

Province Pampanga	Registry No. 2024-1490
City/Municipality City of San Fernando	

1. NAME (First) ROSITA	(Middle) DELA CRUZ	(Last) SALVADOR	2. SEX (Male/Female) Female
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3. DATE OF DEATH (Day, Month, Year) 15 March, 2024	4. DATE OF BIRTH (Day) (Month) (Year) 22 June, 1940	5. AGE AT THE TIME OF DEATH (Fill-in below accordg. to age category) a. IF 1 YEAR OR ABOVE [2] Completed years 83	b. IF UNDER 1 YEAR [1] Months [0] Days Hours Min/Sec	c. IF UNDER 24 HOURS
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6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) Jose B. Lingad Memorial General Hospital (JBLMGH) - Dolores, City of San Fernando, Pampanga, Philippines	7. CIVIL STATUS (Single/Married/Widow/ Widower/Annulled/Divorced) Widow
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8. RELIGION/RELIGIOUS SECT Roman Catholic	9. CITIZENSHIP Filipino	10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) Malibong Matanda, Pandi, Bulacan, Philippines
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11. OCCUPATION Not Applicable	12. NAME OF FATHER (First, Middle, Last) Galicano Geronimo Dela Cruz	13. MAIDEN NAME OF MOTHER (First, Middle, Last) Leonila Climaco Crisostomo
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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. Septic Shock	(2 hours)
Antecedent cause : b. _____	
Underlying Cause Complicated Intraabdominal Infection, Community Acquired Pneumonia High Risk (1 week)	
II. Other significant conditions contributing to death Acute Kidney Injury On Top Of Chronic Kidney Disease;	

19c. MATERNAL CONDITION (If the deceased is female aged 15 days to 1 year)	19d. DEATH BY EXTERNAL CAUSES	20. AUTOPSY (Yes/No)
a. pregnant, not in labour	a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.)	
b. pregnant, in labour	b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)	
c. less than 42 days after delivery		
d. 42 days to 1 year after delivery		
e. None of the choices		

21a. ATTENDANT	21b. If attended, state duration (mm/dd/yy)
1 Private Physician	From 3/12/2024 6:00 AM
2 Public Health Officer	To 3/15/2024 5:55 AM
3 Hospital Authority	
4 None	
5 Others Specify _____	

22. CERTIFICATION OF DEATH	REVIEWED BY:
<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/ have not attended the deceased and that death occurred at 5:55 AM am/pm on the date of death specified above.	KRISETTE ARAH F. DAVID, M.D.
Signature _____	Signature Over Printed Name of Health Officer
Name in Print JAMAIKA EMMY ROSE F. ABOY, MD	20 MAR 2024
Title of Position Medical Officer III	Date
Address Jose B. Lingad Memorial General Hospital, Dolores, City of San Fernando, Pampanga	
March 15, 2024	

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) Burial	24a. BURIAL/CREMATION PERMIT Number _____ Date Issued _____	24b. TRANSFER PERMIT Number 027-1167-7 Date Issued 20 MAR 2024
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25. NAME AND ADDRESS OF CEMETERY OR CREMATORY Immaculate Conception Memorial Park, Poblacion, Pandi, Bulacan
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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 _____
Signature Luzviminda DC. Salvador	Name in Print Ronel C. Manalastas
Name in Print _____	Title or Position Registered Nurse
Relationship to the Deceased Daughter	Date March 15, 2024
Address Pandi, Bulacan, Philippines	
Date March 15, 2024	

28. RECEIVED BY	29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____	Signature _____
Name in Print ROSELLE C. FLORES	Name in Print SOLOMON C. POBLETE
Title or Position Asst. Registration Officer	Title or Position Registration Officer II
Date MAR 20 2024	Date MAR 20 2024

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 <u>ROSITA DELA CRUZ SALVADOR</u> following all the regulations prescribed by the Department of Health.	
Signature <u>[Signature]</u>	Title/Designation <u>L-E</u>
Name in Print <u>MILTON SORIANO</u>	License No. <u>039-11-4656</u>
Address <u>BLK • 7 LOT 19 FRANCISCO HOMES 3</u>	Issued on <u>9-2020</u> at <u>MANILA</u>
<u>MILTON CSJDM, BULACAN</u>	Expiry Date <u>9-2-2025</u>

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:	
<input type="checkbox"/> was attended by _____;	
<input type="checkbox"/> 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 CTC/valid ID _____ issued on _____ at _____.	
Signature of the Administering Officer _____	Position / Title / Designation _____
Name in Print _____	Address _____