City/Municipality  ILOILO CITY  1. NAME    Charles   Cha	Province	CERTIFICA	The state of the s	Section of the State of the Sta		and the second second second			
MARY JOENATHY  STIMAR  MOSQUERA  3. DATE OF DEATH (Dep. Mode), Year of ADATE OF BERTH (Day)  JOHN OF DEATH (Dep. Mode), Year of ADATE OF BERTH (Day)  JOHN OF DEATH (Dep. Mode), Year of ADATE OF BERTH (Day)  JOHN OF DEATH (Dep. Mode), Year of ADATE OF BERTH (Day)  JOHN OF DEATH (Dep. Mode), Year of ADATE OF BERTH (Day)  JOHN OF ST. PAUL'S HOSPITAL OF ILDING, INC., GEN. LUNA 5T., ILDING (TIT), ILDING (MARRIED)  JOHN OF ST. PAUL'S HOSPITAL OF ILDING, INC., GEN. LUNA 5T., ILDING (TIT), ILDING (MARRIED)  JOHN OF ST. PAUL'S HOSPITAL OF ILDING, INC., GEN. LUNA 5T., ILDING (TIT), ILDING (MARRIED)  JOHN OF ST. PAUL'S HOSPITAL OF ILDING, INC., GEN. LUNA 5T., ILDING (TIT), ILDING (MARRIED)  JOHN OF ST. PAUL'S HOSPITAL OF ILD	City/Municipality	The second secon			Registry	No.			
MARY JOENATHY  ESTIMAR  MOSQUERA  S. DATE OF DEATH (Joen, Mostle), Year)  4. DATE OF BRITH (Day) (Mostle) (Most	1. NAME	ILUILU CITY			202	25	-5	3'	22
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3 October 2025  10 August 1970  10 PLACE OF BERTH (Day) Models) (Model) (Model	MARY JOENATH	ly ro-				Z. SE	X (Male/Ferr	nate)	
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10. CRESIDENCE (House No. S.) Baurage, CAMPARIA REVIALO, ILOILO CITY, LOLL PRILIPPINES  11. NAME OF FATHER (First. Medic. Last)  12. NAME OF FATHER (First. Medic. Last)  13. MALDENNAME OF MICHAEL (First. Medic. Last)  14. MALDENNAME OF MICHAEL (First. Medic. Last)  15. MALDENNAME OF MICHAEL (First. Medic. Last)  16. MEDICAL CERTIFICATE  17. MEDICAL CERTIFICATE  18. CAUSES OF DEATH (if the deceased is agend 5 days, accomplish items 14-19a at the back)  18. Immediate cause  18. LOHER SIGNAMAN FARKTION  19. LOHER SIGNAMAN	8. RELIGION/RELIGIOUS SECT	9 CITIZENGUES	., ILOILO CITY,	ILOILO			MAKKIEL	J	
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Underlying cause c. HYPERTENSION 2 HOURS  II. Other significant conditions contributing to death.  19c. MATERNAL CONDITION (if the deceased is female aged 15-49 years old)  a. p. pregnant, not in labour be pregnant, in c. less than 42 days after delivery.  19d. DEATH BY EXTERNAL CAUSES  a. Manner of death (Homicide, Suicide, Accident, Legal internation, etc.)  b. Place of Occurrence of External Cause (e.g., home, farm, factory, street, sea, etc.)  X. 1 Private Physician Officer Authority  X. 1 Private Health 3 Hospital Authority  20 CERTIFICATION OF DEATH Horizon Officer Authority  21 Interest occurred at 11:19.PM. anylom on the date of death sylectified above have not attended the deceased and that death occurred at 11:19.PM. anylom on the date of death sylectified above have not attended the deceased of incide, inc., GEN. LUNAST, IGIOLOGIY, IGIOLO OCTOBERS DISPOSAL  31 United Control of the	Antonad .	a. ACUTE RESPIRATORY FAILURE					Ween One-6		
The control of the specific and conditions contributing to death.  19c. MATERNAL CONDITION (if the deceased is female aged 15-49 years old)  a pregnant, a pregnant, b pregnant, in c less than 42 days after delivery.  19c. DEATH BY EXTERNAL CAUSES  a Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.)  D Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)  20 AUTOPSY  21a. ATTENDANT  2 Public  Health 3 Hospital  Officer  Authority  5 Others  CERTIFICATION OF DEATH  I hereby certify that the foregoing particulars are forrect as near as same can be ascertained and further certify that I be deceased and that death occurred at 11:19 PM. anylom on the date of death specified above.  Signature  3. CCRPSE DISPOSAL  JULIA DEATH SYSTEMAN  AND ADDRESS OF CEMETERY OR CREMATORY  Bare in Print  Date Issued  Date  CERTIFICATION OF INFORMANT  I hereby certify that all information supplied are true and correct  I my own knowledge and being on the date of death specified above.  3. CCRPSE DISPOSAL  JULIA DEATH SYSTEMAN  AND ADDRESS OF CEMETERY OR CREMATORY  AND ADDRESS OF CEMETERY OR CREMATORY  AND ADDRESS OF CEMETERY OR CREMATORY  CERTIFICATION OF INFORMANT  I hereby certify that all information supplied are true and correct  I may own knowledge and being on the date of the deceased of	Under :	b. MYOCARDIAL INFARCTION					veen onset	and D	eath
a pregnant, not in the deceased is female aged 15-49 years old)  a pregnant, not in labour  Bot Dearth By External Cause  a Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.)  Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)  1 Private Physician  Y 1 Private Physician  Health Officer  Authority  2 CERTIFICATION OF DEATH  I hereby certify that the foregoing particulars are ornect as near as same can be ascertained and I further certify that I is have attended the deceased and that death occurred at 11:19 PM.  3 CORPSE DISPOSAL  Lurial, Crematon, if others, specify)  Date  October 6, 2025  Date  October 6, 2025  October 6, 2025  RECEIVED BY  Amme in Print  LOUELLE J. CERIJO  REGISTRATION OFFICER II  REGISTRA	II. Other significant								
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X 1 Private Health 2 Public Health 3 Hospital Officer Authority 1 Private Health Officer Indicated Health Offic	b. Place of Occurrence of Ev	de, Suicide, Accident, Legal interv	/ention, etc.)		CITY	TEALTH	OFFICE	20. A	UTOPSY
Physician Officer Authority 10 offe (Specify) From 10/03/25 To 10/	ZIa. AI TENDANT	ternal Cause (e.g. home, farm, fa						5 88	(Yes / No)
And the property of the proper	2 D. L.		ctory, street, sea	a. etc.)	RI		FFD	N	
Address Disposal Date October 6, 2025  Name In Print Others, specify)  Date Survival Horsey or CREMATORY  Address Strange or Control of the Deceased And Horsey or Printed Name on the date of death specified above.  REVIEWED BY:  RETODO. M.D.  Signature Over Printed Name of Health Officer  Date October 6, 2025  RECEIVED BY  RESIDENCE OF THE CIVIL REGISTRAN  REMAINING TRAINING OFFICER II  REGISTRATION OFFICER II  REVIEWED And II  Report of death of death of death of death of the secretical and in the date of death of death of the secretical and in the date of death of the secretical and in the death of the secretical and in the death of the secretical and in the death of the secretical and	A 1 Private		ctory, street, sea	a, etc.)	002		2000	N	0
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And or Position  ATENDING PHYSICIAN  Signature Over Printed Name of Health Officer  Date  October 6, 2025  Date  O	7 1 Private Health Physician Office	3 Hospital er Authority 440	5	Others	0 C.J.	MW/	2025 <sub>te d</sub>	N	O (mm/dd/y
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S. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief gnature  gnature  MARY JUN MOSQUERA Signature Signature  Name in Print  Name in Print  Title or Position  ADMINISTRATIVE SUPPORT SPECIALIST  Date  October 6, 2025  RECEIVED BY  gnature  LOUELLE J. CERIGO  REGISTRATION OFFICER II  Title or Position  REGISTRATION OFFICER II  Name in Print  LOUELLE J. CERIGO  Title or Position  REGISTRATION OFFICER II  Name in Print  LOUELLE J. CERIGO  Title or Position  REGISTRATION OFFICER II  Name in Print  Name in Print  REGISTRATION OFFICER II  Name in Print  REGISTRATION OFFICER II  Name in Print  Name in Print  REGISTRATION OFFICER II  Name in Print  REGISTRATION OFFICER II  Name in Print  Name in Print  REGISTRATION OFFICER II  Name in Print  Name in Print  REGISTRATION OFFICER II  Name in Print  Name in Print  REGISTRATION OFFICER II  Name in Print  Name in	Physician Office  22. CERTIFICATION OF DEATH I hereby certify that the for have not attended the dece  Signature Name in Print Title or Position ST. PAUL'S HOSPIT Address  3. CORPSE DISPOSAL Sunal, Cremation, if others, specify)	Authority  regoing particulars are correct as reased and that death occurred at  DR. ENRIQUE HIPOLITO III  ATTENDING PHYSICIAN  AL OF ILO IO, INC., GEN. LUNA ST., ILO ILO  Date  24a. BURIAL/CREMATIO  Number	near as same car 11:19 PM ar 11:19 PM or October 6, 20	Others Specify)  n be ascert m/pm on tr  REVIE	F F F F F F F F F F F F F F F F F F F	further cee eath spece of Printed DawnsFERP	/03/25 entify that I ? entify that I ? entified above. RETODO. I Name of He 2025	To X hav	0 (mm/dd/y 10/03/2 /e attended
Thereby certify that all information supplied are true and correct to my own knowledge and belief gnature  Ame in Print MARY JUM MOSQUERA  Signature  Ame in Print Pint MARY JUM MOSQUERA  Plationship to the Deceased PAUGHTER  Iddress ZONE 15, BRGY. CALAPARAN AREVALO, ILOILO CITY, ILOILO, PHILIPPINES  ADMINISTRATIVE SUPPORT SPECIALIST  Date October 6, 2025  CRECEIVED BY gnature  ADMINISTRATIVE SUPPORT SPECIALIST  Date October 6, 2025  29. REGISTERED AT THE OFFICE OPTRE CIVIL REGISTRAR  Signature  Name in Print LOUELLE J. CERIGO  Title or Position REGISTRATION OFFICER II  Name in Print LOUELLE J. CERIGO  Title or Position OFFICER II  Name in Print LOUELLE J. CERIGO  Title or Position REGISTRATION OFFICER II  Date OCTOBER II  Date	Physician Office  22. CERTIFICATION OF DEATH	Authority  regoing particulars are correct as reased and that death occurred at  DR. ENRIQUE HIPOLITO III  ATTENDING PHYSICIAN  AL OF ILO IO, INC., GEN. LUNA ST., ILO ILO  Date  24a. BURIAL/CREMATIO  Number	near as same car 11:19 PM ar 11:19 PM or October 6, 20	Others Specify)  n be ascert m/pm on tr  REVIE	F F F F F F F F F F F F F F F F F F F	further cee eath spece of Printed DawnsFER PI	/03/25 entify that I ? entify that I ? entified above. RETODO. I Name of He 2025	To X hav	0 (mm/dd/y 10/03/2 /e attende
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	FOR CHILDREN A	HORONIS 16 LENGTH OF PREGNANCY:
	TAE METHOD OF DELIVERY(No	ormal spontaneous 16. LENGTH OF PREGNANCY: (In completed weeks)
4. AGE OF MOTHER *	vertex, if others, specify)	
		18. IF MULTIPLE BIRTH, CHILD WAS
TYPE OF BIRTH		18. IF MOLTH L. (First, Second, Third, etc)
(Single, Twin, Triplet, etc)		
	MEDICALC	ERTIFICATE
19a. CAUSES OF DEAT	Н	
a Main disease/condition	on of infant	
b. Other diseases/condi	itions of infant	
c. Main maternal disea	se/condition affecting infant	
e. Other relevant circum		O FILL UP ITEM 20
I HEREBY CER	POSTMORTEM CE TIFY that I have performed an autop	ERTIFICATE OF DEATH usy upon the body of the deceased and that the cause of death was
Signature		Title/Designation
		Address
Date		
) LIPPEN CO		ION OF EMBALMER
all the regulations proces	FIFY that I have embalmed	following
an are regulations prescr	ribed by the Department of Health.	
Signature	Amm	1 com a proph a Passa as
Name in Print	Lana G. Harris	Title/Designation License Pmbalmer  License No. 1949  June 15, 1988 at Manila
Address Bulak	ocal Jan. Anile Cal	License No. 1949
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and the state of t		Expiry Date 174 C. 15, W25
I,with residence and post	ital address	ED REGISTRATION OF DEATH, of legal age, single/married/divorced/widow/widower,
	, after being duly swo	orn in accordance with law, do hereby depose and say:
		died onin
		and was buried/cremated in
어른 내용		on
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