



Republic of the Philippines  
**Department of Environment and Natural Resources**  
**Region IV- MIMAROPA**  
**COMMUNITY ENVIRONMENT AND NATURAL RESOURCES OFFICE**  
Barangay III (Poblacion), Roxas, Palawan  
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May 31, 2021

**MEMORANDUM**

**FOR** : The Regional Executive Director

**THRU** : The Provincial Environment and  
Natural Resources Officer

**FROM** : The Office In-Charge  
CENRO Roxas, Palawan

**SUBJECT** : **REPORT ON THE DEMISE OF CENR OFFICER EMER D.  
GARRAEZ OF CENRO ROXAS, PALAWAN**

Please be informed that our CENR Office EMER D. GARRAEZ has passed away on the afternoon of May 29, 2021 due to cardiac dysrhythmia, COVID Pneumonia (high risk), COVID-19 infection (critical).

For information and record.

  
**RONIE B. GANDEZA**  
Development Management Officer IV

DENR-CENRO ROXAS  
**RELEASED**  
DATE. MAY 31 2021  
BY: [Signature]  
DOC. NO. 2021-5-664

# OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF DEATH

Province

City/Municipality

Registry No.

1. NAME

(First)

(Middle)

(Last)

2. SEX (Male/Female)

EMER

OACUARI

CARRAZ

FEMALE

3. DATE OF DEATH (Day, Month, Year)

4. DATE OF BIRTH (Day, Month, Year)

5. AGE AT THE TIME OF DEATH (For ages 14 and over, specify in years, months, and days)

20 MAY 2021

05 MAY 1965

56

6. PLACE OF DEATH (Name of Hospital, Health Center, Home, etc.)

7. CIVIL STATUS (Single/Married/Divorced/Widowed)

HOSPITAL HL DALAWAN

MARRIED

8. RELIGION/RELIGIOUS BODY

9. CITIZENSHIP

10. RESIDENCE (House No., Barangay, City/Municipality, Province, Country)

BODAL ALANG

FILIPINO

DALAWAN 096-1966, 28th DISTRICT 1962

11. OCCUPATION

12. NAME OF FATHER (First, Middle, Last)

13. MIDDLE NAME OF MOTHER (First, Middle, Last)

## MEDICAL CERTIFICATE

(For ages 0 to 7 days, accomplish items 14-16 at the back)

14. CAUSES OF DEATH (If the deceased is aged 8 days and over)

Interval Between Onset and Death

a. Immediate cause

b. Associated cause

c. Underlying cause

d. Other significant conditions contributing to death

a. Caroline Pympherson

b. COVID-19 infection, High Risk

c. COVID-19 infection, critical

15. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)

a. Pregnant, not in labor

b. Pregnant, in labor

c. Less than 42 days after delivery

d. 42 days to 1 year after delivery

e. None of the above

16. DEATH BY EXTERNAL CAUSES

a. Interval of death (crimicide, suicide, accident, legal intervention, etc.)

b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, etc.)

17. ATTENDANT

a. Private Physician

b. Public Health Officer

c. Hospital Authority

d. Nurse

e. Other (Specify)

21b. If attended, state duration (month/day)

From 5/5/21 To 5/7/21

18. CERTIFICATION OF DEATH

I hereby certify that the foregoing particulars are correct, as far as same can be ascertained and I further certify that I have attended the deceased and the death occurred at 5:00 PM on the date of death specified above.

Signature

Name in Print

Title or Position

Address

Date

REVIEWED BY:

Signature Over Printed Name of Health Officer

Date

19. CORPSE DISPOSAL

(Burial, Cremation, or other, specify)

20a. BURIAL/CREMATION PERMIT

Number

Date issued

20b. TRANSFER PERMIT

Number

Date issued

21. NAME AND ADDRESS OF CEMETERY OR CREMATORY

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature

Name in Print

Relationship to the Deceased

Address

Date

Signature

Name in Print

Title or Position

Address

Date

23. RECEIVED BY

Signature

Name in Print

Title or Position

Address

Date

27. PREPARED BY

Signature

Name in Print

Title or Position

Date

Signature

Name in Print

Title or Position

Address

Date

28. REGISTERED BY THE CIVIL REGISTRAR

Signature

Name in Print

Title or Position

Address

Date

HOSPITAL FILE

etc.

Date



RELIGION/RELIGIOUS SECT <b>BORN AGAIN</b>	9. CITIZENSHIP <b>FILIPINO</b>	10. RESIDENCE (House No., St., Barangay, City/Municipality) <b>PUROK PAG-IBIG, SAN DE</b>
OCCUPATION	12. NAME OF FATHER (First, Middle, Last)	13. MAIDEN NAME OF MOTHER (First, Middle, Last)

### 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. <b>Cardiac Arrhythmia</b>	
Antecedent cause	: b. <b>COVID Pneumonia, High Risk</b>	
Underlying cause	: c. <b>COVID-19 infection, critical</b>	
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. 1 year or more after delivery

19d. DEATH BY EXTERNAL CAUSES	
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