

Republic of the Philippines (To be accomplished in quadruplicate using black ink)
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF DEATH

Province NUEVA ECIJA Registry No. 2023- 117
City/Municipality SAN LEONARDO

1. NAME (First) (Middle) (Last) RUSTICO JR. MANALASTAS CRUZ 2. SEX (Male/Female) Male

3. DATE OF DEATH (Day, Month, Year) 11, March 2023 4. DATE OF BIRTH (Day) (Month) (Year) 26, May 1969 5. AGE AT THE TIME OF DEATH (Fill-in below accordg. to age category)
a. IF 1 YEAR OR ABOVE [2] Completed years 53 b. IF UNDER 1 YEAR [1] Months [0] Days Hours Min/Sec

6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) DR. GLORIA D. LACSON GENERAL HOSPITAL #180 CASTELLANO, SAN LEONARDO, NUEVA ECIJA 7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) Married

8. RELIGION/RELIGIOUS SECT IGLECIA ITINAYO NI JESUKRISTO 9. CITIZENSHIP FILIPINO 10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) CARMEN, ZARAGOZA, NUEVA ECIJA, PHILIPPINES

11. OCCUPATION I/O EMPLOYEE 12. NAME OF FATHER (First, Middle, Last) RUSTICO MAGBITANG CRUZ SR. 13. MAIDEN NAME OF MOTHER (First, Middle, Last) LOURDES MACASAQUIT MANALASTAS

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 FAILURE
Antecedent cause : b. CORONARY ARTERY DISEASE
Underlying cause : c. ACUTE CORONARY SYNDROME
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 duration (mm/dd/yy) 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 not attended the deceased and that death occurred at 3:48am am/pm on the date of death specified above I have attended/
Signature [Signature] Name in Print ROSS ALLAN M. MENDOZA, M.D. Title of Position ATTENDING PHYSICIAN Address SAN LEONARDO, NUEVA ECIJA Date March 11, 2023
REVIEWED BY: [Signature] LESLIE ANN G. JASON, M.D. Signature Over Printed Name of Health Officer 3/13/2023 Date

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) 24a. BURIAL/CREMATION PERMIT Number Date Issued 24b. TRANSFER PERMIT Number Date Issued

25. NAME AND ADDRESS OF CEMETERY OR 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 CARLO JAY C. CRUZ Relationship to the Deceased SON Address ZARAGOZA, NUEVA ECIJA Date _____
27. PREPARED BY
Signature [Signature] Name in Print ALMA S. ANEZ Title or Position BSN-RN Date March 11, 2023

28. RECEIVED BY
Signature [Signature] Name in Print ENRICO D. JOSE Clerk Title or Position Date MAR 13 2023
29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature] Name in Print JUAN CARLO R. REYES Registration Officer III Date MAR 13 2023

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) LEONARDO, NUEVA ECIJA
CERTIFIED TRUE COPY
[Signature]
JUAN CARLO R. REYES
Registration Officer III