</u>						Interval Between Onset and Death <u>Hindo ko alam</u>	
Antecedent cause : b. <u>a</u>						<u>aa</u>	
Underlying cause : c. <u>b</u>						<u>bb</u>	
II. Other significant conditions contributing to death: <u>c</u>						<u>cc</u>	
19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)							
<u>    </u> a. pregnant, <u>    </u> b. pregnant, in <u>    </u> c. less than 42 days after <u>    </u> d. 42 days to 1 year after <u>    </u> e. None of the not in labour labour delivery delivery choices							
19d. DEATH BY EXTERNAL CAUSES							
a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.)						Legal Intervention	
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)						<u>Plaza</u>	
20. AUTOPSY (Yes / No) <u>Yes</u>							
21a. ATTENDANT						21b. If attended, state duration (mm/dd/yy)	
<u>    </u> 1 Private <u>    </u> 2 Public <u>    </u> 3 Hospital <u>    </u> 5 Others Physician Health Officer Authority (Specify)						From <u>June 15, 2022</u> To <u>June 18, 2022</u>	
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 <u>12:12</u> am/am/pm on the date of death specified above.							
Signature <u>NURSE NURSE</u> Name in Print <u>Nurse nga po</u> Title or Position <u>Di ko alam 2</u> Address <u>June 20, 2022</u> Date						REVIEWED BY: <u>TAO TAO</u> Signature Over Printed Name of Health Officer <u>June 20, 2022</u> Date	
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) <u>Burial</u>		24a. BURIAL/CREMATION PERMIT Number <u>123</u> Date Issued <u>12/20/2020</u>			24b. TRANSFER PERMIT Number <u>123</u> Date Issued <u>12/20/2020</u>		
25. NAME AND ADDRESS OF CEMETERY OR CREMATORY <u>hhhhhh</u>							
26. CERTIFICATION OF INFORMANT					27. PREPARED BY		
I hereby certify that all information supplied are true and correct to my own knowledge and belief.							
Signature <u>WWWW</u> Name in Print <u>ssssqqqqqooooo</u> Relationship to the Deceased <u>pppprrrr</u> Address <u>June 20, 2022</u> Date					Signature <u>TTTTTTT</u> Name in Print <u>rrrrrrr</u> Title or Position <u>June 20, 2022</u> Date		
28. RECEIVED BY					29. REGISTERED BY THE CIVIL REGISTRAR		
Signature <u>JJJJJJ</u> Name in Print <u>kkkkkkk</u> Title or Position <u>June 20, 2022</u> Date					Signature <u>LLLLLLL</u> Name in Print <u>mmmmm</u> Title or Position <u>June 22, 2022</u> Date		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) <u>Late Registration</u>							
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR							
5 8 9 10 11 19a(a)/19b 19a(c)							