Annex A

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: METRO MANILA
City/Municipality: QUEZON CITY

Registry No. 2020-13165

1. NAME (First)	(Middle)	(Last)	2. SEX (Male/Female)
ELMER	GONZALES	PATO	MALE

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 (Completed years)	b. IF UNDER 1 YEAR (Months)	(Days)	IF UNDER 24 HRS. (Hours)	(Min/Sec)
16 JULY 2020	15 JANUARY 1954	66 YEARS OLD				

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. LUKE'S MEDICAL CENTER 279 E. RODRIGUEZ SR., AVE. QUEZON CITY	MARRIED

8. RELIGION/RELIGIOUS SECT	9. CITIZENSHIP	10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country)
ROMAN CATHOLIC	FILIPINO	#15 MAKADIOS ST. SIKATUNA VILLAGE QUEZON CITY

11. OCCUPATION	12. NAME OF FATHER (First, Middle, Last)	13. MAIDEN NAME OF MOTHER (First, Middle, Last)
	ERNESTO PATO	NATIVIDAD GONZALES

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 DISTRESS SYNDROME	5 DAYS
Antecedent cause	b. COVID 19 PNEUMONIA confirmed	8 DAYS
Underlying cause	c.	

II. Other significant conditions contributing to death: ACUTE KIDNEY INJURY ON TOP OF CHRONIC KIDNEY DISEASE; HYPERTENSION; TYPE 2 DIABETES MELLITUS

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 Occurence of External Cause (e.g. home, farm, factory, street, sea, etc.)

20. AUTOPSY (Yes / No)

21a. ATTENDANT
1 Private Physician ____ 2 Public Health Officer ____ 3 Hospital Authority X 4 None ____ 5 Others (Specify) ____

21b. If attended, state duration (mm/dd/yy): From JULY 03, 2020 To JULY 16, 2020

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 [X] have attended/ [ ] have not attended the deceased and that death occurred at 12:30 PM am/pm on the date of death specified above.

Signature
Name in Print: NICOLE ROSE B. RAMOS, M.D.
Title or Position: HOSPITALIST
Address: ST. LUKE'S MEDICAL CENTER 279 E. RODRIGUEZ SR. BLVD. QUEZON CITY
Date: JULY 16, 2020

REVIEWED BY:
Ana E. Rosay, M.D.
Signature Over Printed Name of Health Officer
20 JUL 2020
Date

23. CORPSE DISPOSAL (Burial, Cremation, If others, specify): Cremation

24a. BURIAL/CREMATION PERMIT Number: 0171297 Date Issued: 7/17/20

24b. TRANSFER PERMIT Number: ____ Date Issued: ____

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY: St. Peter Commonwealth, Quezon City - Crematory

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: MA. CONSUELO C. PATO
Relationship to the Deceased: DAUGHTER
Address: #15 MAKADIOS ST. SIKATUNA VILLAGE QUEZON CITY
Date: JULY 16, 2020

27. PREPARED BY

Signature
Name in Print: MIKE JHERSIE M. CABUG
Title or Position: ADMISSION ASSISTANT
Date: JULY 16, 2020

28. RECEIVED BY

Signature: FOR THE CITY CIVIL REGISTRAR
Name in Print: AURORA M. LONTOC
Title or Position: Registration Officer III C.C.R.D., Q.C., N.N.
Date

29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: FOR THE CITY CIVIL REGISTRAR
Name in Print: AURORA M. LONTOC
Title or Position: Registration Officer III C.C.R.D., Q.C., N.N.
Date: JUL 20 2020

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority