Municipal Form No. 103
(Revised August 2016)

(To be accomplished in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF DEATH

Province: ILOILO
City/Municipality: ILOILO CITY
Registry No.: 2025 -5322

1. NAME (First)	(Middle)	(Last)	2. SEX (Male/Female)
MARY JOENATHY	ESTIMAR	MOSQUERA	FEMALE

3. DATE OF DEATH (Day, Month, Year)	4. DATE OF BIRTH (Day) (Month) (Year)	5. AGE AT THE TIME OF DEATH (Fill-in below accdg. to age category) a. IF 1 YEAR OR ABOVE [2] Completed years	b. IF UNDER 1 YEAR [1] Months	[0] Days	c. IF UNDER 24 HRS. Hours	Min/Sec
3 October 2025	10 August 1970	55				

6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province)	7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced)
ST. PAUL'S HOSPITAL OF ILOILO, INC., GEN. LUNA ST., ILOILO CITY, ILOILO	MARRIED

8. RELIGION/RELIGIOUS SECT	9. CITIZENSHIP	10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country)
ROMAN CATHOLIC	FILIPINO	ZONE 15, BRGY. CALAPARAN AREVALO, ILOILO CITY, ILOILO PHILIPPINES

11. OCCUPATION	12. NAME OF FATHER (First, Middle, Last)	13. MAIDEN NAME OF MOTHER (First, Middle, Last)
SPH EMPLOYEE	JOSE MALOTO ESTIMAR	NATIVIDAD BUENAFLOR FERJE

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)

		Interval Between Onset and Death
I. Immediate cause : a.	ACUTE RESPIRATORY FAILURE	1 HOUR
Antecedent cause : b.	MYOCARDIAL INFARCTION	2 HOURS
Underlying cause : c.	HYPERTENSION	10 YEARS
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.)

CITY HEALTH OFFICE ILOILO CITY REGISTERED OCT 06 2025 DATE

20. AUTOPSY (Yes / No): NO

21a. ATTENDANT

X 1 Private Physician ____ 2 Public Health Officer ____ 3 Hospital Authority ____ 4 None ____ 5 Others (Specify)

21b. If attended, state duration (mm/dd/yy): From 10/03/25 To 10/03/25

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 not attended the deceased and that death occurred at 11:19 PM am/pm on the date of death specified above. [X] have attended/

Signature
Name in Print: DR. ENRIQUE HIPOLITO III
Title or Position: ATTENDING PHYSICIAN
Address: ST. PAUL'S HOSPITAL OF ILOILO, INC., GEN. LUNA ST., ILOILO CITY, ILOILO
Date: October 6, 2025

REVIEWED BY:
HOMER S. RETODO. M.D.
Signature Over Printed Name of Health Officer
OCT 06 2025
Date

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify)	24a. BURIAL/CREMATION PERMIT	24b. TRANSFER PERMIT
BURIAL	Number 9132087	Number
	Date Issued 10/6/25	Date Issued

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY: AREVALO CEMETERY, ILOILO CITY

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: MARY JUN MOSQUERA
Relationship to the Deceased: DAUGHTER
Address: ZONE 15, BRGY. CALAPARAN AREVALO, ILOILO CITY, ILOILO, PHILIPPINES
Date: October 6, 2025

27. PREPARED BY

Signature
Name in Print: FERRO, PHENE SANTIAGO
Title or Position: ADMINISTRATIVE SUPPORT SPECIALIST
Date: October 6, 2025

28. RECEIVED BY

Signature
Name in Print: LOUELLE J. CERIGO
Title or Position: REGISTRATION OFFICER II
Date: OCT 06 2025

29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature
Name in Print: LOUELLE J. CERIGO
Title or Position: REGISTRATION OFFICER II
Date: OCT 06 2025

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)

FOR CHILDREN AGED 0 TO 7 DAYS

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 EMBALMER

I HEREBY CERTIFY that I have embalmed _____ following all the regulations prescribed by the Department of Health.

Signature _____ Title/Designation Licensed Embalmer

Name in Print Greg G. Abeleg License No. 1949

Address Balabago Jaro, Iloilo City Issued on Aug. 15, 1988 at Manila

Expiry Date Dec. 15, 2025

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 _____, Philippines, affiant who exhibited to me his/her CTC/valid ID _____ issued on _____ at _____.

_____ _____

Signature of the Administering Officer Position / Title / Designation

_____ _____

Name in Print Address