

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

(To be accomplished in quadruplicate using black ink)

Province <u>CATANDUANES</u> City/Municipality <u>VIRAC</u>			Registry No. <u>2023- 0367</u>		
1. NAME (First) (Middle) (Last) <u>EFREN</u> <u>PANTE</u> <u>ARCILLA</u>			2. SEX (Male/Female) <u>MALE</u>		
3. DATE OF DEATH (Day, Month, Year) <u>24 MAY 2023</u>		4. DATE OF BIRTH (Day) (Month) (Year) <u>01 JANUARY 1952</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>71</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>EASTERN BICOL MEDICAL CENTER, VIRAC, CATANDUANES</u>				7. CIVIL STATUS (Single/Married/Widow/ Widower/Annulled/Divorced) <u>WIDOWER</u>	
8. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>		9. CITIZENSHIP <u>FILIPINO</u>		10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) <u>GOGON CENTRO, VIRAC, CATANDUANES, PHILIPPINES</u>	
11. OCCUPATION <u>DISABLED</u>		12. NAME OF FATHER (First, Middle, Last) <u>ALEJ ANDRO</u> <u>ARCILLA</u>		13. MAIDEN NAME OF MOTHER (First, Middle, Last) <u>JULIANA</u> <u>PANTI</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>Cerebrovascular Disease</u> Interval Between Onset and Death <u>Several days I 63.9</u> Antecedent cause : b. <u>Hypertensive Cardiovascular Disease</u> <u>Several years I 61.1</u> Underlying cause : c. _____ II. Other significant conditions contributing to death: <u>Aspiration Pneumonia, Seizure Disorder</u>					
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.) <u>NOT APPLICABLE</u> b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.) <u>NOT APPLICABLE</u>					20. AUTOPSY (Yes/No) <u>NO</u>
21a. ATTENDANT 1 Private Physician _____ 2 Public Health Officer _____ 3 Hospital Authority <u>X</u> 4 None _____ 5 Others Specify _____				21b. If attended, state duration (mm/dd/yy) From <u>05/19/23</u> To <u>05/24/23</u>	
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 have attended/ <input checked="" type="checkbox"/> have not attended the deceased and that death occurred at <u>3:40AM</u> am/pm on the date of death specified above.					
Signature _____ Name in Print <u>ROEL V. EVANGELISTA, M.D., MMH OA</u> Title of Position <u>MEDICAL OFFICER III</u> Address <u>EASTERN BICOL MEDICAL CENTER, VIRAC, CATANDUANES</u> Date <u>May 24, 2023</u>			REVIEWED BY: <u>Elva M. Joson M.D.</u> Signature Over Printed Name of Health Officer <u>MAY 24, 2023</u> Date		
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) <u>BURIAL</u>		24a. BURIAL/CREMATION PERMIT Number <u>5326148</u> Date Issued <u>05-24-2023</u>		24b. TRANSFER PERMIT Number _____ Date Issued _____	
25. NAME AND ADDRESS OF CEMETERY OR CREMATORY <u>CATHOLIC CEMETERY</u> <u>PALNAB DEL NORTE, VIRAC, CATANDUANES</u>					
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>ROSALIE A. ZAFE</u> Relationship to the Deceased <u>DAUGHTER</u> Address <u>GOGON CENTRO, VIRAC, CATANDUANES</u> Date <u>May 24, 2023</u>			27. PREPARED BY Signature _____ Name in Print <u>MILA DR. MABALA</u> Title or Position <u>ADMINISTRATIVE AIDE IV</u> Date <u>May 24, 2023</u>		
28. RECEIVED BY Signature _____ Name in Print <u>RUDY T. BACABONG</u> Title or Position <u>REGISTRATION OFFICER II</u> Date <u>MAY 24, 2023</u>			29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>MARIA RESURRECCION A. MANGUBAT</u> Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u> Date <u>MAY 24, 2023</u>		

14. AGE OF MOTHER	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify)	16. LENGTH OF PREGNANCY: (in completed weeks)
17. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	
MEDICAL CERTIFICATE		
19a. CAUSES OF DEATH		
a. Main disease/condition of infant		
b. Other diseases/conditions of infant		
c. Main maternal disease/condition affecting infant		
d. Other maternal disease/condition affecting infant		
e. Other relevant circumstances		
CONTINUE TO FILL UP ITEM 20		

POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was

Signature	Title/Designation
Name in Print	Address
Date	

CERTIFICATION OF EMBALMERI HEREBY CERTIFY that I have embalmed EPHEN P. Arcilla following all the regulations prescribed by the Department of Health.

Signature	Title/Designation
Name in Print	License No.
Address	Issued on
	Expiry Date

Jose Glen T. Arcilla
Embalmer
9826
Sept 21 2022 at manila
2024

AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

I, _____, of legal age, single/married/divorced/widow/widower, with residence and postal address _____

after being duly sworn in accordance with law, do hereby depose and say:

1. That _____ died on _____ in _____ and was buried/cremated in _____ on _____

2. That the deceased at the time of his/her death:

☐ was attended by _____
☐ was not attended.

3. That the cause of death of the deceased was _____

4. That the reason for the delay in registering this death was due to _____

5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____

at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this

day of

at