

REPUBLIC OF SINGAPORE
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

3131451

DECEASED	Death registered at NG TENG FONG GENERAL HOSPITAL, SINGAPORE						
	Full name of deceased AB LATIF BIN KAYAT						
	NRIC/Identification Document No. S2176911H		Sex MALE	Date of birth 10/02/1960			
	Race/Dialect Group MALAY/MALAY		Nationality SINGAPORE CITIZEN	Country/Place of birth MALAYSIA			
	Home Address APT BLK 633A, SENJA ROAD #25-163 SINGAPORE 671633			Date and hour of death 09/03/2020 0326			
	Place or Address where death occurred NG TENG FONG GENERAL HOSPITAL			Approximate interval between onset and death			
CAUSE OF DEATH BY CERTIFIER	I (a) MALIGNANT NEOPLASM: COLON, UNSPECIFIED			Years 1	Months 9	Days	Hours
	Disease or Condition leading to death						
	(b)						
	Antecedent Causes						
INFORMANT	II Other Significant conditions						
	Name and official status of person certifying cause of death DR LAU TSUI NAM TRIER, MEDICAL PRACTITIONER			Certificate of Cause of Death Reference No.: COD-2020-NT-002908 Date: 09/03/2020			
	Name MOHAMMAD HISHAM BIN JA'AFAR			I certify that the above information given by me is correct.			
	Address APT BLK 516 JURONG WEST STREET 52 #10-39 SINGAPORE 640516			Informant's Signature/Thumb impression			
REGISTRATION OFFICER	NRIC/Identification Document No. S8945222H			Date 09 MAR 2020			
	Relationship NEPHEW						
	Name of Registration Officer SUMIYATI BINTE MOHD KADAR			Emergency Medicine Department Ng Teng Fong General Hospital 1 Jurong East Street 21 Singapore 609606			
	Designation REGISTRATION OFFICER						
Date 09/03/2020							

DISPOSITION	PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]	
	Place of Burial or Place of Cremation CHUA CHU KANG GOVERNMENT CEMETERY	Religious type MUSLIM
INFORMANT MAKING APPLICATION	I MOHAMMAD HISHAM BIN JA'AFAR	
	NRIC/Identification Document No S8945222H apply for a permit to <input checked="" type="checkbox"/> bury + <input type="checkbox"/> cremate + 3131451 the deceased referred to in the Death Certificate No. For application to cremate only <input type="checkbox"/> I certify that to the best of my knowledge, the deceased has no written direction that he/she should not be cremated +	Informant's Signature/Thumb impression Date 09 MAR 2020
REGISTRATION OFFICER	The Certificate of Cause of Death certified that there is <input type="checkbox"/> No evidence of pacemaker in the body of the deceased + <input type="checkbox"/> Evidence of pacemaker/device removed from the body of the deceased + Permit is approved. 09 MAR 2020 Date	