



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 Cagayan		Registry No. 2013-1632	
City/Municipality Tuguegarao City			
1. NAME (First) SANTIAGO (Middle) LUMELAY (Last) INFANTE		2. SEX (Male/Female) MALE	
3. DATE OF DEATH (Day, Month, Year) 04 October 2013		4. DATE OF BIRTH (Day) (Month) (Year) 15 August 1954	
		5. AGE AT THE TIME OF DEATH (Fill in below accdg. to age category) a. IF 1 YEAR OR ABOVE (2) Completed years 59 b. IF UNDER 1 YEAR (1) Months (2) Days (3) Hours (4) Min/Sec c. IF UNDER 24 HRS.	
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) GOSI SUR, TUGUEGARAO CITY, CAGAYAN		7. CIVIL STATUS (Single/Married/Widow/Divorced) MARRIED	
8. RELIGION/RELIGIOUS SECT. ROMAN CATHOLIC		9. CITIZENSHIP FILIPINO	
		10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) GOSI SUR, TUGUEGARAO CITY, CAGAYAN	
11. OCCUPATION NONE		12. NAME OF FATHER (First, Middle, Last) MARCIANO DELA CRUZ INFANTE	
		13. MAIDEN NAME OF MOTHER (First, Middle, Last) CORNELIA VARGAS LUMELAY	
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. CARDIOGENIC SHOCK Interval Between Onset and Death			
Antecedent cause : b. TIC Acute Myocardial Infarction 151.5			
Underlying cause : c. CONGESTIVE HEART FAILURE, DIABETES MELLITUS II			
II. Other significant conditions contributing to death:			
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.)			
20. AUTOPSY (Yes / No)			
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			
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 am/pm on the date of death specified above.			
Signature MICHELL GANASE-TUGADE MD		REVIEWED BY: MICHELL GANASE-TUGADE MD	
Name in Print Medical Health Officer III		Signature Over Printed Name of Health Officer	
Title or Position City Health Office, Tuguegarao City, Cagayan		October 8, 2013	
Address October 8, 2013		Date	
23. CORPSE DISPOSAL (Burial, Cremation, if others specify) Burial		24a. BURIAL/CREMATION PERMIT	
		Number Date Issued	
		24b. TRANSFER PERMIT	
		Number Date Issued	
25. NAME AND ADDRESS OF CEMETERY OR CREMATORY PUBLIC CEMETERY, DADDI, TUGUEGARAO CITY, CAGAYAN			
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 INOCENCIA C. SERRANO	
Signature GRETCHEN L. POBLETE		Name in Print ADM. AIDE III (CLERK)	
Name in Print DAUGHTER		Title or Position	
Relationship to the Deceased GOSI SUR, TUGUEGARAO CITY, CAGAYAN		Date October 8, 2013	
Address October 8, 2013			
Date			
28. RECEIVED BY		29. REGISTERED BY THE CIVIL REGISTRAR	
Signature MARY JANE T. PASION		Signature BUENA A. COLLADO	
Name in Print CCR - CLERK		Name in Print REGISTRATION OFFICER J	
Title or Position Oct 8, 2013		Title or Position OCT 08 2013	
Date		Date	
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)	

Canica 8-1



Republic of the Philippines
Department of Health
Cagayan Valley Medical Center
Regional Tertiary, Teaching and Training Hospital
Carig, Tuguegarao City, Cagayan
Tel. Nos. 304-1410/304-1810/304-0033-34
PHILHEALTH ACCREDITED



Date: October 3, 2013
Hospital No. 102526

MEDICAL CERTIFICATE

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT SANTIAGO INFANTE
59 years old of TUGUEGARAO CITY, CAGAYAN was
examined/treated/ confined at PAY 1 ward of this hospital from
September 28, 2013 TO October 2, 2013 with the diagnosis of:

ACUTE MYOCARDIAL INFECTION, CONGESTIVE HEART FAILURE
END STAGE RENAL DISEASE SECONDARY TO DIABETES MELLITUS

X-X-X-X-X-X-X-X

NOTE: HOME AGAINST MEDICAL ADVICE

Surgical Procedure:

Issued upon the request of DELIA INFANTE, WIFE for
REFERENCE purposes and not competent as evidence in court.

NOT VALID WITHOUT
HOSPITAL SEAL

VIRGINIA D. TACUINOD
Administrative Officer V