



Republic of the Philippines
Department of Environment and Natural Resources
MIMAROPA Region
Provincial **Environment and Natural Resources Office**

1

March 29, 2023

MEMORANDUM

**FOR : The Regional Executive Director
MIMAROPA Region**

**FROM : The OIC-PENR Officer
Calapan City, Oriental Mindoro**

**SUBJECT : DEATH OF FOREST RANGER JOSEPH F. MADRIGAL OF CENRO
SOCORRO, ORIENTAL MINDORO**

Please be informed of the death of Forest Ranger Joseph F. Madrigal of CENRO Socorro, Oriental Mindoro last February 21, 2023 due to Chronic Kidney Disease 5 Secondary to Hypertension Nephropathy, Anemia of Chronic Disease.

For information and record.


ALAN L. VALLE



Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF DEATH

Province **ORIENTAL MINDORO**

City/Municipality **CALAPAN CITY**

Registry No.

2023-333

B-XXXIII

1. NAME (First) (Middle) (Last)

JOSEPH

FLORES

MADRIGAL

2. SEX (Male/Female)

MALE

P-92

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

21-Feb-23

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

23-Oct-1971

5. AGE AT THE TIME OF DEATH (Fill-in below accordg. to age category)

a. IF 1 YEAR OR ABOVE
[2] Completed years **51**

b. IF UNDER 1 YEAR
[1] Months [0] Days

c. IF UNDER 24 HRS
Hours Min/Sec

6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province)

MMG HOSPITAL, TAWIRAN, CALAPAN CITY, ORIENTAL MINDORO

7. CIVIL STATUS (Single/Married/Widow/
Widower/Annulled/Divorced)

MARRIED

8. RELIGION/RELIGIOUS SECT

BAPTIST

9. CITIZENSHIP

FILIPINO

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

KM 8, BAYANAN 2, CALAPAN CITY, ORIENTAL MINDORO

11. OCCUPATION

GOVERNMENT EMPLOYEE

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

HONORATO SANTIAGO MADRIGAL

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

MARILOU AGUILAR FLORES

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)

I. Immediate cause

a. **SEPTIC SHOCK SECONDARY TO CELLULITIS ON LOWER EXTREMITIES**

Interval Between Onset and Death

Antecedent cause

b.

Underlying cause

c. **CHRONIC KIDNEY DISEASE 5 SECONDARY TO HYPERTENSION NEPHROPATHY, ANEMIA OF CHRONIC DISEASE**

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.)

20. AUTOPSY
(Yes / No)

21a. ATTENDANT

☒ 1 Private
Physician

2 Public
Health
Officer

3 Hospital
Authority

4 None

5 Others
(Specify)

21b. If attended, state date, time, mm/dd/yy)

8:28 PM 9:37 PM
FEB. 21, 2023 FEB. 21, 2023

From To

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 **9:37 PM** am/pm on the date of death specified above.

Signature

MA. ESTRELLA G. MARASIGAN, M.D.

Name in Print

ATTENDING PHYSICIAN

Title or Position

CALAPAN CITY, ORIENTAL MINDORO

Address

Date **FEBRUARY 22, 2023**

REVIEWED BY:

REO P. GARCIA, MD

Signature Over Printed Name of Health Officer

February 22, 2023

Date

23. CORPSE DISPOSAL

(Burial, Cremation, if others, specify)

BURIAL

24a. BURIAL/CREMATION PERMIT

Number **0059576**

Date Issued **FEBRUARY 22, 2023**

24b. TRANSFER PERMIT

Number

Date Issued

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY

HOLY GARDENS CALAPAN MEMORIAL PARK LALUD

CALAPAN CITY, ORIENTAL MINDORO

26. CERTIFICATION OF INFORMANT

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

Signature

JANELICA ROSH M. MALAPITAN

Name in Print

DAUGHTER

Relationship to the Deceased

Address **TEACHERS VILLAGE LUMANGBAYAN CALAPAN CITY ORIENTAL MINDORO**

Date **FEBRUARY 22, 2023**

28. RECEIVED BY

Signature

Name in Print **ROXAN JAMAICA F. ASTURIAS**

Title or Position **ADMINISTRATIVE AIDE II**

Date **FEBRUARY 22, 2023**

27. PREPARED BY

Signature

DARYL S. RAMIREZ

Name in Print

NURSE ON-DUTY

Title or Position

FEBRUARY 22, 2023

Date

29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature

Name in Print **EVELYN CHAVEZ GREGORY**

Title or Position **REGISTRATION OFFICER III**

Date **FEBRUARY 22, 2023**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

FOR THE CITY CIVIL REGISTRAR:

CERTIFIED MACHINE COPY

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

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EVELYN CHAVEZ-GREGORY
CIVIL REG. OFFICER III

19a(a)/19b

19a(c)

DATE