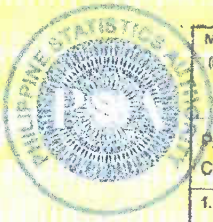


Annex A


 Municipal Form No. 103
 (Revised August 2018)

(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) ELMER GONZALES PATO			2. SEX (Male/Female) MALE		
3. DATE OF DEATH (Day, Month, Year) 16 JULY 2020		4. DATE OF BIRTH (Day) (Month) (Year) 15 JANUARY 1954		5. AGE AT THE TIME OF DEATH (In full years, below record, to use category) 66 YEARS OLD	
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) ST. LUKE'S MEDICAL CENTER 279 E. RODRIGUEZ SR., AVE. QUEZON CITY				7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) MARRIED	
8. RELIGION/RELIGIOUS SEC. ROMAN CATHOLIC		9. CITIZENSHIP FILIPINO		10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) #15 MAKADIOS ST. SIKATUNA VILLAGE QUEZON CITY	
11. OCCUPATION		12. NAME OF FATHER (First, Middle, Last) ERNESTO PATO		13. MOTHER'S NAME (First, Middle, Last) NATIVIDAD GONZALES	

MEDICAL CERTIFICATE

(For ages 0 to 7 days, accomplish items 14-18a at the back)

18b. CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval Between Onset and Death	
a. ACUTE RESPIRATORY DISTRESS SYNDROME		5 DAYS	
Antecedent cause b. COVID 19 PNEUMONIA <i>confirmed</i>		8 DAYS	
Underlying cause c.			
ii. Other significant conditions contributing to death: <i>ACUTE RESPIRATORY DISTRESS SYNDROME, TYPE 2 DIABETES MELLITUS</i>			
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 (a.g. home, farm, factory, street, sea, etc.)			
21a. ATTENDANT		21b. If attended, state duration (in day(s))	
1 Private Physician 2 Public Health Officer 3 Hospital Authority 4 None 5 Others (Specify)		JULY 08, 2020 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 have attended/ have not attended the deceased and that death occurred at 12:56 PM, antipm on the date of death specified above.

 Signature [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: [Signature]
 Signature Over Printed Name of Health Officer ANA E. RASAY, M.D.
20 JUL 2020

23. CORPSE DISPOSAL (Burial, Cremation, or others, specify) <u>cremation</u>	24a. BURIAL/CREMATION PERMIT Number <u>0171 2924</u> Date Issued <u>16/7/20</u>	24b. TRANSFER PERMIT Number <u>100</u> Date Issued <u>16/7/20</u>
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 25. NAME AND ADDRESS OF CEMETERY OR CREMATORY
St. Peter Common Wealth, 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 [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 [Signature]
 Name in Print MIKE JHERSIE M. CABOG
 Title or Position ADMISSION ASSISTANT
 Date JULY 16, 2020

 28. RECEIVED BY
 Signature [Signature]
 Name in Print AURORA M. LONTOC
 Title or Position Registration Officer III
 Date CCRD, C.C., N.A.

 29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature [Signature]
 Name in Print AURORA M. LONTOC
 Title or Position Registration Officer III
 Date CCRD, C.C., N.A.

REMARKS/ANNOTATIONS (For LGRO/OCRG Use Only)

JUL 20 2020

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
